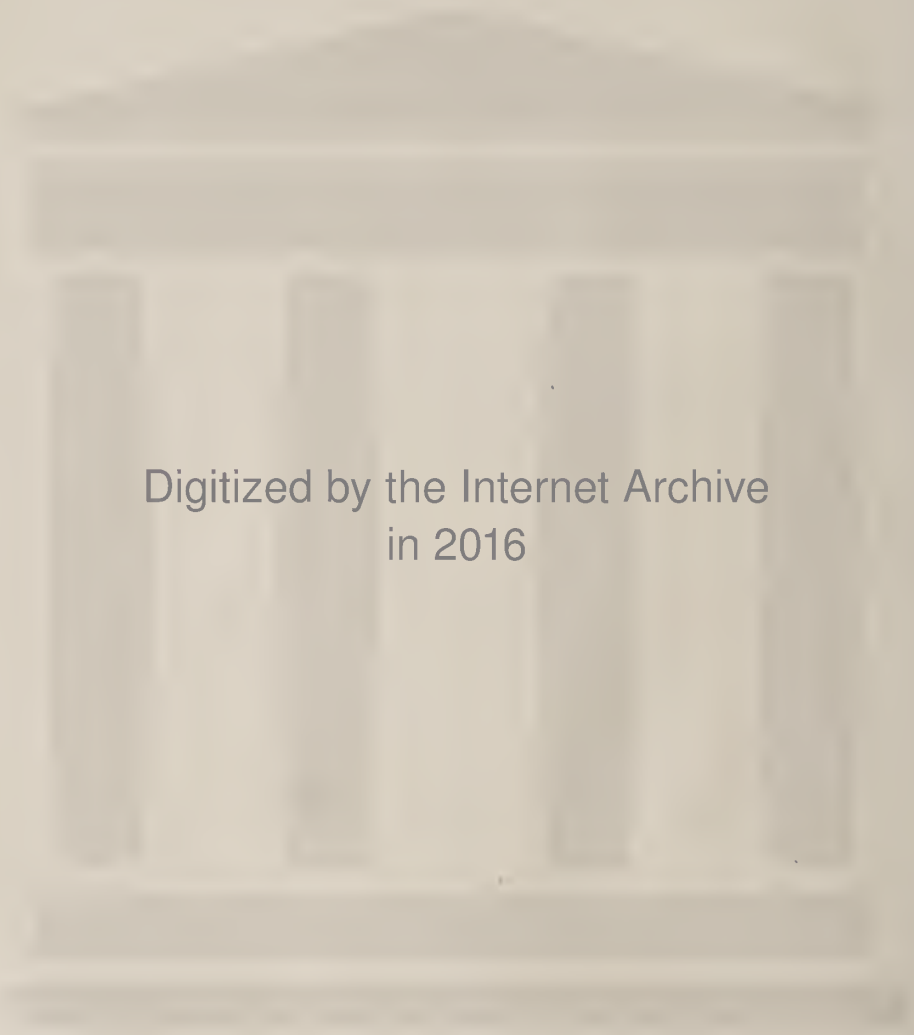
157695

Class_____ No._____

In Exchange

bdg. 1.80

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA


Digitized by the Internet Archive
in 2016

https://archive.org/details/wisconsinmedical4019stat

INDEX

# The Wisconsin Medical Journal

OWNED *and* PUBLISHED *by the* STATE MEDICAL
SOCIETY *of* WISCONSIN

## *A Monthly Journal of Medicine and Surgery*

*The Council on Scientific Work:*

G. W. KRAHN, Oconto Falls, *Chairman*

F. D. MURPHY, Milwaukee
KARL H. DOEGE, Marshfield
C. J. SMILES, Ashland
W. S. MIDDLETON, Madison, (ex officio)
E. R. SCHMIDT, Madison
EBEN J. CAREY, Milwaukee, (ex officio)

KARL H. DOEGE, Marshfield, *Medical Editor*

VOLUME XL
JANUARY, 1941—DECEMBER, 1941

# INDEX VOL. XL, 1941

## Scientific Articles


Page

Abdominal, extra—, diseases that may cause abdominal symptoms *(Symposium)*
Personality disorders, repercussions of—Billings 667
Cardiac and pulmonary diseases—Elliott 672
Allergic, hematologic, endocrine, deficiency and infectious diseases—Madison 676
Discussion—Eberbach 679
Acute abdominal disease, an internist considers—Boyer 303
Agranulocytosis, staphylococcemia and: Report of three cases, with special reference to drug toxicity—Pippin 194
Allergic, hematologic, endocrine, deficiency and infectious diseases—Madison 676
Allergic states, emotional factors in—Squier 793
Allergy, seasonal, molds as a cause of: Spore count of Milwaukee—Schoenkerman 797
Anatomic and physiologic aids in neurologic diagnosis—Cleveland 1037
Ankle, fractures—Blount 1058
Anthrax in Wisconsin—Wyatt & Epstein 102
Appendix, foreign body in—Curreri & Melick 192

Belladonna substitutes—Seevers 806
Bleeding in the newborn, prevention of—Quick 581
Blood tests, certain laboratory, clinical value of—Schindler 911
Bow leg—Blount 484
Burns, the treatment of—Schaefer 391

Carcinoma, inflammatory cutaneous metastatic—Reuter & Nomland 196
Carcinoma of the breast, with pelvic bone metastases, treated with roentgen therapy. A case report—Littig 479
Cardiac and pulmonary diseases—Elliott 672
Cirrhosis, advanced portal, the glucose-insulin treatment of—Schindler 187
"Cold capsules," the prophylactic use of—Holbrook 396
Contraction ring dystocia—McGill 105
Cutaneous metastatic carcinoma, inflammatory—Reuter & Nomland 196

Page

Deficiency, infectious, allergic, hematologic, and endocrine diseases—Madison 676
Dermatitis, allergic, oil bases in estrogenic substances as a cause of: Report of a case—Markson & Schoen 796
Dermatitis, industrial—Foerster 377
Diagnosis, common pitfalls in—Hirschboeck 493
Diathermy, use of short wave, in the study of peripheral vasospasm—Hardgrove & Morton 108
Diethylstilbestrol, a synthetic estrogen, clinical study of—Schwittay 111
Drug toxicity, classification of—Quick 31
Drug toxicity (See staphylococcemia and agranulocytosis)—Pippin 194
Dysentery, acute bacillary, treatment with sulfanilylguanidine—Quick 1064

Eclampsia, the general practitioner's role in the prevention of—Freeman 204
Eczema, infantile allergic, the management of—Cline 789
Encephalomeningitis in mumps—Fox 113
Endocrine, allergic, hematologic, deficiency and infectious diseases—Madison 676
Erythremia, use of venesection in the treatment of—Holbrook 899
Estrogen, synthetic, Diethylstilbestrol, clinical study of—Schwittay 111
(Exanthem subitum) roseola infantum—Greenthal 25

Forceps deliveries, maternal mortality and—La Breck 22
Fractures about the ankle—Blount 1058
Fractures about the wrist—Greene 1055
Fractures, first aid treatment of—Schumm 1061

Glucose-insulin treatment of advanced portal cirrhosis—Schindler 187
Gonioscopy, the practical value of, for the understanding, diagnosis and treatment of glaucoma—Kronfeld 681

Heart, evaluation of in hypertension—Koch 28
Hematologic, allergic, endocrine, deficiency and infectious diseases—Madison 676

Page

Hemorrhage, internal, and traumatic shock, value of laboratory aids in diagnosis; with brief reference to use of blood plasma as therapeutic agent—Williamson 570
"Hollow foot" in industry—Huber 30
Hypothyroidism, occult, in Wisconsin women—Schwittay 475

Impetigo contagiosa: The streptococcic and staphylococcic varieties and their management—Epstein 383
Infection, wound, sulphanilamide and related compounds in—Schaefer 115
Infectious, deficiency, allergic, hematologic and endocrine diseases—Madison 676
Influenzal meningitis treated with sulfanilamide and spinal drainage; recovery—Baumgartner & Nuzum 579
Injuries of knee joint, some common everyday—Speed 1051
Injury, spine—Jones 574

Knee joint, some common everyday injuries of—Speed 1051

Lower lip, extensive plastic repair, for restoration of—Federspiel 289

Maternal mortality and forceps deliveries—La Breck 22
Measles prevention—Schwartz 307
Molds as a cause of seasonal allergy: Spore count of Milwaukee—Schoenkerman 797

Neurologic diagnosis, anatomic and physiologic aids in—Cleveland 1037
Neurosyphilis, diagnosis of early—Marshall 201

Oil bases in estrogenic substances as a cause of allergic dermatitis: Report of a case—Markson & Schoen 796
Otosclerosis, surgical treatment of—Shambaugh 488

Patent ductus arteriosus, successful ligation of: Report of case—Gale, Pohle, & Romaine 296
Pelvic bone metastases, from carcinoma of the breast, treated with roentgen therapy; a case report—Littig 479

Scientific Articles (continued)


Page

Personality disorders, repercussions of—Billings ____ 667
Pitfalls in diagnosis, common—Hirschboeck _____ 493
Plasma, blood, use of in treatment of traumatic shock and internal hemorrhage—Williamson _____ 570
Plastic repair, extensive, for restoration of the lower lip; (Report of procedure in a case in which the lower lip was entirely removed for the eradication of an epithelioma)—Federspiel _____ 289
Potassium—Seevers _____ 497
Prostatic resection; some facts and fancies revealed by time—Sargent _____ 285
Prostigmine—Seevers _____ 399
Puerperal psychoses—Wick _ 299
Pulmonary diseases, cardiac and—Elliott _____ 672

Quinidine therapy; Its use in long-standing auricular fibrillation with congestive failure—Bertucci _____ 292

Renal lithiasis, management of patients with—Higgins 480
Respiration, artificial, rowing method of—Rosekrans 567

Page

Roseola infantum (exanthem subitum)—Greenthal ____ 25

Sciatica—Hittner _____1048
Septicemia, Escherichia coli, sulfanilamide and its derivatives in the treatment of—Carns & Larsen _____1046
Silicosis—Lanza _____ 923
Spine, congenital, developmental and acquired characteristics of, and their relation to injury—Jones 574
Squint in young children, the problem of—Neff _____ 394
Staphylococcemia and agranulocytosis: Report of three cases, with special reference to drug toxicity —Pippin _____ 194
Sulphanilamide and related compounds in wound infection—Schaefer _____ 115
Sulfanilamide and its derivatives in the treatment of Escherichia coli septicemia. Report of a case with recovery—Carns & Larsen _____1046
Sulfanilylguanidine, in treatment of acute bacillary dysentery—Quick _____1064

Page

Testosterone in the treatment of testicular deficiency and prostatic enlargement—Kearns _____ 927
Tetanus with recovery—Pomainville & Morse ____ 926
Traumatic shock and internal hemorrhage, laboratory aids of value in the diagnosis of, with brief reference to the use of blood plasma as a therapeutic agent—Williamson 570
Trichomonas vaginalis vaginitis, treatment of; including an analysis of 100 cases—Owen _____ 17
Tuberculosis case finding in industry—Sander _____1042

Vasospasm, peripheral, use of short wave diathermy in the study of—Hardgrove & Morton _____ 108
Venesection, use of, in the treatment of erythremia—Holbrook _____ 899
Vertigo—Grove _____ 799
Vitamin B complex in therapy—Gordon _____ 206

Wrist, fractures—Greene __1055


General Articles


American Medical Association, review of Cleveland session _____ 612
Army medical library inaugurates medicofilm service _____ 327

Blue Book, Medical, of Wisconsin _____1129
Britain, appeal for doctors to serve in _____ 414

Cancer, the fight on—Stoddart _____ 236
Centennial anniversary section: Biographies of early physicians:
- Solomon Blood _____ 240
- Grace McPherson Grant 240
- Henry Augustus Youmans 240
- Hugo Philler _____241, 336
- Charles A. Leuthstrom_ 340
- Robert M. Nichols _____ 437
- John Finney _____ 438
- J. C. Hall _____ 438
- Rush Winslow _____ 440
- Henry Rhode _____ 526
- George W. Jenkins _____ 526
- William Wiley _____ 527
- William Herriman Fox__ 628
- Joseph Hobbins _____ 629
- Philo R. Hoy _____ 855
- Henry Palmer _____ 981
- Joseph Harlowe Babcock 1090

Epitomized record of progress of medicine, 1840–1940 __246, 528, 752, 983, 1091

Incident in early Wisconsin appendicitis history—Hedback _____ 435
Introductory Statement—Seaman _____ 57
Mental hygiene—Favill __ 58
Reminiscences of a northern Wisconsin doctor—Beebe _____ 145
Reminscences of Robert G. Sayle, M. D. _____ 747

Century of progress in Wisconsin medicine—Gundersen _____ 895
Cold prevention among industrial workers, outline of model talk on—Brehm 114b

Dangerous drug products, pharmacists cited _____ 430
Disability in injury cases, evaluation of—Jones ____1088
Doctors to serve in Britain, appeal for _____ 414

Evaluation of disability in injury cases—Jones _____1088

Industrial health—Brehm __ 53
Insurance examiner, the—Grossmann _____ 332

Keep the worker on the job—Brehm_114a, 208a, 433, 518, 744

Licentiates, recent Wisconsin _____239, 851, 950

Medical payments plan, Wisconsin hospitals and _____ 132
Medicofilm service, inaugurated by army medical library _____ 327
Mental health, our—Ebaugh 520
Morale—Sensenich _____ 837

Nurse in industry, relation of to the physician—Seeger 224
Nursing service today, problems in—Tufts _____ 134

Obstetrics in Milwaukee—Burgardt _____ 426
Open panel agreement:
(See also: Blue Book p. 1219)
- New workmen's compensation panels to be prepared in October _____ 972
- Over 40,000 workmen's compensation panels mailed to Wisconsin employers _____ 231
- Physicians' obligation on open panel (editorial) _ 208
- Requests for workmen's compensation panels pour into State Society office _____ 312
- Return application for panel listing at once __ 950
- Workmen's compensation cases, specialist consultation _____ 972

Optimism, triumphs of—Van Etten _____1031


MAR 18 1942

## General Articles (continued)


Page

Pharmacists cited for selling dangerous drug products: Country-wide program for enforcement of new food, drug and cosmetic act launched by government ---------- 430

Selective service:
- Medical advisory boards, list of ---------- 516, 606, 1274
- Medical examiners, list of 418
- Military service, special resolution on ---------- 425, 525
- Physician—members of district appeal boards ---------- 517, 608, 1275

Service?, in the ---------- 237

Sex education of children—Sevringhaus ---------- 973

Sickness insurance abroad, looking at—Crownhart ---- 621

Page

Sickness insurance, voluntary, superior experiment in, discontinued on December 31 ---------- 68

Socialized medicine, danger in—Hoessel ---------- 252

Tax prognosis ---------- 746

Triumphs of optimism—Van Etten ---------- 1031

Tuberculosis costs and control; with special reference to tuberculosis costs in sanitary district No. 5, Wisconsin—Morse ---------- 226

Wisconsin athletic accident benefit plan—Neverman ---- 975

Wisconsin hospitals and medical payments plan ---- 132

Wisconsin Medical Blue Book ---------- 1129

Wisconsin medicine, a century of progress in—Gundersen ---------- 895

Page

Wisconsin society of obstetrics and gynecology, initial meeting ---------- 415

Woman's Auxiliary:
- Address of 1941–1942 auxiliary president—Mrs. Supernaw ---------- 937
- Chat with the president—Sproule ---------- 35
- Jesse George Crownhart—Mrs. Fitzgerald ---------- 591
- Health defense—Mrs. Mosiman ---------- 1068
- Let the first be first—Mrs. Fitzgerald ---------- 213
- Morale—Sensenich ---------- 837
- Our national press and publicity chairman—"Her day"—Mrs. Ewell 317
- "There ought to be a law"—Crownhart ---------- 939


## Authors of Articles


Barr, Mrs. A. H., Port Washington ---------- 319, 500

Baumgartner, M. M., Janesville ---------- 579

Beebe, L. W., Superior ---- 145

Bertucci, J. P., Ishpeming, Mich. ---------- 292

Bickler, Mrs. E. P., Milwaukee ---------- 212

Billings, E. G., Denver, Colo. 667

Blount, W. P., Milwaukee ---------- 484, 1055

Boyer, Sam, Jr., Duluth, Minn. ---------- 303

Brehm, P. A., Madison ---- 53, 114a, 208a, 433, 518, 744

Burgardt, G. F., Milwaukee 426

Carns, M. L., Madison ---------- 1046

Clark, Mrs. W. T., Janesville 594

Cleveland, David, Milwaukee 1037

Cline, G. M., Bloomington, Ill. ---------- 789

Connell, F. G., Oshkosh ---- 589

Crownhart, Mr. C. H., Madison ---------- 939

Crownhart, Mr. J. G., Madison ---------- 621

Curreri, A. R., Madison --- 192

Dana, Mrs. D. B., Kewaunee 120

Ebaugh, F. G., Denver, Colo. 520

Eberbach, C. W., Milwaukee 679

Elliott, A. R., Chicago, Ill. - 672

Epstein, Stephan, Marshfield ---------- 101, 383

Ewell, Mrs. G. H., Madison 317

Favill, John, Chicago, Ill. -- 58

Federspiel, M. N., Milwaukee 289

Fitzgerald, Mrs. R. E., Wauwatosa ---------- 212, 213, 591

Foerster, H. R., Milwaukee - 377

Fox, M. J., Milwaukee ---- 113

Freeman, J. M., Wausau --- 204

Friedman, Mrs. G. H., Milwaukee ---------- 318

Gale, J. W., Madison ------ 296

Gavin, S. E., Fond du Lac ---------- 583, 960

Gordon, E. S., Madison ---- 206

Gosin, Mrs. D. F., Green Bay 938

Greene, H. L., Madison ---- 1055

Greenthal, R. M., Milwaukee 25

Grossmann, L. L., Milwaukee 332

Grove, W. E., Milwaukee -- 799

Grumke, Mrs. E. H., Madison ---------- 590, 735, 830

Gundersen, Gunnar, La Crosse ---------- 895, 1067

Hardgrove, Maurice, Milwaukee ---------- 108

Hedback, A. E., Minneapolis, Minn. ---------- 435

Higgins, C. C., Cleveland, Ohio ---------- 480

Hirschboeck, F. J., Duluth, Minn. ---------- 493

Hittner, V. J., Seymour ---- 1048

Hoessel, Mr. A. W., Madison 252

Holbrook, A. A., Milwaukee ---------- 396, 899

Holmes, Mr. F. L., Madison 584

Huber, H. H., Milwaukee -- 30

Jackson, Mrs. A. S., Madison ---------- 590, 735, 830

Jones, M. L., Wausau --- 574, 1088

Kearns, W. M., Milwaukee - 927

Keefer, C. S., Boston, Mass. 910

Keenan, Mrs. H. A., Stoughton ---------- 210

Koch, V. W., Janesville ---- 28

Kronfeld, P. C., Chicago, Ill. 681

La Breck, F. A., Eau Claire 22

Lanza, A. J., New York, N. Y. ---------- 923

Larsen, R. B., Madison ---- 1046

Littig, L. V., Madison ----- 479

Lochen, Mrs. E. Lee, Urbana, Ill. ---------- 118

Madison, F. W., Milwaukee 676

Markson, L. S., Milwaukee 796

Marshall, Wallace, Appleton 201

McCormick, G. L., Marshfield 684

McGill, J. W., Superior ---- 105

Melick, D. W., Madison ---- 192

Morse, L. M., Neillsville; Milwaukee ---------- 226, 926

Morton, S. A., Milwaukee -- 108

Mosiman, Mrs. R. E., Seattle, Wash. ---------- 1068

Neff, E. E., Madison ------ 394

Neupert, Mrs. C. N., Madison ---------- 936, 1070

Neverman, Mr. P. F., Marinette ---------- 975

Nomland, Ruben, Iowa City, Ia. ---------- 196

Nuzum, T. O., Janesville --- 579

Owen, J. D., Milwaukee ---- 17

Pippin, B. I., Richland Center ---------- 194

Pohle, F. J., Madison ------ 296

Pomainville, L. C., Wisconsin Rapids ---------- 926

Pope, Mrs. F. W., Racine -- 212

Quick, A. J., Milwaukee ---------- 31, 581, 1064

Reuter, M. J., Milwaukee -- 196

Romaine, Hunter, Madison - 296

Rosekrans, M. C., Neillsville 567

Sander, O. A., Milwaukee --- 1042

Sargent, J. C., Milwaukee -- 285

Schaefer, A. A., Milwaukee ---------- 115, 391

Schindler, J. A., Monroe ---------- 187, 911

Schmidt, Mrs. E. S., Green Bay ---------- 592

Schoen, C. M., Milwaukee -- 796

## Authors of Articles (continued)


Schoenkerman, B. B., Milwaukee ---- 797
Schumm, H. C., Milwaukee ---- 1061
Schwartz, A. B., Milwaukee 307
Schwittay, A. M., Madison ---- 111, 475
Seaman, G. E., Madison --- 57
Seeger, S. J., Milwaukee ---- 116, 224
Seevers, M. H., Madison ---- 399, 497, 806
Sensenich, R. L., South Bend, Ind. ---- 837
Sevringhaus, E. L., Madison 973
Shambaugh, G. E., Jr., Chicago, Ill. ---- 488
Speed, Kellogg, Chicago, Ill. 1051
Sproule, R. P., Milwaukee ---- 35
(See also: *President's page* under caption, "*Society News and Activities.*")
Squier, T. L., Milwaukee --- 793
Stoddart, Mrs. G. E., Beaver Dam ---- 236
Supernaw, Mrs. J. S., Madison ---- 937
Twohig, Mrs. H. E., Fond du Lac ---- 36
Tufts, Millard, Milwaukee ---- 134
Van Etten, N. B., New York, N. Y. ---- 1031
Wick, Samuel, Wauwatosa ---- 299
Williamson, C. S., Green Bay ---- 570
Wyatt, T. E., Marshfield --- 101


## Editorials


Achievements of 1940, some of our enviable ---- 807
American Medical Association platform ---- 33
Blessings of the Table ---- 1256
Cornerstones, the ---- 1065
Crownhart, Jesse George, in commemoration --- 582, 591, 960
Generous devotion reflected ---- 308
Industrial health — where now? ---- 116
"Is it not . . . ?" ---- 498
Key position, the ---- 33
Legislative session, the 1941 400
Only if you remember ---- 308
Our purposes ---- 685
"Our solemn assurance" --- 33
Physicians' obligation on open panel ---- 208
"Room on your table" ---- 32
Tribute to the secretary ---- 1066
Unsung ---- 932


## Society News and Activities


Amendment, proposed, notice of council hearing on ---- 415, 708, 812
Annual meeting, 1941:
Announcement --- 614, 688, 808a
Committees ---- 825
Exhibits ---- 440, 699, 820, 963
Program ---- 614, 690, 809
Registration ---- 967
Review ---- 953
Centennial award—Ludvig Hektoen ---- 958
Annual reports of officers and committees to the 1941 House of Delegates ---- 708
Births ---- 48, 128, 220, 326, 412, 510, 602, 741, 847, 948, 1081, 1269
Correspondence ---- 49, 414, 611, 848, 950, 1082
Council meetings:
January meeting ---- 136, 609
June meeting ---- 853
September meeting ---- 1085
Deaths ---- 48, 128, 220, 326, 412, 510, 602, 741, 949, 1081, 1269
Film strip:
"Health achievements in Wisconsin," comments on ---- 114, 250, 842, 1050
The story of how 57,000,000 life years have been added to the lives of our Wisconsin citizens ---- 839
Wish come true ---- 1104
House of Delegates, 1941:
Attendance, annual meeting ---- 1317
Membership ---- 620, 704, 826
Proceedings ---- 1305
Legislative reports 400–A, 498–A
Licentiates, medical list of new, in Wisconsin 239, 851, 950
Marriages ---- 220, 326, 510, 602, 741, 848, 948, 1269
Membership of State Medical Society ---- 1295
Members in active military service ---- 223, 328, 424, 514, 605, 719, 849, 951, 1083, 1303
News items and personals ---- 46, 126, 219, 324, 410, 507, 601, 739, 845, 945, 1078, 1267
Officers and committees of State Medical Society:
Annual reports of, 1940–1941 ---- 708
List of ---- 1289
Officers, photographs ---- 705, 827
Open panel agreement:
*(See also: Blue Book p. 1219)*
New workmen's compensation panels to be prepared in October ---- 972
Over 40,000 workmen's compensation panels mailed to Wisconsin employers ---- 231
Physicians' obligation on open panel (editorial) ---- 208
Requests for workmen's compensation panels pour into State Society office ---- 312
Return application for panel listing at once --- 950
Workmen's compensation cases, specialist consultation ---- 972
Postgraduate courses:
Announcement, spring clinics ---- 229, 298, 314
Program, spring clinics ---- 229, 298, 314
President's address, 1941 --- 895
President's page 34, 117, 209, 309, 401, 499, 588, 686, 808, 933, 1067
Press ---- 1066
Report of officers and committees, 1940–1941 ---- 708
Selective service:
Medical advisory boards—list of ---- 516, 606, 1274
Medical examiners, list of 418
Military service, special resolution on ---- 424, 525
Physician—members of district appeal boards ---- 517, 608, 1275
Society Proceedings
*County Societies*
Barron–Washburn–Sawyer–Burnett ---- 41, 217, 408, 598, 944, 1263
Brown–Kewaunee–Door --- 41, 123, 217, 310, 408, 504, 1076, 1263
Calumet ---- 310
Chippewa ---- 123, 1263
Clark ---- 598
Columbia–Marquette–Adams 41, 123, 217, 310, 504, 1263
Crawford ---- 41, 408, 1265
Dane ---- 41, 123, 217, 310, 408, 504, 739, 1076, 1265
Dodge ---- 41, 124, 217, 310, 408, 739, 1076, 1265

## Society News and Activities (continued)


Page
Douglas ----------1076
Eau Claire – Dunn – Pepin --41, 124, 217, 408, 504, 1265
Fond du Lac ----------42, 124, 310, 408, 504, 598, 739, 1076, 1265
Forest ---------- 217
Grant ----------1265
Green ---------- 505
Green–Lafayette ---------- 42
Green Lake–Waushara ---------42, 217, 505, 598, 1076
Jefferson ---------- --42, 124, 217, 408, 505, 598
Kenosha ----------124, 310
La Crosse ---------- --42, 124, 217, 310, 408, 1265
Manitowoc -----505, 944, 1076
Marathon -------42, 505, 1265
Marinette–Florence ----------42, 217, 310, 505
Milwaukee ------42, 124, 217, 310, 408, 505, 739, 845, 1077, 1265
Monroe ---------- 218
Oconto ---------- 505
Oneida–Vilas ---------- 43
Outagamie ---------- 44, 124, 218, 311, 409, 1077, 1265
Pierce–St. Croix ----------44, 218, 409, 506
Polk ---------- 44, 124, 409, 506, 739, 944, 1265
Portage – 44, 124, 218, 311, 409
Price–Taylor --409, 1077, 1266
Racine ---------- 44, 125, 218, 409, 598, 739, 1077
Richland ---------- 506
Rock 44, 125, 218, 409, 506, 1266
Shawano ----------409, 1266
Sheboygan 44, 218, 311, 506, 599, 1266
Trempealeau – Jackson– Buffalo --------125, 409, 845
Walworth ---------- 45
Washington – Ozaukee ----------45, 506, 944
Winnebago ------45, 218, 311, 409, 506, 599, 845, 1077, 1266
Wood ---------- 218

*Councilor District Societies*

Councilors ----------706, 828
Second Councilor District 845
Third Councilor District – 739
Fourth Councilor District 506
Fifth Councilor District – 599
Sixth and Eighth Councilor Districts --------- 507

Page
Seventh Councilor District 507
Ninth Councilor District ----------125, 845, 1266
Tenth Councilor District -1077
Eleventh Councilor District 944

*Sectional meetings*

Section on Radiology ---- 599

*Other Societies*

Central Wisconsin Society of Ophthalmology and Otolaryngology ------- 600
Milwaukee Academy of Medicine --45, 125, 218, 311, 505, 1266
Milwaukee Neuro–Psychiatric Society 125, 218, 311, 408, 1077, 1266
Milwaukee Oto-Ophthalmic Society ---------- 45, 125, 218, 311, 408, 505, 1077, 1266
Milwaukee Pediatric Society ----------45, 311, 408
Milwaukee Roentgen-ray Society ---------- 218
Milwaukee Society of Clinical Surgery ------125, 218, 311, 600, 1266
Wisconsin Anti-Tuberculosis Association ------ 600
Wisconsin Orthopaedic Society ----------1078
Wisconsin Trudeau Society 944

Society records -53, 129, 223, 326 413, 515, 610, 743, 847, 949, 1082, 1270

Woman's Auxiliary
Annual national convention
Exhibits, letter from the chairman of—Mrs. Lochen ---------- 118
Program of the national auxiliary annual meeting, Cleveland, June 2–6, 1941 ------ 402
Report of national auxiliary annual meeting, Cleveland, June 2–6, 1941—Mrs. Clark --- 594
Annual state convention
Announcement -----590, 830
Proceedings ---------- 934
Program ----------735, 833
Publicity, news notes by chairman—Mrs. Barr 500
Registration ---------- 942
Report, president's 1941 —Mrs. Gosin ------- 938

Page
Archives—Mrs. Dana --- 120
Board meeting postscripts —Mrs. Barr ---------- 319
Organization—Mrs. Schmidt ---------- 592
Proceedings
Ashland–Bayfield–Iron - 37
Barron – Washburn– Sawyer–Burnett ----------501, 596, 1259
Brown – Kewaunee – Door 37, 214, 320, 501, 1073, 1259
Columbia – Marquette – Adams ---------404, 1260
Dane ----------120, 214, 320, 404, 501, 1073, 1260
Dodge ---------- 37, 120, 405, 838, 1073, 1260
Douglas ---37, 405, 596, 1073
Fond du Lac ---------- 38, 214, 320, 405, 501, 596, 1260
Kenosha ------121, 214, 1260
La Crosse 121, 215, 502, 1074
Manitowoc ---------- 38, 121, 321, 405, 596
Marinette–Florence ---- 215
Milwaukee -----38, 122, 215, 321, 405, 502, 1074, 1261
Outagamie ---------- 38, 215, 406, 502, 1261
Polk ----------1261
Portage ---------- 39
Racine 39, 122, 321, 406, 1261
Rock ----------39, 123, 1262 215, 321, 406, 503, 596, 1074
Sauk ----------40, 503, 838
Sheboygan ---------40, 216, 322, 503, 596, 1075, 1262
Trempealeau – Jackson – Buffalo ---------- 123
Walworth ---------322, 838
Washington–Ozaukee -- 123 322, 503, 597, 838, 1075
Waukesha ------40, 216, 322, 406, 597, 838, 1075, 1262
Waupaca–Shawano ---- ----------216, 838, 1262
Winnebago -----40, 216, 323, 407, 504, 598, 1076, 1263
Program committee—Mrs. Neupert ----------936, 1070
Report of finance committee—Mmes. Fitzgerald, Bickler, Pope ---------- 212
Report of mid-year meeting of board of directors —Mrs. Keenan -------- 210
Report of philanthropic committee—Mrs. Twohig 36
Report of state *Hygeia* committee—Mrs. Friedman ---------- 318


## Books Reviewed


Accidental injuries. The medico-legal aspects of workmen's compensation and public liability ---------- 860
American illustrated medical dictionary ----------1100
Arthritis and allied conditions ---------- 632

Arthritis and allied disorders 154
Avitaminoses: The chemical, clinical and pathological aspects of the vitamin deficiency diseases ---------- 634

Bacillary and rickettsial infections ---------- 70

Biological aspects of infectious disease ---------- 346
Body mechanics in health and disease ----------1320
Brucellosis (undulant fever) clinical and subclinical -- 632

Care of the aged (geriatrics) ----------1106

Books Reviewed (continued)


Page
Cardiac clinics: A Mayo Clinic monograph ____1103
Clinical immunology, biotherpy and chemotherapy in the diagnosis, prevention and treatment of disease ____1101
Clinical pellagra ____ 154
Clinical pulmonary tuberculosis ____ 756
Collected papers of the Mayo Clinic and the Mayo Foundation ____ 856
Colwell's daily log for physicians, 1941 ____ 72
Complete guide for the deafened ____ 70
Complete weight reducer ___1102

Diabetic manual ____ 992
Diseases affecting the vulva 537
Diseases of the digestive system ____ 536
Doctor and the difficult child 254

Effective living ____ 856
Electrocardiography including an atlas of electrocardiograms ____1103
Electrocardiography in practice ____ 446
Elimination diets and the patient's allergies. A handbook of allergy ____1106
Essentials of applied medical laboratory technic ___ 534
Essentials of electrocardiography ____1103
Essentials of general surgery ____1320
Essentials of pharmacology and materia medica for nurses ____1106
Exercises in electrocardiographic interpretation ___1103
Extra-ocular muscles; a clinical study of normal and abnormal ocular motility ____ 346

Foreign bodies left in the abdomen ____ 255
Fractures and dislocations for practitioners ____ 154
Functional pathology ____1320

Handbook of communicable diseases ____1321
Handbook of hearing aids __ 71

Page
Hemorrhagic diseases; photoelectric study of blood coagulability ____ 344
Infantile paralysis ____1102
Introduction to dermatology 447
Introduction to medical science ____ 992
Introduction to psychobiology and psychiatry; a textbook for nurses ____ 756

MacLeod's physiology in modern medicine ____ 446
Manual of allergy for general practitioners ____ 996
Manual of bandaging, strapping and splinting ____1103
Manual of clinical chemistry 998
Manual of the diseases of the eye for students and general practitioners ____1100
Manual of physical diagnosis with special consideration of the heart and lungs ___ 444
March of medicine ____ 992
Mask of sanity ____ 534
Mental hygiene in the classroom. Report of the joint committee on health problems in education of the National Education Association and the American Medical Association, with the cooperation of the National Committee for Mental Hygiene, Inc. and the American Orthopsychiatric Association, Inc. ____ 994
Medical clinics of North America, Baltimore number ____ 534
Medical clinics of North America, Chicago number 344
Medical clinics of North America, New York number ____ 756
Medical clinics of North America, Philadelphia number ____ 344
Medical diagnosis and symptomatology ____ 632
Methods of treatment ____ 154
Microbes which help or destroy us ____1100

Necropsy; a guide for students of anatomic pathology ____1102

Office urology ____ 70
Oral pathology ____ 998

Page
Physical medicine ____ 630
Plague on us ____ 256
Premature infant: Its medical and nursing care ____1320
Primer for diabetic patients 994
Principles of microbiology _1102
Proctology for the general practitioner ____ 758
Progress in medicine. Critical review of the last hundred years ____ 445

Roentgen interpretation ___ 537

Shock treatment in psychiatry: A manual ____1320
Smoke-screen ____ 345
Strange malady: The story of allergy ____ 254
Sulfanilamide and related compounds in general practice ____1322
Synopsis of diseases of the heart and arteries ____1104

Taber's cyclopedic medical dictionary ____ 72
Techniques of conception control ____ 537
Text-book of bacteriology __1102
Textbook of clinical neurology 344
Textbook of clinical pathology ____ 255
Textbook for male practical nurses ____ 347
Textbook of ophthalmology _1108
Text-book of pathology ____1101
Textbook of pediatrics ____ 630
Therapy of the neuroses and psychoses ____ 446
Treatise on medicolegal ophthalmology ____ 155
Treatment of infantile paralysis in the acute stage_1321

X-ray treatment of chronic arthritis ____ 862

Year book of general medicine, 1940 ____ 72
Year book of general medicine, 1941 ____1320
Year book of general surgery, 1940 ____ 347
Year book of industrial and orthopedic surgery, 1940 _ 155
Year book of pathology and immunology, 1940 ____ 71
Year book of public health, 1940 ____ 70
Year book of obstetrics and gynecology, 1940 ____ 344



TO KEEP ABREAST OF MEDICAL LITERATURE
TO AID IN PREPARING MEDICAL TALKS, PAPERS

. . . Use The . . .

MEDICAL LIBRARY SERVICE

Service Memorial Institutes Building, Madison

All books reviewed in The Journal as well as current issues of medical periodicals are available for loan. References on any selected subject will be sent on request for a two weeks' period.
Service for Members at the Cost of Postage.

# THE NEW YORK POLYCLINIC
## MEDICAL SCHOOL AND HOSPITAL
*(The Pioneer Post-Graduate Medical Institution in America, Organized in 1881)*

**ROENTGENOLOGY**

A comprehensive review of the physics and higher mathematics involved, film interpretation, all standard general roentgen diagnostic procedures, methods of application and doses of radiation therapy, both x-ray and radium, standard and special fluoroscopic procedures. A review of dermatological lesions and tumors susceptible to roentgen therapy is given, together with methods and dosage calculation of treatments. Special attention is given to the newer diagnostic methods associated with the employment of contrast media, such as bronchography with Lipiodol, uterosalpingography, visualization of cardiac chambers, peri-renal insufflation and myelography. Discussions covering roentgen departmental management are also included.

**FOR THE**

**GENERAL PRACTITIONER**

Intensive full time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

*For Information Address:* MEDICAL EXECUTIVE OFFICER, 345 West 50th St., New York City

## THE MARY E. POGUE SCHOOL

DOCTORS: You may continue to supervise the treatment and care of children you place in our school. Catalogue on request.

90 Geneva Road
Wheaton, Illinois

Telephone
Wheaton 66

## BIDWELL BETTER LIMBS

Everyone Receives the Personal Attention of G. L. Bidwell the well-known Orthopedic Appliance Expert.

EXPERIENCED LADY ATTENDANT

Artificial Limbs, Braces, Trusses, Elastic Stockings, Crutches, Invalid Chairs, Abdominal Belts.

**934 N. WATER ST.**
PHONE BROADWAY 4369
MILWAUKEE, WISCONSIN

# MARQUETTE
## SCHOOL OF MEDICINE

**Requirements For Admission** The minimum requirements for admission are three years of such college work as is acceptable towards the Bachelor's degree in an approved college of liberal arts or in a recognized University. The following subjects must be included in these three years: zoology, general chemistry, organic chemistry, English, French or German, physics.

**Instruction** The duration of the course leading to the degree of Doctor of Medicine is five years, the fifth year of which is devoted to a hospital internship. The school year begins about the first of October and ends about the middle of June. The aim is constant coordination of the basic sciences with the clinical subjects applied to curative and preventive medicine.

**Clinical Facilities** Milwaukee County General Hospital, Milwaukee County Emergency Hospital and Dispensary, Milwaukee Children's Hospital and Dispensary, Milwaukee County Insane Hospitals, Acute and Chronic, South View Hospital for Contagious Diseases, Muirdale Sanatorium for tuberculosis, Mt. Sinai Hospital Dispensary, Marquette Eye Clinic, Public Health field work.

For further information address:

**DEAN, MARQUETTE UNIVERSITY SCHOOL OF MEDICINE**
**561 North Fifteenth Street**
**Milwaukee, Wisconsin**

Binder – [illegible] (bottom) in Supplement

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

# The Wisconsin Medical Journal

## IN THIS ISSUE

TRICHOMONAS VAGINALIS VAGINITIS
By J. D. Owen, M. D.
FORCEPS DELIVERIES
By F. A. LaBreck, M. D.
ROSEOLA INFANTUM
By R. M. Greenthal, M. D.
THE HEART IN HYPERTENSION
By V. W. Koch, M. D.
"HOLLOW FOOT" IN INDUSTRY
By H. H. Huber, M. D.
CENTENNIAL ANNIVERSARY SECTION

COLLEGE OF PHYSICIANS
LIBRARY
JAN 15 1941
PHILADELPHIA

COMPLETE TABLE OF CONTENTS, PAGE 4

ume 40, Number 1
Tenney Building
+ Subsp
MADISON, WISCONSIN, JANUARY, 1941
Copyright, 1941, by The State Medical Society of Wisconsin
Per Year $3.50
Single Copy 50 Cents

An Ampule Filling Room

NO. 7 of a series of glimpses behind the scenes of the new Lakeside plant.

"Manufacturers to the Medical Profession EXCLUSIVELY"

# WHY Ultra-Violet Sterilizing Lamps

Designed to control air-borne bacteria in the filling room, ultra-violet lamps which sterilize filtered air were included in the plans for the new Lakeside laboratories.

This is another of the advanced features of the enlarged Lakeside plant designed for improved service to the medical profession.

The LAKESIDE Laboratories Inc.
MILWAUKEE, WISCONSIN

# Waukesha Springs Sanitarium

## FOR NERVOUS DISEASES

*BUILDING ABSOLUTELY FIRE-PROOF*

BYRON M. CAPLES, M. D. Medical Director. FLOYD W. APLIN, M. D.

WAUKESHA, WISCONSIN

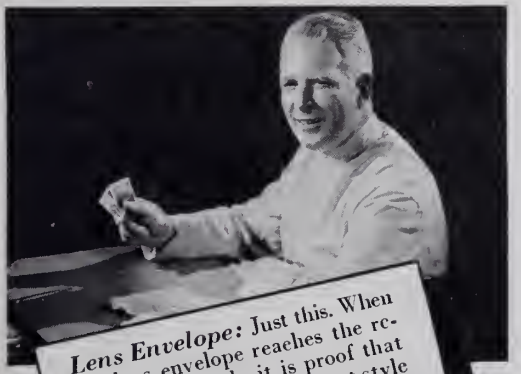
# *Lens Envelope Speaks for Itself*

***Plain Envelope:*** Even if you are a Bausch & Lomb Lens Envelope I don't see how that makes you any better than the rest of us.

***Lens Envelope:*** It's my significance that counts. For more than a year, I've played an important part in one of Riggs' protection policies. Look, I'll show you!

***Lens Envelope:*** Every time a prescription calling for first quality torie or corrected lenses is ordered from a Riggs Rx Laboratory, the original lens envelopes are returned to the refractionist with the finished lenses.

***Plain Envelope:*** Well, what's the point?



***Lens Envelope:*** Just this. When the lens envelope reaches the refractionist's desk, it is proof that his Rx is filled with the exact style and quality of lens he found best for his patient. He knows he is getting what he ordered—and not just something that looks like it.

***Plain Envelope:*** That is a point!

***Lens Envelope:*** So you see, Doctor, it pays to use Roco Rx Service. Your prescriptions are filled promptly and with the unerring precision of skilled craftsmen. And you are always sure that the materials used are B&L quality—just as you specify. The factory lens envelopes are your proof!

## Riggs Optical Company

*Distributors of Bausch & Lomb Products*

When writing advertisers please mention the Journal.

# THE WISCONSIN MEDICAL JOURNAL

Volume 40
Number 1

MADISON, WISCONSIN, JANUARY, 1941

Per Year $3.50
Single Copy 50 Cents

## TABLE OF CONTENTS

SCIENTIFIC ARTICLES

| | Page |
|---|---|
| Treatment of Trichomonas Vaginalis Vaginitis, Including an Analysis of 100 Cases by John Dale Owen, M.D., Milwaukee | 17 |
| Maternal Mortality and Forceps Deliveries by F. A. LaBreck, M.D., Eau Claire | 22 |
| Roseola Infantum (Exanthem Subitum) by Roy M. Greenthal, M.D., Milwaukee | 25 |
| Evaluation of the Heart in Hypertension by Vincent W. Koch, M.D., Janesville | 28 |
| "Hollow Foot" in Industry by Herman H. Huber, M.D., Milwaukee | 30 |
| Comments on Treatment: Classification of Drug Toxicity (second installment) by A. J. Quick, M.D., Milwaukee | 31 |

GENERAL ARTICLES

| | |
|---|---|
| Industrial Health by P. A. Brehm, M.D., Madison | 53 |
| Centennial Anniversary Article: Mental Hygiene by John Favill, M.D. | 57 |

EDITORIALS

| | Page |
|---|---|
| "Room on Your Table . . .?" | 32 |
| "Our Solemn Assurance . . ." | 33 |
| The Key Position | 33 |
| Platform of A.M.A. | 33 |

MISCELLANY

| | |
|---|---|
| President's Page | 34 |
| Woman's Auxiliary | 35 |
| Society Proceedings | 41 |
| News Items and Personals | 46 |
| Births, Deaths | 48 |
| Correspondence | 49 |
| Coming Events | 50 |
| Society Records | 53 |
| Sickness Insurance Experiment in Superior Discontinued | 68 |
| Book Reviews | 70 |
| Physicians' Exchange Page | 76 |

[Entered as second class matter, June 30th, 1903, at the Post Office at Milwaukee, Wis., under Act of Congress March 3rd, 1879. Transferred to Madison, Aug. 1st, 1929.]
"Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized Aug. 7, 1918."

SACRED HEART SANITARIUM
MILWAUKEE, WISCONSIN

An institution conducted for the diagnosis and treatment of mild nervous disorders and non-infectious diseases; also for rest and recuperation under medical supervision. Equipped with every modern facility for diagnostic purposes. Scientific dietetics, physiomechanotherapy, hydrotherapy, supervised occupational and recreational activities. Literature and rates sent on request.

MEDICAL STAFF
William L. Herner, M.D., Medical Director
Delparde W. Roberts, M.D. — J. Frampton Wyman, M.D.
William F. Ragan, M.D. — Hubert H. Blanchard, M.D.
Frank W. Mackoy, M.D. — L. Tennyson Peyton, M.D.
Ray C. Johnston, M.D.

When writing advertisers please mention the Journal.

## ST. CROIXDALE ON LAKE ST. CROIX

**PRESCOTT, WISCONSIN**

**MAIN BUILDING—One of the 5 Units in "Cottage Plan."**

A Modern Private Sanitarium for the Diagnosis, Care and Treatment of Nervous, Mental and Medical Cases.

Located on beautiful Lake St. Croix, eighteen miles from the Twin Cities, it has the advantages of both City and Country. Every facility for treatment provided, including recreational activities and occupational-therapy under trained personnel. Milk, cream and butter from our own herd of Tuberculin-tested Registered Guernsey Cows. Inspection and co-operation by reputable physicians invited. Rates very reasonable. Illustrated folder on request.

CONSULTING NEURO-PSYCHIATRISTS
Hewitt B. Hannah, M. D.
Joel C. Hultkrans, M. D.
511 Medical Arts Building
Minneapolis, Minnesota
Tel. MAin 4672

RESIDENT PHYSICIAN
Howard J. Laney, M. D.
Prescott, Wisconsin
Tel. 39

SUPERINTENDENT
Frieda C. Beyrer, R. N.
Prescott, Wisconsin
Tel. 69

# Radiation Therapy Institute

Treatment Room

of Saint Paul

## CHARLES T. MILLER HOSPITAL

Facilities for Radium and Roentgen Therapy, Including 1,200,000 Volt Constant Potential Installation of Most Advanced Design.

*You are cordially invited to visit the Radiation Therapy Institute and inspect its facilities.*

**Edward Schons, M.D., *Director*** **J. P. Medelman, M.D., *Associate Director***

# ADVANCES IN CANNING TECHNOLOGY

## I. Requirements for the Modern Canning Factory

● During the first decade of the 19th Century, Nicholas Appert, an obscure French confectioner, worked out empirically the basic principles of canning. In 1811, the first English edition of his book on the "Art of Preserving" was published (1). This text lays down the fundamentals of the canning process; it describes the necessary organization of a canning establishment and its equipment; and it lists canning procedures for more than 50 foods of both animal and plant origin.

Viewed in the light of modern knowledge, Appert's book is surprisingly complete and many of his observations amazingly accurate. Naturally, in the 130 years since his book was published, many advances have been made in canning technology. Consequently, when Appert's quaintly worded descriptions of the requirements for the use of his process are compared with those of modern commercial practice, some insight may be had as to the vast improvements which have been wrought in this important field of food preservation since its humble beginning.

One striking contrast between the old and new in canning lies in Appert's description of the necessary features of a canning establishment of his day. Appert's establishment apparently was composed of seven rooms or "apartments". Four of these were equipped to handle the preparation of fruits, vegetables, and foods of animal origin; the fifth room was devoted to the cleaning and storage of the glass bottles used as containers; the sixth room was the "sealing" room in which the bottles were corked after filling with food; the last room contained the large covered kettle in which the sealed containers were processed in boiling water.

The requirements for the modern cannery are, of course, much more exacting, both from the standpoint of factory site, arrangement, and equipment. Today, canneries must be located close to the fields, orchards, or waters from which the raw materials are harvested. Rapid handling of freshly harvested raw stock—a prime requisite for quality of the final product—is thus facilitated. The factory site must also be chosen so that an adequate supply of potable water is available. The modern canning plant is arranged specifically for handling the product or products that will be canned. This provides for continuous, rapid, and even flow through the various operations comprising the canning procedure for the particular product.

Needless to state, the equipment requirements of the modern canning factory are also much more complex than in the days of Appert. Present-day, large-volume production—necessary for the manufacture of a low-cost product—requires the use of high-speed automatic equipment for conveying the raw materials through the cleansing, preparatory, and all other operations of the commercial canning procedure. Frequently, much of this equipment must be constructed of special metals or alloys; in all cases it must be so constructed as to permit rapid, thorough, periodic cleansing. To maintain and control this highly specialized machinery, a skilled mechanical staff is necessary.

Space will not permit fuller description of other requirements for the cannery of today. Thousands of such factories combine to form the American canning industry, whose products already have become so essential in our modern civilization and in our national defense. Commercially canned foods have fulfilled every prediction of Appert by whose "extensive practice and long perseverance" a new means of food preservation was made possible.

**AMERICAN CAN COMPANY**
**230 Park Avenue, New York, N. Y.**

REFERENCES

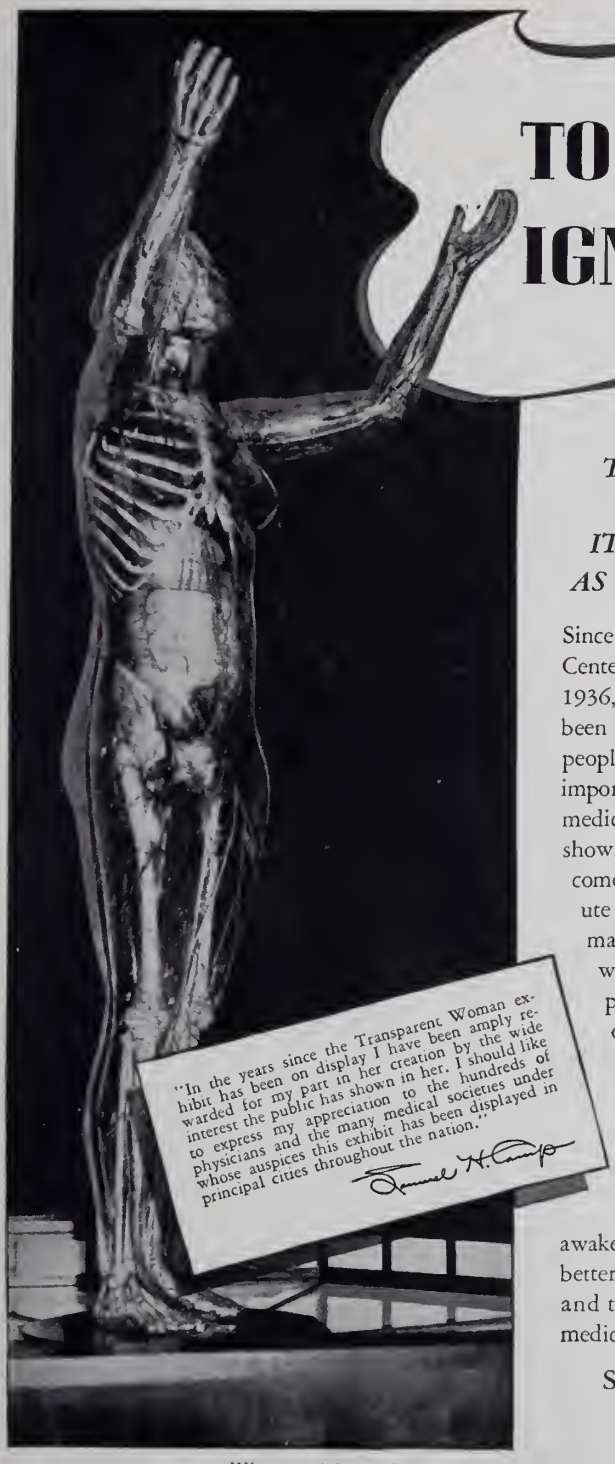
(1). The Art of Preserving All Kinds of Animal and Vegetable Substances, M. Appert, Black, Parry, and Kingsbury, London, 1811.

*We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-seventh in a series which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.*

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

**The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.**

When writing advertisers please mention the Journal.




# TO COMBAT IGNORANCE

## *CAMP TRANSPARENT WOMAN NOW CONTINUES ITS EDUCATIONAL WORK AS A PERMANENT EXHIBIT*

Since it was first unveiled at Rockefeller Center, New York, during the Summer of 1936, the Transparent Woman exhibit has been viewed by more than eight million people. It has been exhibited in many of the important cities in America and at several medical conventions. Wherever it has been shown it has been accorded a significant welcome. The world of medicine has paid tribute to the science, skill and purpose which made this exhibit possible — and the lay world has acclaimed this figure for its part in dispensing authentic knowledge of the complicated internal structure of the female body. The exhibit was recently donated as a permanent one to the Medical Section of the great Museum of Science and Industry, Jackson Park, Chicago, where it is our hope she will continue to awaken additional millions of people to a better understanding of their physical selves and the vital importance of professional medical counsel.

S. H. CAMP & COMPANY
Jackson, Michigan

★

*It's grown to be quite a farm—*

Yielding an Invisible Harvest of Protection

PHYSICIANS WHO VISIT our laboratories frequently express their surprise when they see how Lederle has grown.

Here is a view that shows most of the 200 acres and the 67 buildings in their park-like setting at Pearl River, New York (near Nyack).

It is, we suppose, the largest biological laboratory in the world now, with 1100 workers; 500 horses on treatment, and tens of thousands of guinea pigs, rabbits, mice and other laboratory animals.

Able brains, too, working constantly on the liveliest kind of a spacious, long-range research program in both biologicals and pharmaceuticals!

LEDERLE LABORATORIES, INC., NEW YORK, N. Y.

# RACĔPHEDRINE HYDROCHLORIDE
(UPJOHN)

## relief from nasal congestion

When using the dropper, it is recommended that instillation be made with the patient in the lateral, head-low posture described by Parkinson.*

Racĕphedrine is synthetic racemic ephedrine. On local application to nasal mucous membranes, a 1% solution contracts the capillaries to a moderate degree and thus diminishes hyperemia and swelling. It is used in the nostrils to shrink the congested mucosa in rhinitis and sinusitis.

Solution Racĕphedrine Hydrochloride may be applied to the nasal mucous membranes as a spray or with a dropper.

Solution Racĕphedrine Hydrochloride consists of 1% of the drug in a modified Ringer's solution containing sodium chloride 0.85%, potassium chloride 0.03%, calcium chloride 0.025%, magnesium chloride 0.01%, and chlorobutanol 0.5% (for stabilization purposes).

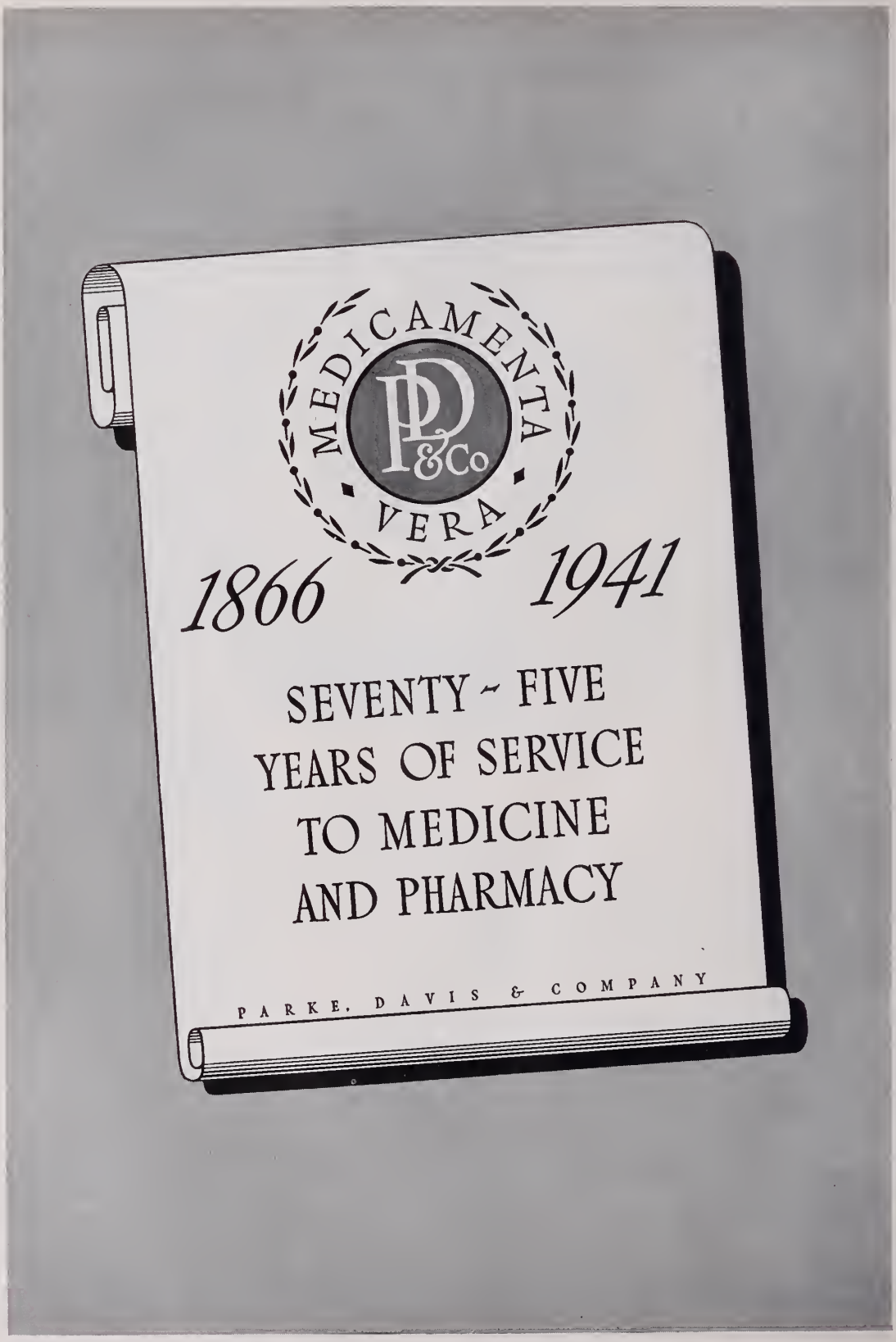
*Arch. Otolaryng. 17:787, 1933

Solution Racĕphedrine Hydrochloride 1% is available in one ounce dropper bottles for prescription purposes, and in pint bottles for office use.

Capsules Racĕphedrine Hydrochloride, ⅜ grain, are packaged in bottles of 40 and 250 capsules.

Upjohn
KALAMAZOO MICHIGAN

★ Fine Pharmaceuticals Since 1886 ★

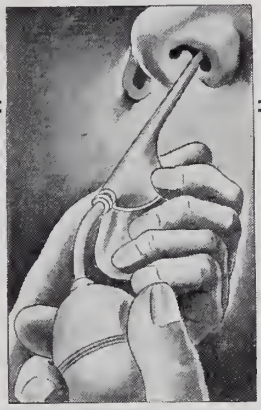

MEDICAMENTA VERA
P D & Co
1866 1941
SEVENTY-FIVE YEARS OF SERVICE TO MEDICINE AND PHARMACY
PARKE, DAVIS & COMPANY

# *Methods of Applying*

# NEO-SYNEPHRIN HYDROCHLORIDE

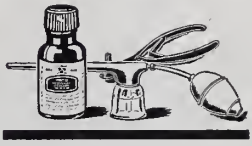
(laevo-olpho-hydroxy-beto-methyl-omino-3 hydroxy-ethylbenzene hydrochloride)

For relief of the Nasal Congestion in:
**COLDS • SINUSITIS • RHINITIS**

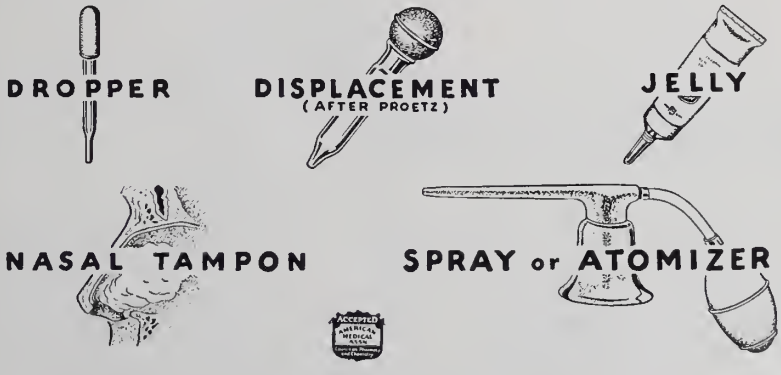


## 5 • SPRAY OR ATOMIZER

In most cases, the ¼% Solution is sufficiently strong to produce prompt decongestion of the nasal mucosa. In resistant cases, the 1% Solution may be necessary. The ¼% Emulsion is not intended for use in a spray. The atomizer should have only glass, rubber or plastic parts, since heavy metals may produce discoloration.



## METHODS OF APPLYING NEO-SYNEPHRIN HYDROCHLORIDE INCLUDE:




Neo-Synephrin Hydrochloride
**SOLUTION ¼%**
*for dropper, displacement, tampon, spray or atomizer (non-metallic)*

Neo-Synephrin Hydrochloride
**EMULSION ¼%**
*for dropper or tampon*

Neo-Synephrin Hydrochloride
**SOLUTION 1%**
*for resistant cases*

Neo-Synephrin Hydrochloride
**JELLY ½%**
*convenient for the ambulant patient*

## FREDERICK STEARNS & COMPANY

DETROIT • MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO WINDSOR, ONTARIO SYDNEY, AUSTRALIA

# THE NEW 5 mg. BENZEDRINE SULFATE TABLET

**Brand of Amphetamine Sulfate**

Accepted AMERICAN MEDICAL ASSN.

There has been a persistent demand by physicians for a smaller Benzedrine Sulfate Tablet—in addition to the present 10 mg. size.

Your druggist now stocks these two sizes:

**5 mg.**

**BENZEDRINE SULFATE TABLETS**

**(SINGLE-GROOVED)**

Particularly appropriate in depressive states and other conditions for which a small dosage unit is desired.

**10 mg.**

**BENZEDRINE SULFATE TABLETS**

**(CROSS-GROOVED)**

For use in narcolepsy, post-encephalitic parkinsonism, alcoholism and other conditions for which a large dosage unit is required.

**IMPORTANT!** In prescribing Benzedrine Sulfate Tablets, please be sure to specify the tablet-size desired—either 5 mg. or 10 mg.

**SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.**

EST. SKF 1841

# PATIENTS LIKE IT!

## CHOCOLATE FLAVORED EMULSION OF LIQUID PETROLATUM

Contains 60% liquid petrolatum U.S.P. and 1% agar agar

With Phenolphthalein or Plain

NO OILY "AFTER-TASTE"

TASTES LIKE THE CHOCOLATE IN A DELICIOUS DESSERT

WINS COOPERATION

COUNCIL ACCEPTED

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

THE

**SMITH-DORSEY CO.**

LINCOLN, NEBRASKA

Manufacturers of Pharmaceuticals to the Medical Profession Since 1908

**MAKE IT A TASTY PRESCRIPTION! • WRITE FOR SAMPLE**

## Cook County Graduate School of Medicine

**(IN AFFILIATION WITH COOK COUNTY HOSPITAL)**

Incorporated not for profit

*Announces Continuous Courses*

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue, starting every two weeks. General Courses One, Two, Three and Six Months; Clinical Courses; Special Courses. Rectal Surgery every week.

MEDICINE—Two Weeks Intensive Course starting June 2nd. One Month Course in Electrocardiography & Heart Disease every month, except August and December.

FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course starting March 10th and May 5th. Informal Course every week.

GYNECOLOGY — Two Weeks Intensive Course starting February 24th and April 7th. Clinical, Diagnostic and Didactic Course every week.

OBSTETRICS—Two Weeks Intensive Course starting April 21st. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Intensive Course starting April 7th. Informal and Personal Courses every week.

OPHTHALMOLOGY—Two Weeks Intensive Course starting April 21st. Informal Course every week.

ROENTGENOLOGY — Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty—Attending Staff of Cook County Hospital

**Address: Registrar, 427 South Honore Street, Chicago, Illinois**

## Your Visit to Milwaukee

Is Made More Enjoyable by Stopping at the SCHROEDER

*Metropolitan atmosphere . . .*
*Cocktail Lounge and Circular Bar*
*Coffee Shop with popular prices*

•

The Beautiful EMPIRE Dining Room

**Music and Dancing—At Lunch, Dinner, After Theatre**

**Music By America's Leading Bands**
**Air Conditioned**

## HOTEL SCHROEDER

MILWAUKEE

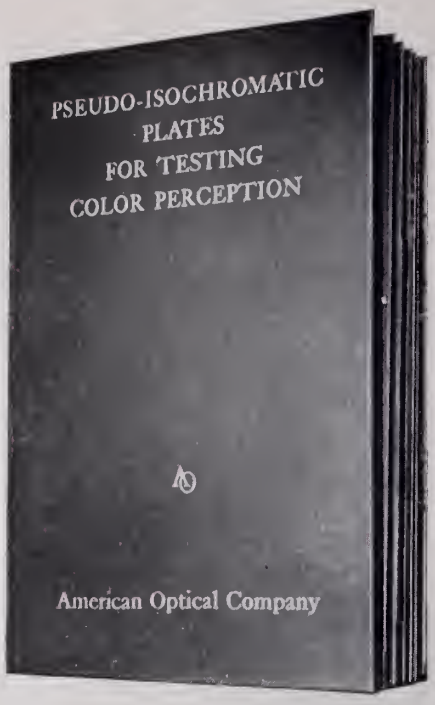
WALTER SCHROEDER, President

NEW ARMY-NAVY

## COLOR PERCEPTION TEST

*AVAILABLE TO MEDICAL MEN*

An American Edition of a color perception test, combining the best charts of the Ishihara and Stilling collections, for use by the U. S. Army and Navy, is made available to the medical profession exclusively by American Optical Company. Production of this new volume of forty six charts came after U. S. Naval personnel spent months in research which began when it became virtually impossible to obtain reliable color tests from recognized foreign sources. Addition of this new color test to our list of products is another step by American Optical Company in the interests of better vision.




By AMERICAN OPTICAL COMPANY

*86¢ out of each $1.00 gross income used for members benefit*

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness

INSURANCE

For ethical practitioners exclusively
(52,000 Policies in Force)

| | |
|---|---|
| LIBERAL HOSPITAL EXPENSE COVERAGE | For $10.00 per year |
| $5,000.00 ACCIDENTAL DEATH<br>$25.00 weekly indemnity, accident and sickness | For $33.00 per year |
| $10,000.00 ACCIDENTAL DEATH<br>$50.00 weekly indemnity, accident and sickness | For $66.00 per year |
| $15,000.00 ACCIDENTAL DEATH<br>$75.00 weekly indemnity, accident and sickness | For $99.00 per year |

*38 years under the same management*

$1,850,000 INVESTED ASSETS
$9,500,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

*Send for applications, Doctor, to*

400 First National Bank Bldg. Omaha, Nebraska

# Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO, ILL.
Telephones: Central 2268–2269
Wm. L. Brown, M.D., Director

# GULLIVER'S BONDS

As Gulliver was restrained by the Lilliputian bonds, so are many individuals deprived of real health by numerous tiny daily deficiencies in their diet. Day by day, the aggregate deficiencies may reach a total of definite inadequacy. Lack of these essential vitamins and minerals in the diet, if only to a small degree, may constitute a serious drawback to optimum health states.

More and more the profession is recommending COCOMALT for normal and therapeutic diets. The rich full flavor of this malted food dietonic, added to milk, is an incentive for both young and old to drink milk. COCOMALT contains calcium, phosphorus, iron . . . Vitamins A, $B_1$, D and G . . . quickly energizing . . . body building nutrients. Recent studies and references* confirm these facts.

**Cocomalt** is used by many physicians in diets for growing children and adults; for pregnancy and lactation, malnutrition, anorexia, pre- and post-operative patients, convalescence, febrile diseases, gastro-intestinal conditions.

COCOMALT
*The Malted Food Dietonic for All Ages*

**R. B. DAVIS COMPANY, Hoboken, N. J.**

*Arch. of Ped. 56: Nov., 1939; Med. Record — Aug. 21, 1940; Med. Record — 150:1:1939; Arch. of Ped. 57:448 (July), 1940; Med. Record — 149: Jan., 1939; Surgery — 6:1:1939.

## Complete Bifocal Service

**UNIVIS** **PANOPTIK** **ORTHOGON D**

**WIDESITE** **FULVUE** **ULTEX**

**KRYPTOK**

**Regardless of your requirements, we are prepared to serve you promptly**

## THE MILWAUKEE OPTICAL MANUFACTURING CO.

**208 EAST WISCONSIN AVENUE**

**MILWAUKEE, WISCONSIN**

## THE SHOREWOOD HOSPITAL-SANITARIUM

MILWAUKEE, WISCONSIN

FOR NERVOUS AND ALLIED DISORDERS
ALCOHOL AND DRUG ADDICTIONS

Physiotherapy, Heliotherapy, Hydrotherapy, and Occupational Therapy Departments. X-Ray and Laboratory facilities.

WM. H. STUDLEY, M. D.
*Resident Physician*

HERBERT W. POWERS, M. D.
*Consulting Physician*

'Phone Edgewood 0334

A Modern and Thoroughly Equipped Hospital for Diagnosis, Care and Treatment.

• •

*Send for Illustrated Booklet*

• •

Open to the Medical Profession

Established for 28 years

When writing advertisers please mention the Journal.

THE WISCONSIN MEDICAL JOURNAL

VOLUME 40, NO. 1 Copyright, 1941, by The State Medical Society of Wisconsin JANUARY, 1941

# Treatment of Trichomonas Vaginalis Vaginitis*

## Including an Analysis of 100 Cases

By JOHN DALE OWEN, M. D.

*Milwaukee*

I NEED but to mention this common disease to recall to all of your minds the many cases wherein no cure could be effected. To call this condition troublesome would constitute a mild statement.

Since the early work of De Lee[1], Greenhill[2], Davis [3], and others, many treatments have been advocated. The so-called "wet" treatment, by repeated douching, utilizes Lugol's solution, mercuric bichloride, sodium perborate and bicarbonate solutions, and potassium permanganate. The "dry" treatment, carried out by tablets, powder, or suppositories, includes sodium bicarbonate, kaolin, corn starch, glucose, quinine sulphate, sulphur, anayodin, picric acid, and arsenical compounds. Others have advocated scrubbing, painting, or packing of the vagina with various antiseptic solutions. Heat has also been used.

Some of these methods apparently have produced a cure, but reinfection has been the rule. These failures occur, I believe, because not one of these methods allows for vaginal repair and maintenance of the normal physiology.

So far as concerns etiology, the pathogenicity of the trichomonas organism has been proven by direct transfer. The trichomonad, a motile protozoan, exists in several different forms, depending upon its environment. Karnaky[4] has inoculated an uncontaminated vagina with the intestinal and buccal types. Within a few days, he was able to recover the vaginal form only.

It is now known that a mixed trichomonad and coccal infection exists. In this connection Seitz[5] and Hoehne[6] believe that the former increases the virulence of the coccal infection. Karnaky[7], however, cultured these assorted cocci and inoculated the vagina, but was unable to produce symptoms in the human. He then introduced the mixed growth and produced a typical syndrome.

Five per cent of the patients studied herein showed the trichomonas organism in catheterized urine specimens. This same organism was seen in the prostatic smear of a white male. Within three months I treated three women for the same infection. Each of these had repeated contact with the infected male. In one case only, the persistent focus was in the gland of Skene.

The treatment used in all of the cases to be reported here is a combination of antisepsis and a simulated physiology which results in physiological repair. This can be accomplished only when the normal vaginal defenses are understood.

### Physiologic Review

The superficial layer of the vagina is composed of stratified squamous epithelium. Three histologic layers are described: the most superficial is composed of flattened cells, with light staining nuclei; the intermediate, or keratinized, layer represents a flattened, more homogenous collection of adult cells; the basal layer represents, grossly, the chorium of the skin. The architecture is one of loose arrangement. The cells are round, contain dark staining, large, concentrically placed nuclei, and occasional mitotic figures are observed. It is from this layer, of course, that epithelial replacement occurs.

The height of the epithelium varies during the life of the female. Lewis[8] points out that Joseph Halban, in 1904, commenting on the unusual size of the uterus, the gaping, enlarged vagina of the newborn female, and the presence of mammary activity in both sexes at birth, stated that these phenomona disappeared soon after birth, and therefore the stimuli producing them must have been supplied by the placenta or the maternal blood stream.

Cruickshank and Sharman[9], in 1934, demonstrated that the vaginal epithelium during intrauterine life is mature in type, and is piled about thirty layers high. At one month of age, the same tissue is

* From the department of obstetrics and gynecology, Marquette University Medical School. Presented at the 98th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1939.

represented by a very few, poorly defined and totally inactive layers. Regeneration occurs at puberty and an active, high, epithelial covering is maintained until the climacteric. At this time, degeneration again occurs. These observations, coupled with the knowledge that the vaginal smears of rodents vary in the estral and diestral cycles, and that similar changes occur during the menstrual cycle of the human, point to hormonal control.

Meyer and Allen[10] report that Hisaw et al, Weisner, Clauberg, Fels and numerous others produced vaginal responses by using corpus luteum extracts of various kinds. Fluhman, in 1930, confirmed this work, but also produced the same results using male blood serum, and sera from one castrated and four postmenopausal women. Robson, in 1931, according to Meyer and Allen,[10] injected Hisaw's material after inactivating the progesterone. His results were similar. This ruled out the corpus luteum hormone as the control over the vaginal epithelium.

Meyer and Allen,[10] and others injected various estrogenic extracts and proved that the estrogenic hormone controls and elaborates the vagina. It is to be remembered that the corpus luteum manufactures some estrogenic substance, which produced the results obtained by the first workers.

The chemistry and bacteriology of the vaginal tract is of great importance. Döderlein, in 1894, discovered the bacillus which bears his name. He found it to compose the normal flora of the vagina. During his experiments he noted that agar cultures produced large amounts of lactic acid. He found that streptococci and staphylococci cultured in this medium would not grow.

The normal adult vaginal reaction is acid. The reaction of the cervical mucus is highly alkaline (to maintain life of the sperm cell). Consequently, the upper vagina is neutral, or alkaline. The normal pH of the lower two-thirds of the vagina is 4 to 4.4. Chemically, the menopausal and infant vagina is alkaline in reaction, with a pH of 7 to 7.5.

That there is a high glycogen content in the epithelium has long been known.[11] It is found chiefly in the cells, but some lies in the interstices. Glycogen can be demonstrated by Best's stain, and it varies in concentration directly with the height and activity of the vaginal epithelium.

Davis and Pearl[12] state that Krönig and Menge, in 1897, described the mechanism of vaginal protection against infection: the desquamated epithelium contains glycogen which is converted to utilizable carbohydrates (this is probably accomplished by nonbacterial enzymes); these sugars are attacked by Döderlein bacilli with the production of lactic acid; and this results in the low vaginal pH. (See fig. 1.)

In vitro, the colon bacillus, gonococcus, streptococcus, staphylococcus, monilia, trichomonads, and numerous other organisms, will not grow in an acid medium similar to that of the normal vagina. This is true in vivo, also. The pH of the infected vagina is always high because of the increased alkalinity. This occurs when infection has decreased the epithelial layers, removing the source of food for Döderlein's organisms, which results in their death, and failure in lactic acid production.

To support this, remember:

1. That unless vaginal infections are overwhelming, they are limited to the upper one-third of the vault, which is alkaline.
2. That great difficulty is experienced in curing vaginitis in the infant and in the postmenopausal patient.
3. That endocervicitis is the most common lesion in the genital tract of the adult female, whereas it is uncommon in the infant. This is due to the alkalinity of the cervical glands, active only during mature life.
4. That in the adult, reinfection of the vagina during and following the menses is the common thing. Menstrual blood is alkaline.
5. That vaginal infections complicating pregnancy are difficult to treat. Here the pH is constantly elevated by excess cervical gland activity.

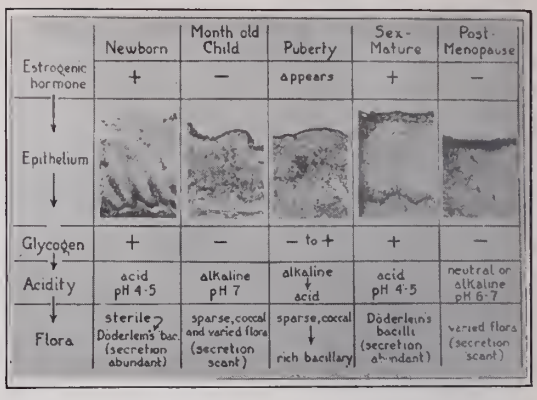



Fig. 1. This figure (from Davis and Pearl) illustrates the dominant role of estrogen in the control of the biology of the vagina and of the character of its mucosa.

## Treatment Used By Author

The treatment used by me revolves around the points of physiology just described. The prescription contains diodiquin, (5–7–diiodohydroxyquinoline), a germicide and effective protozoacide, boric acid, and lactose and dextrose. The acid, adjusted to a pH of 3.25, mixed with vaginal secretions, results in a normal vaginal pH of 4.0. This aids the diodiquin in destruction or inhibition of the infecting organisms. The carbohydrates are present in forms utilizable for glycogen storage by the epithelium. This process, by furnishing food and a favorable media, allows for regeneration of the Döderlein bacilli, which then take over the functions of repair and maintenance of good vaginal health. This product is called Floraquin. It is manufactured by Searle & Company, Chicago.

That this process stimulates epithelial regeneration is demonstrated in fig. 2. In order to disallow for changes occurring in the vaginal epithelium during the menstrual cycle, all smears were taken from the postmenopausal vagina. Photographed under low power, each slide reveals progressively more normal epithelial cells and a contrasting decrease in the blood elements.

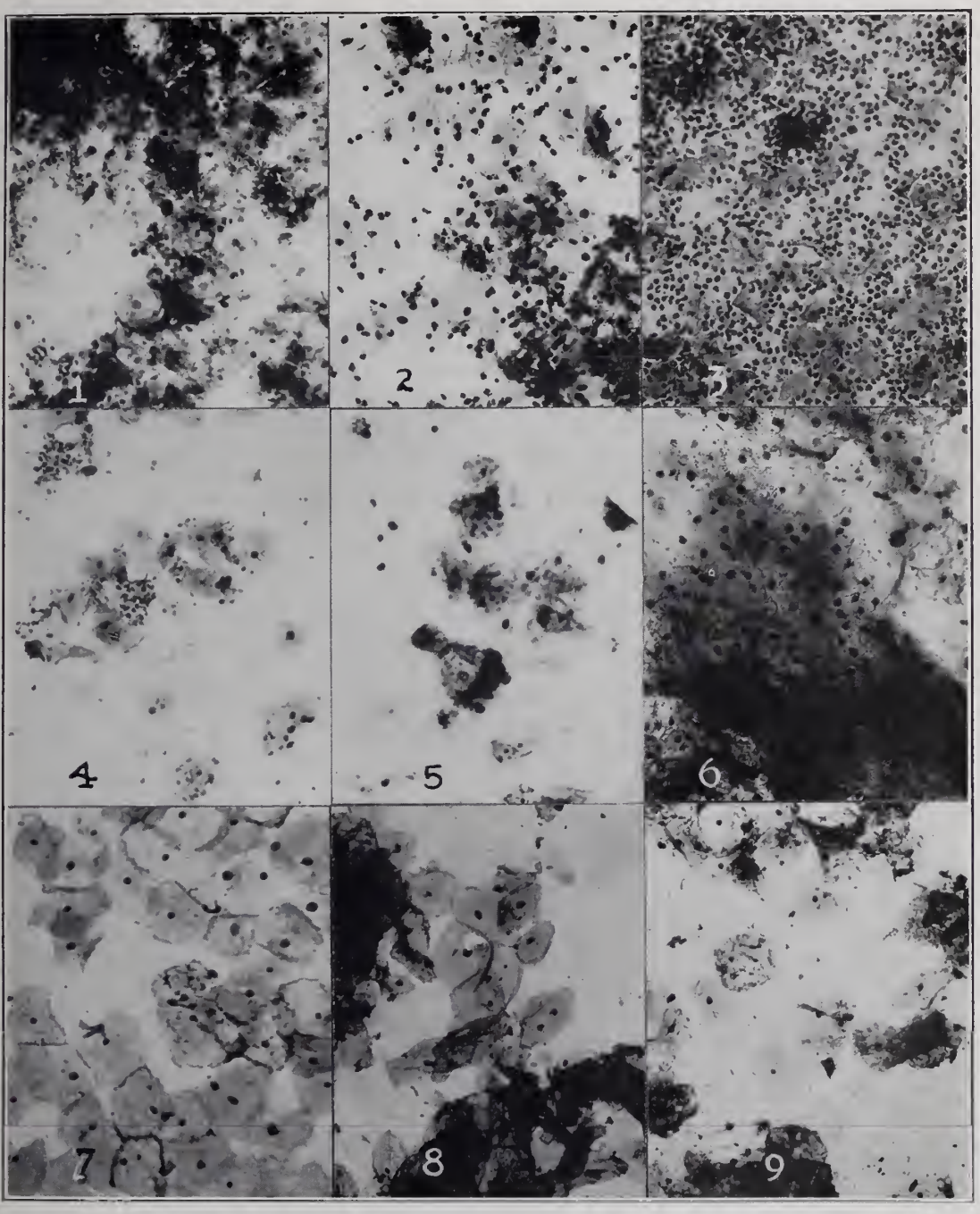



Fig. 2. (1) Initial visit; note preponderance of pus and degenerated epithelium. (2) Two days of treatment; note decrease in blood cellular elements. (3) Five days of treatment. (4) Seven days of treatment; very occasional pus cells but no epithelial regeneration. (5) Nine days of treatment; infection cured—only degenerated epithelium exists. (6) One month: Epithelial repair complete; many cells, in sheets, are desquamating. (7) Six months. (8) One year; note continued repair. (9) Three years.

In the clinic group, to be described herein, one tablet was introduced into the vagina three times daily for one week. In those cases in which the pH was found to be greatly elevated, as many as six tablets daily were administered for one week. Two tablets daily were used in all cases during the second week. No patient was seen again until after fourteen days had elapsed. Examinations of catheterized urine, and, in some cases, stool examinations, were done immediately upon the few patients wherein the organism could still be identified.

Concerning the patients treated at my office, the vaginal pH was checked, and catheterized urine and stool examinations were performed at the first visit. I insufflated the vagina with one-half ounce of Floraquin powder daily for five days. This was then reduced to one-quarter ounce for the next seven days. I found that I could best administer the powder by filing off the tip of an ordinary syringe, flaming the edge, and leaving an aperture about one-quarter inch in diameter. Using this syringe, the powder was blown in with the vaginal depths exposed by a speculum. Any powder lodging on the speculum blade was pushed off into the vagina by a cotton pledget in the forceps. The speculum was then withdrawn and the pledget removed. All patients were advised to wear a pad because of the inevitable issue of the material. Tablets were then advised, depending upon the evidences of repair, for one to four weeks. The usual dosage was one tablet three times weekly, plus three tablets daily during each of the next three menstrual periods. Smears were taken on each visit.

An acid douche, easily prepared, and properly adjusted for pH by adding six tablespoonsful of white vinegar to two quarts of water, was advised only for hygienic reasons, this particularly preceding working hours and social activity.

All infected cervices were wiped carefully to remove mucus covering, and were cauterized twice weekly with 25 per cent silver nitrate. It is most important to remove this focus, because of the stimulated mucus flow, which is highly alkaline.

Diodiquin by mouth was given in cases in which rectal smears were positive. When a bladder focus was found the urethra was dilated and massaged, and careful acidification of the urine was accomplished with mandelic acid and enteric coated ammonium chloride. In addition, in some cases, the bladder was lavaged with sterile boric acid solutions. In others, acriflavine was introduced.

In those cases in which pruritus vulvae was obnoxious, immediate relief was attained by using several times daily a simple phenol and menthol ointment, or better still, I believe, a calomine lotion with phenol and liquor carbonis detergens added. These were administered several times daily.

Treatment was carried on throughout the menses, because of the alkaline bloody flow. All patients were cautioned as to correct hygiene, in order to avoid possible reinfection from the rectum.

### Analysis of 100 Cases

One hundred cases are reviewed. Of this number, forty are from the private files of my associates and me, and sixty from a charity service. They are split into three groups, dependent upon the average length of observation.

*Group 1.*—In the first grouping of forty, there was one recurrence in a woman who was two months pregnant. This was not symptom-producing, except for leukorrhea. You will note in the chart below that the average time which elapsed before smears become negative was eleven days. This average resulted because in one case the smears remained positive for 120 days. The focus was in the bladder.

TABLE 1.—*Analysis of 40 Cases in Group 1*
(Source: Private Files)

| | | |
|---|---|---|
| Average observation period | 18 | months |
| Cures | 40 | |
| Recurrences | 1 | |
| Smears became negative (average time) | 11 | days |
| Sources of infection: | | |
| Bladder | 3 | |
| Rectum | 1 | |
| Gland of Skene | 1 | |
| Preceded by specific infection | 5 | (12½%) |
| Associated endocervicitis | 27 | (67½%) |
| Pregnant | 3 | ( 7½%) |
| Postmenopausal | 5 | (12½%) |

*Group 2.*—The second group of thirty patients was from the dispensary. The average length of observation was twenty-seven

months. There were two recurrences. The first patient was seen five times only. Rectal smears were positive. She refused medication and would not send her husband in for a check-up. The other patient having a recurrence was seen twice only. Therefore, she used only the amount of tablets ordered upon her first visit.

TABLE 2.—*Analysis of 30 Cases in Group 2*
(Source: Dispensary)

| | | |
|---|---|---|
| Average observation period | 27 | months |
| Cures | 28 | |
| Recurrences | 2 | |
| Smears became negative (average time, first return) | 14 | days |
| Sources of infection: | | |
| Bladder | 1 | |
| Rectum | 1 | |
| Preceded by specific infection | 3 | (10%) |
| Associated endocervicitis | 12 | (40%) |
| Pregnant | 4 | (13%) |
| Postmenopausal | 9 | (30%) |

*Group 3.*—The remaining thirty dispensary patients were seen for an average of five months. However, eight of these women were seen for one month only. These patients were all treated about three years ago. They were discharged or did not return because of the absence of symptoms. Each of them, aware of the ease of free care, would certainly return if symptoms were present. None of them responded for final smears during August of this year.

TABLE 3.—*Analysis of 30 Cases in Group 3*
(Source: Dispensary)

| | | |
|---|---|---|
| Average observation period (In 8 cases observation period was 1 month only) | 3 | months |
| Cures | 30 | |
| Recurrences | 0 | |
| Smears became negative (average time, first return) | 14 | days |
| Source of infection: bladder | 1 | |
| Preceded by specific infection | 4 | (13%) |
| Associated endocervicitis | 12 | (40%) |
| Pregnant | 3 | (10%) |
| Postmenopausal | 8 | (27%) |

The private group all had more intense treatment, and the results were evident to me, in the rapidity of vaginal repair. However, it is important to note that the care given at the dispensary was just about as effective. Ninety-eight women were cured, and reexamination revealed a normal vagina in all cases. This treatment has proven simple and effective.

## Summary

1. The physiology of the vagina is discussed.

2. An effective method of treating Trichomonas vaginalis vaginitis is presented.

3. One hundred cases are reviewed.

**Author's note.**—I am grateful to Dr. M. E. Davis for the use of his descriptive chart.

### BIBLIOGRAPHY

1. De Lee, J. B.: Trichomonas vaginalis vaginitis. Illinois M. J. 37: 186 (March) 1920.
2. Greenhill, J. P.: Vaginal discharge due to Trichomonas vaginalis. Am. J. Obst. & Gynec. 16: 870–880 (Dec.) 1928.
3. Davis, C. H.: Leucorrhea with special reference to Trichomonas vaginalis. Am. J. Obst. & Gynec. 18: 196–203 (Aug.) 1929.
4. Karnaky, K. J.: A new and improved method of treatment of Trichomonas vaginalis and other pathological conditions of the vagina. Med. Rec. & Ann. 28: 394 (May) 1934.
5. Seitz, A.: Ueber die klinische Bewertung der Trichomonas–Kolpitis. München. med. Wchnschr. 66: 837–839 (July 25) 1919.
6. Hoehne, O.: Die Behandlung der Trichomonas–Kolpitis. Zentralbl. f. Gynäk. 40: 113–118 (Feb. 12) 1916.
7. Karnaky, K. J.: Trichomonas vaginalis and Monilia albicans as causes of leukorrhea. South. M. J. 28: 795–801 (Sept.) 1935.
8. Lewis, R. M.: Effect of theelin on the human vaginal mucosa. Am. J. Obst. & Gynec. 29: 806–810 (June) 1935.
9. Cruickshank, R., and Sharman, A.: Biology of the vagina in the human subject. J. Obst. & Gynaec. Brit. Emp. 41: 369–384 (June) 1934.
10. Meyer, R. K., and Allen, W. M.: Production of mucified cells in the vaginal epithelium of certain rodents by oestrin and by corpus luteum extracts. Anat. Rec. 56: 321–343 (July 25) 1933.
11. Davis, M. E., and Pearl, S. A.: Biology of the human vagina in pregnancy. Am. J. Obst. & Gynec. 35: 77–97 (Jan.) 1938.

## AN IMPORTANT COMING EVENT . . .

An event of considerable importance to numerous physicians in Wisconsin is scheduled to take place, February 20, 21 and 22 in the Hotel Wisconsin, Milwaukee, namely, the SYMPOSIUM ON INDUSTRIAL PUBLIC HEALTH NURSING SERVICES. The complete program is listed under "Coming Events," pp. 50–51 of this issue of The Journal.

# Maternal Mortality and Forceps Deliveries

By F. A. LA BRECK, M. D.
*Eau Claire*

IN OBSTETRICAL cases, efforts are continually being made to combat infections at their source. Rectal examinations in the course of labor and locating the heart beat to diagnose the position of the fetal head are replacing vaginal examinations of former days. Other measures to insure antisepsis and asepsis include sterile draping of the patient, a ten-minute scrubbing period before putting on sterile gloves and gowns, and the wearing of masks over the nose and mouth by nurses, internes and the attending physician. And yet, little emphasis is placed upon such a potential source of maternal infection as the application of obstetrical forceps.

In 1931, at the White House Conference, Plass[1] reported that, in a series of 145,812 obstetrical cases, forceps were used in 17.9 per cent. Not only is infection introduced by the operator's hands or the instrument itself, but the forceps traumatizes the mucosa and musculature of the generative canal, and thus reduces the blood supply and vitality of the tissues, creating an ideal culture medium.

One application of the forceps may carry infection into the vaginal tract and uterus. Additional applications multiply the likelihood of infection. Yet, De Lee,[2] in the latest edition of his book on obstetrics, describes a method of rotating the head from an occiput posterior to an occiput anterior position, 180 degrees, through forceps manipulations in which four separate applications are required.

Vedder[3] advocates the use of the Kielland forceps for such a maneuver. But in the method he advises the forceps handles are loosened and shaken slightly, then grasped firmly and an anterior rotation of not more than 3 to 5 degrees is made; this maneuver is repeated until the occiput is rotated to an anterior position, regardless of time, unless the condition of mother or baby is unsatisfactory. This necessitates between thirty and sixty different applications of the forceps.

Certain factors, such as pelvic types and different presentations of the fetus make the use of forceps imperative. For instance, in the android and anthropoid types of pelves, Caldwell and his associates[4] found it necessary, in 23.2 per cent of their series of 215 cases, to reverse the Scanzoni maneuver and rotate the occiput anterior presentation to the occiput posterior position by forceps manipulations.

These two types of pelves have compensatory space posteriorly, the anterior part of the inlet being narrow. A small baby frequently will come through. But, if it passes the inlet in the posterior position, difficulty in rotation usually occurs. Consequently, when these pelvic types are recognized, the operator will find delivery of the head with forceps in the persistent posterior position the method of choice.

Furthermore, it is mechanically wrong to attempt the rotation of the fetal head from a wide diameter through a narrow one. This principle holds true in the delivery of the aftercoming head in a version and breech extraction. Hence, if it is possible, it is logical to rotate the head to an occiput posterior position in the inlet itself in order to deliver the head with the occiput posterior. Titus,[5] in his latest book on obstetrics, also advocates this procedure in delivery of the android and anthropoid types of pelves. Moreover, the application of any forceps now in use, all of which have a fixed pelvic curve, does not allow the head to flex, extend or rotate during traction on the forceps. As a result, unnatural relations occur in the birth canal during traction with forceps. Both trauma to the baby's head and to the mucosa and musculature of the generative tract result.

---

Similar articles by the author have appeared in the American Journal of Surgery (June, 1940), The Journal Lancet (Dec., 1940), and other medical journals.

With these basic and other corroborative facts in mind, the author felt there was adequate cause for continued study and improvement of all known methods of forceps usage and construction. Broadly the question presenting itself was: How might forceps be designed and used in order to reduce maternal, natal and neonatal deaths? Infection and reapplication of forceps seemed the principal criteria from which arose the problem: What are the requirements in forceps design?

### Criteria For Ideal Forceps

Since delivery by forceps occasions unnatural relationships between the passenger and the passage, it is the task of the designer to have forceps made in such a way that they comply as closely as possible with the natural factors which affect birth. In this connection, two essentials must be kept in mind. In the first place, it is best for both mother and child to terminate any forceps delivery as quickly and simply as possible. Secondly, as is true for all operative instruments, absolute asepsis is requisite.

On these premises, the technical problem may be summarized in the following points:

(1) Rotation of the child's head should be unrestricted by the operator's grip on the forceps handle. This might be avoided by a universal joint.

(2) Movement of the head in the longitudinal axis of the birth canal requires a flexible forceps to avoid injury.

(3) Pressure of the blades on the head should be reduced to a minimum; the head, while in the forceps, should be free to flex, extend and rotate during traction.

(4) The usual stiff bond between the head of the child and the operator's hand should be eliminated by a full universal joint.

(5) Reapplication of forceps should be reduced to a minimum, which it would be by inclusion of a universal joint.

(6) Simple construction, safety of manipulation and absolute asepsis are imperative.

(7) The forceps blade should automatically change its pelvic curve during any rotary movement in order to follow the curve of the bony pelvis.

(8) The forceps should be an all-purpose type incorporating ease of application and axis traction.

(9) It should give equal dilatation of all parts of the vaginal canal during traction, thus preventing deep muscular tears into the rectum.

(10) By avoiding the necessity of reapplication, it should eliminate reversion of the head to its original position during rotation.

### Faults of Forceps Commonly Used

Among previously designed forceps, there is not one which solves the problem of flexion, extension and rotation of the child's head in such a manner that the entirely unhindered, yet powerful work of pulling can take place. This fact is most obvious in the forceps that have been most practical and applicable. Actually, in the most common case in which delivery with the aid of forceps is necessary, the head must rotate and the entire forceps must rotate with it. There is also no provision for flexion or extension of the head with the ordinary forceps.

With most forceps, if the operator resists the rotary tendency, the head, due to the pressure exerted upon it by the walls of the birth canal, must turn within the blades. If the physician rotates the forceps now in use, the head is injured by the blades and the soft parts of the birth canal are torn. These damages might result, even though the head is held in the forceps in the seemingly correct position. When the pelvis is normal, the forceps delivery may progress satisfactorily. But, if there is a deformed pelvis, the ill-effects of a so-called normal position become obvious.

Then, too, if the blades of the forceps serve only to hold the head tight or firm, as in the so-called axis traction forceps in which the handles are locked in a position by a screw and wing bolt while a special traction handle is attached to the blades, the head has more room for rotation. In this manner, it is easy to secure rotation despite the addition of extra metal arms which are awkward, difficult to apply and now seldom used. If, however, the physician holds the traction handle tightly, he hinders rotation, even though it is easier to follow the natural movement of the head with this instrument than with ordinary forceps. The one advantage of the old axis traction forceps is that by separating the pulling mechanism from the clamping mechanism, the side pressure of the blades is reduced to a minimum. With the ordinary forceps, such as the Simp-

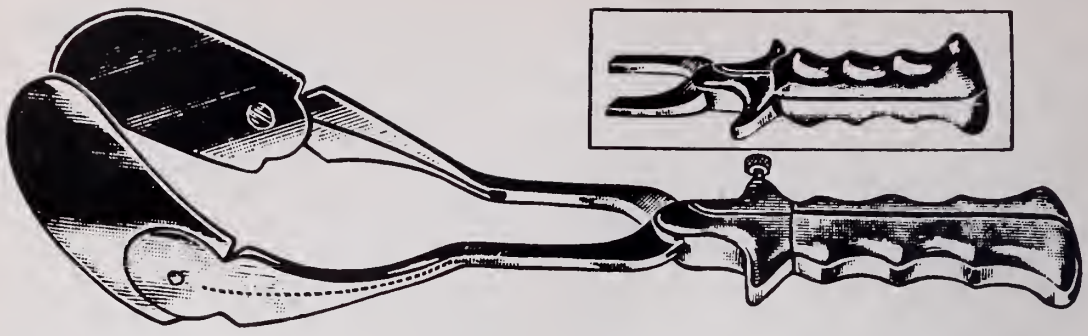


Fig. 1. Forceps designed by the author. Further details concerning the instrument may be obtained from him (see the last paragraph of the "Author's note" at the end of this article).

son or De Lee type, the attendant must clamp the head with the handles while, at the same time, pulling on them. It can be seen that even in the hands of the most expert, it is inescapable that the head will be compressed more than is really desired, due to the need for keeping a firm grip on the forceps.

### Forceps Designed By Author

With these criteria for the ideal forceps and the faults or disadvantages of the other forceps in mind, the author has designed a new forceps, the primary object of which is reduction of fetal, maternal and neonatal mortality. These new forceps resemble De Lee's modification of the Simpson forceps. They are as easily applied, and the blades, being thinner, will occupy less space in the birth canal. The possibilities of free rotation, flexion and extension of the head, as well as the insertion of an elastic mechanism for the purpose of overcoming the friction of the head, are the goals sought.

These forceps may well be considered as new in both principle and design. The swivel, or ball joint bilaterally frees the head from any hindrance traceable to rotation, flexion or extension due to pull of the operator. The head can gradually and fully turn automatically to conform with the diameters of the birth canal in spite of the direction of the pull exerted upon it. Rotation of the head is due to the pressure of the soft portions of the pelvis, especially posteriorly. Rotation is, then, nature's attempt to adjust the fetal head to the compensatory space in the pelvis. It is possible to prevent any hindrance to the free rotation, flexion or extension of the head by use of the new forceps. Thus, these forceps enable the replacement or substitution of natural labor powers by a forceps operation made to conform as closely as possible with natural conditions.

Most outstanding among the advantages of the new forceps is the fact that it is especially adapted to manipulate one of the abnormal positions, the occiput posterior position to occiput anterior position, or vice versa, when indicated. This is accomplished by rotating the head 180 degrees, if necessary, with but one forceps application. While this rotating movement is in progress, the blades automatically turn themselves to accommodate to the new pelvic position and to the pelvic curve. Delivery can be completed without changing the first application of the forceps or removing them. The fact that a second application of the forceps is not required during or after rotation should minimize the chances of infection and trauma.

A lock is provided in the shank to hold the forceps blades in a fixed position. This can be released by the operator after application of the forceps, thus allowing automatic, free movement of the blades and the head during rotation and delivery.

The new blades are designed to fit the head, and, consequently, all curves are cephalic. The blades automatically adjust themselves to the pelvic curve when necessary. This contingency is provided for by the joint near the center of the blades, which assists the blades automatically to adjust themselves to the pelvic curve during the movement of rotating the head from

occiput posterior to occiput anterior position for delivery. An adjusting thumb screw in the right handle can be set by the operator for any size head, after or during application of the forceps. (Fig. 1.) One-quarter turn of the outer handle, right or left, locks the forceps on the head. (See boxed portion, top of fig. 1.)

**Author's note.**—The author wishes to express his appreciation to the following obstetricians who have accepted the new forceps for trial and given time and effort in the various stages of development: Drs. Paul Titus, N. J. Eastman, John W. Harris, A. H. Lahmann, H. H. Cummings, J. B. De Lee, William Dieckmann, Fred L. Adair, R. M. Grier, William E. Caldwell, H. C. Moloy, Hugh J. Tunstead, A. B. Hunt and R. D. Mussey.

Some readers looking at the one illustration set forth in this paper may wonder wherein the forceps described differs from the regular Simpson forceps. Further details will be furnished on request. Address inquiries to: Dr. Frank A. LaBreck, 201½ S. Barstow St., Eau Claire, Wis.

BIBLIOGRAPHY

1. Plass, E. D.: The relation of forceps and cesarean section to maternal and infant mortality. J. Obst. & Gynec. 22: 176–198 (Aug.) 1931.
2. De Lee, J. B.: Principles and practice of obstetrics, p. 1100. Ed. 7. Philadelphia: W. B. Saunders Company, 1938.
3. Vedder, J. B.: Improved technic in use of the Kielland forceps. Wisconsin M. J. 39: 103–105 (Feb.) 1940.
4. Caldwell, W. E., and Moloy, H. C.: Anatomical variations in the female pelvis and their effect in labor, with suggested classifications. Am. J. Obst. & Gynec. 26: 479–505 (Oct.) 1933.
5. Titus, Paul: Management of obstetric difficulties, ch. 18, p. 418. St. Louis: C. V. Mosby Company, 1937.

# Roseola Infantum (Exanthem Subitum)

By ROY M. GREENTHAL, M. D.
*Milwaukee*

ROSEOLA infantum was described by Zahorsky[1] in 1910, but not much attention was given to the condition until 1921, when Veeder and Hempelmann[2] published their paper and renamed it "exanthem subitum." They were the first to describe the blood picture with its diagnostic significance. At that time none of the pediatric textbooks mentioned roseola infantum. Since 1921, there have been numerous publications describing this condition from all parts of the world, and all pediatric textbooks now describe the disease.

I have been interested in roseola infantum since 1921, and published a report of eight cases in 1922.[3] This condition is not as well known as it should be and is often unrecognized, or confused with measles or rubella and the patient isolated. For these reasons a report of 100 cases of roseola infantum observed during the last six years should prove of interest.

In a typical case, the patient is an infant who becomes suddenly ill with high fever. He is restless, irritable, and refuses most of his food, but is not toxic. The physical examination discloses little to account for the illness. The blood count shows a lymphocytosis and usually a leukopenia. The fever lasts for three days and then drops either by crisis or lysis. After the temperature is normal for a few hours, a maculo-papular, measles-like rash appears over the body and lasts for approximately two days. There are no complications and no sequellae.

The diagnosis is made from the sequence of events, first the fever and then the rash after the temperature is normal. The blood count is also of diagnostic value. Measles is excluded by the absence of Koplik's spots, and by the fact that in measles the temperature does not drop when the rash appears, but remains high for two or three days longer. German measles or rubella is ruled out by the fact that, in German measles, the rash appears on the first day of the illness and the highest temperature is coincident with the eruption. Scarlet fever is easily ruled out because of the difference in the character of the eruption in the two diseases, the blood picture, and the absence of a very red throat in roseola.

Most observers consider roseola infantum to be a definite clinical entity, but a few have thought it to be a manifestation of a grippal infection or an allergic reaction to food or

drugs. In upper respiratory tract infections of the grippal type, the duration of the fever varies from a day to weeks; complications are frequent, especially otitis media and pneumonia; and the blood picture may not show a leukopenia with lymphocytosis. Allergy to food or drugs has never been associated with roseola.

In private practice the disease does not seem to be contagious, but there have been epidemics of roseola infantum in hospitals, described by Cushing[4] and by Barenberg and Greenspan[5]. The incubation period seems to be about ten days and the true infectious nature of the disease is thus demonstrated. The lack of contagion in the home is explained by the permanent immunity acquired by the attack, by the fact that the disease mostly attacks patients under 2 years, and by the possibility that the disease may occur without the rash and so not be recognized.

The etiology is unknown and cultures of the throat have been of no help. The cause may be a virus.

### The Author's 100 Cases

In the analysis of my group of 100 patients, it was found that 95 per cent of them were under 5 years of age and only 5 per cent were over 5 years of age. Rosenbusch[6] found that 181 or approximately 55 per cent of 323 children, whom he had followed from birth, had contracted roseola before the beginning of the sixth year. Fifty per cent of his cases had the disease in the first year of life. The disease would seem to be very clearly one of infancy. Roseola is rarely seen after the fifth year of age, but I have observed a typical attack of the disease in an 18 year old girl, who previously had both measles and rubella.

In my series, 44 per cent of the patients were seen during the months of May to November, and 56 per cent from November to May. Over a period of years I did not note any seasonal incidence, as is the case in grippal or influenzal infections. The patients were seen singly or in groups of three or four over a period of a week to ten days. Each year fifteen to twenty patients were seen and the number was surprisingly constant from year to year. I have not observed roseola in epidemic form in private practice or in hospitals and have never seen more than one case in a family. Males and females were affected about evenly in my series.

The symptomatology is usually characteristic but may be atypical. In 6 per cent of my patients, convulsions were present at the onset and the children seemed desperately ill. The negative physical examination and low white blood cell count helped to rule out more serious illnesses. The patients who have convulsions at the onset of roseola are usually of the hypertonic type who have convulsions with any disease that causes high fever. On the other hand, some patients were seen because the mother noticed a rash. These patients were not very sick and the mother did not think it necessary to call a doctor until the rash appeared.

Most of the 100 patients had temperatures of 103–105 F. but seemed surprisingly well nevertheless. This combination of higher fever and an absence of toxic symptoms was often of help in making the diagnosis. The duration of the fever was nearly always three days. The fever may be steadily high but usually shows a daily variation of two to three degrees. The termination of the fever in this series was usually by lysis, although a critical drop to normal was sometimes seen.

The temperature is always normal when the rash appears and then remains normal. Any rise in temperature after the rash is present will rule out roseola. Occasionally one may see a rubelliform eruption during the course of a grippal infection, but fever usually is present at the time or rises later, so that roseola can be ruled out. Some authors have described a characteristic redness of the throat in this disease, but I have usually found a normal throat in roseola. I have rarely observed otitis media, cough or coryza, although these symptoms have been mentioned by others.

In this series of cases there were no complications and usually one is justified in giving an absolutely favorable prognosis. In many instances the patient is extremely irritable for two or three days after the fever drops. This may be the usual convalescent fussiness, but it has been noted frequently

TABLE 1.—*Blood Picture in Roseola Infantum in 16-Month-Old Infant*
(Onset 11/15/39—Afebrile 11/18/39—Rash 11/19/39)

| Date | White Blood Cells | Segmented Polymorpho-nuclears % | Non-segmented Polymorpho-nuclears % | Eosino-philes % | Baso-philes % | Mono-cytes % | Small Lympho-cytes % | Large Lympho-cytes % | Total Lympho-cytes % |
|---|---|---|---|---|---|---|---|---|---|
| 11/16/39 | 8,200 | 47 | 5 | 1 | 1 | 5 | 37 | 4 | 41 |
| 11/17/39 | 7,600 | 24 | 9 | — | — | 1 | 61 | 5 | 66 |
| 11/18/39 | 6,600 | 24 | 13 | — | 1 | 7 | 44 | 11 | 55 |
| 11/19/39 | 6,400 (Rash) | 19 | — | — | — | 6 | 71 | 4 | 75 |
| 11/20/39 | 7,700 | 8 | — | — | — | 1 | 74 | 17 | 91 |
| 11/21/39 | 10,000 | 15 | — | 2 | — | 1 | 80 | 2 | 82 |
| 11/22/39 | 10,600 | 18 | 5 | — | — | — | 74 | 3 | 77 |
| 11/23/39 | 10,000 | 19 | — | — | — | — | 75 | 6 | 81 |
| 11/24/39 | 10,200 | 41 | 3 | 2 | 1 | — | 47 | 6 | 53 |
| 11/27/39 | 14,400 | 24 | 5 | 1 | 1 | — | 66 | 3 | 69 |

by the parents and may be characteristic of roseola.

The blood count is described by Zahorsky[7] as characterized by a granulocytic leukopenia with a relative lymphocytosis of 70 to 90 per cent. Plasma cells are not increased as in rubella. The eosinophiles are diminished. The blood picture is most typical after the third day. The red blood cells are not affected in roseola.

## Case Report

A 16-month-old infant was admitted to the Milwaukee Children's Hospital on November 15, 1939 with high fever of six hours duration. The first blood count and the lack of definite findings on physical examination suggested the diagnosis of roseola infantum, which proved to be correct. Daily blood counts were taken as a matter of interest and information, and these are shown in table 1 above.

It is clearly seen that the characteristic feature of the blood picture is the relative lymphocytosis due to the disappearance of the granulocytes, and particularly the young forms. The white count in this patient did not show the extreme leukopenia that is often found. Nine days after the drop in temperature the blood picture approached normal, although there was still an increase in the percentage of lymphocytes. The throat culture in this case showed a mixed flora with a predominance of M. catarrhalis and staphylococci. The urine was normal.

## Conclusion

From the reports in the literature and an analysis of 100 cases of roseola infantum, (exanthem subitum) observed by me, one is justified in believing this disease to be a clinical entity. The characteristics of this disease are a febrile period of three days with few findings on physical examination. After the temperature becomes normal, a rash appears, lasting about two days. The blood is characterized by a relative lymphocytosis due to a diminution of granulocytes in the peripheral blood stream. There is often a leukopenia. There are no complications or sequellae. The etiology thus far is unknown. The incubation period is about ten days. It affects infants usually during the first two years of life and seems to confer immunity.

### BIBLIOGRAPHY


1. Zahorsky, J.: Roseola infantilis. Pediatrics, New York and Burlington, Vt. 22: 60–64, 1910.
2. Veeder, B. S., and Hempelmann, T. C.: A febrile exanthem occurring in childhood (Exanthem subitum). J. A. M. A. 77: 1787–1789 (Dec. 3) 1921.
3. Greenthal, R. M.: An unusual exanthem occurring in infants. Am. J. Dis. Child. 23: 63–65 (Jan.) 1922.
4. Cushing, H. B.: An epidemic of roseola infantum. Canad. M. A. J. 17: 905–906 (Aug.) 1927.
5. Barenberg, L. H., and Greenspan, L.: Exanthema subitum (roseola infantum). Am. J. Dis. Child. 58: 983–993 (Nov.) 1939.
6. Rosenbusch, H.: Question of exanthema subitum. Abstracted in Internat. M. Digest. 36: 103–105 (Feb.) 1940, from Schweiz. med. Wchnschr. 69: 1173 (Nov. 18) 1939.
7. Zahorsky, J.: Roseola infantum. In Brennemann, J.: Practice of Pediatrics, vol. 2, chap. 21. Hagerstown, Md.: W. F. Prior Company, 1937.


## MEDICAL EDITOR TO NOTIFY . . .

Dr. Karl H. Doege, medical editor, is now scheduling scientific papers for 1941 issues of The Journal, and expects to be in a position by the end of January to notify the authors of all the papers he now has on hand of the disposition to be made of their manuscripts.

# Evaluation of the Heart in Hypertension

By VINCENT W. KOCH, M. D.
*Janesville*

AN INDIVIDUAL with hypertension often goes for some time with no subjective symptoms. It is estimated that 25 per cent will die of causes that have no bearing whatsoever upon their hypertension.

The hypertensive individual is one who has the most common and the least understood heart disease. A number will die from some condition directly attributive to the prolonged circulatory strain. Some will succumb to progressive renal insufficiency, resulting from the arteriolar changes that take place in the kidney or from an unrecognized progressive nephritis. A certain group will die from cerebral accidents, the so-called hypertensive encephalopathies. The largest group of all will die of heart failure.

This latter type of hypertensive heart disease is a combination of the action of hypertension and arteriosclerosis of the coronary arteries. The heart is overstrained by the persistent hypertension, which leads on to hypertrophy. It thus loses its power for proper nourishment, due to the coronary sclerosis, and therefore fails.

High blood pressure may be found in association with another entity, such as diabetes mellitus, hyperthyroidism, chronic anemia, uterine fibroids, or prostatism. When such a condition is benefited, the hypertension is also benefited, and much more than when the hypertension is the single symptom. Another well-tolerated hypertension is that occurring as a compensatory response in the aortic type of atherosclerosis. This is compatible with long life and reasonable efficiency. A neurogenic variety of hypertension has a more stormy symptomatic course and has a milder prognosis. The pressure is much more unstable and has wider fluctuations, thus giving much less vascular and cardiac strain. These subjects do much better with appropriate hygienic measures, bed rest, hospitalization and possible mild sedation.

It is a well known fact that the outlook always is better among women than it is in men.

Most patients with the hypertensive syndrome die as a result of cardiac failure, resulting from either angina pectoris or coronary thrombosis. These patients complain of shortness of breath on exertion or substernal pain or distress on exertion, and sometimes of both. It is hard to explain why these two sets of symptoms occur together and rather frequently. Anginal symptoms frequently disappear when the onset of congestive heart failure takes place. The earliest sign of heart failure is cardiac hypertrophy. Nocturia (once or twice a night) may be present. The patient may complain of some headache, usually occipital and frequently in the morning when he awakens. His morning coffee may give relief. Dizziness is a common complaint and often occurs on a sudden change of position of the head.

### Important Physical Findings

Physical examination of these individuals reveals:

1. A hypertension.
2. Cardiac hypertrophy. (If the total transverse diameter of the heart is more than 50 per cent of the width of the thorax at the level of the ninth rib, there is definite hypertrophy. This can be proven with a teleroentgenogram, or, by the finding on percussion, that the left heart border is at the midclavicular line.)
3. Accentuation of the aortic second sound and also of the pulmonic second sound, frequently both. (Often the pulmonic second sound is greater than the aortic second. The aortic sound may have a roughened quality or a systolic murmur.)

Retinal vessel changes are of extreme importance, especially the tortuousity. This tortuousity is also noticed in the brachial and femoral vessels when they lose their tautness. The advent of arterial dilatation

often proves to be a forerunner to the development of weakness and failure of the ventricle with congestive heart failure.

Another arterial phenomenon to study is the pulse rate. During the greater part of the clinical course the pulse is usually slower than normal. A slow pulse rate in hypertension is the best indication of adequate cardiac reserve. An increased pulse rate is characterized by a diminished inflow of blood during diastole and a corresponding reduction in the outflow during systole. Under these conditions less blood flows through the coronary arteries, the myocardium is undernourished, and deleterious chemical changes occur in the heart muscle which eventually result in cardiac weakness and dilatation, as well as in enlargement of the heart chambers and leakage of the valves.

The left ventricle receives the brunt of the heart failure in hypertensive heart disease. The symptoms are easily recognized and are chiefly dyspnea—usually paroxysmal and usually at night—palpitation of the heart, nocturnal urination and substernal distress. Pain is often hard to evaluate. There are two points of value:

1. The localization of the pain. (Cardiac pain has a midline component. The pain of which we often hear, located over the apex, but with no pain in the midline, that is, substernal or epigastric, is not cardiac in origin.)

2. The pain is usually of a squeezing or compressive type.

Right-sided failure may take place in hypertensive individuals. We then have a different picture, that is, edema of the legs, ascites effusions into the pleural cavities and pericardial sac, engorgement of the liver, cyanosis and engorgement of the veins of the neck. These occur more with mitral stenosis and pulmonary sclerosis.

### Prognosis and Treatment

How long a patient can live with hypertension is hard to say. Many have the affliction for years before heart failure reveals itself. Once the heart has failed, there is very little likelihood that it will regain its original power or reserve. A diastolic pressure of 120–140 signifies a worse outlook than one around 90–120.

Electrocardiographic changes are not always a bad omen. Many have bundle branch blocks and inverted T waves in leads I and II and deep Q waves in lead III. Patients of this type should be placed in the hands of a skillful internist because every one is a potential heart failure. They should be advised of the malignant character of their ailment, the advisability of having regular periodic examinations, and the requisites of treatment.

General measures of rest, relaxation and more adequate recreation are more important sometimes than medication in the treatment of these patients. Obesity and overweight should be called to their attention and brought within favorable limits. Sedatives are used and are very useful in the early stages. Small doses of digitalis, 1.5 grains twice a day, unless there is some contradiction, should be used, and most likely for the rest of their lives. However, patients should be under the care of a competent physician while digitalis is being administered. The sulfocyanates, especially potassium, have been useful—1.5 grains, three times daily, in peppermint water or cinnamon water for the first week, twice a day through the second week, and once a day through the third week. When the sulfocyanates are used, it is advisable to have the blood cyanate checked so as not to get an unfavorable reaction.

### NEXT MONTH . . .

Among scientific articles to appear in next month's Journal are a report on "Anthrax in Wisconsin," by Drs. T. E. Wyatt and Stephan Epstein, Marshfield; an analysis of results with stilbestrol at the Jackson Clinic, by Dr. Addie M. Schwittay, Madison; "Use of Short Wave Diathermy in the Study of Peripheral Vasospasm," by Drs. Maurice Hardgrove and S. A. Morton, Milwaukee; and "Encephalomeningitis in Mumps," by Dr. Max J. Fox, Milwaukee.

# "Hollow Foot" in Industry*

By HERMAN H. HUBER, M. D.
*Milwaukee*

*Author's note.*—Since this paper was written, a number of articles on the subject have appeared in medical literature. Most of these are very comprehensive and well illustrated. I should like to call special attention to the article, "The Treatment of Claw-Foot," by Dr. Wallace H. Cole of St. Paul, Minnesota, published in J. Bone & Joint Surg. 22: 895–908 (Oct.) 1940. Dr. Cole describes the congenital and acquired variety of the condition, but not the traumatic type, and an excellent illustrated discussion of operative procedure follows.

It is to be borne in mind that the present paper deals with a citation of an early "hollow-foot" caused by trauma, its recognition in the early stage, subsequent conservative treatment and consequent avoidance of surgical intervention.

IN THE practice of industrial surgery, the very frequent injuries of the ankle and foot are encountered. Among these, one is struck at times by the finding of a high arched foot, or as it is known a "hollow foot." Pes cavus may occur as an inherited peculiarity; or it may be acquired through the wearing of high shoes and the habitual disuse of dorsi-flexion, or by dancers through the excessive use of the calf muscles. It may have a neurological origin, or it may be due to trauma. The present paper will deal exclusively with the latter problem. A few years ago the author was very much impressed with a case which was referred to him for examination and observation. As the nature of injury is important, a rather complete history is being submitted.

## Case History

On February 18, 1934, the patient, aged 43 years, white, was wheeling a truck. The man ahead of him who was doing similar work, dropped a sack of flour, the claimant had to stop suddenly and the man in back wheeled the truck over the patient's right foot, the toes of which were pressed forward and the heel slightly raised. He was sent to the Emergency Hospital where he remained a few hours. The following day he was sent to a doctor and then referred for x-ray study of the foot. The x-ray examination was negative for bone injury. The patient saw the doctor every other day and received infra-red therapy. Four weeks after the accident he was dismissed as cured and advised to return to work.

I examined the patient on March 27. At that time he complained of pain in his right foot and inability to bear weight on it. On examination I found the following: The patient wore an unlaced shoe, he walked with a bad limp, on the heel and the lateral border of the foot, placing them simultaneously on the ground. The foot was cyanotic and swollen; pronounced tenderness was found over the extensor and the plantar surfaces of the foot near the tarsometatarsal articulation; the architecture of the foot appeared to be disturbed as if contracted; the toes were extended at the proximal joints and flexed at the interphalangeal joints. The right foot was one-half inch shorter than the left, the height of the right arch was one-fourth inch higher than the left; indurated calluses were found over the center of the heel and under the heads of metatarsal bones. Tenderness was elicited over the scaphoid-inner cuneiform articulation. In walking, the foot appeared to be turning in a "varus" position in which the forepart is pronated, adducted, and flexed. The motions at the ankle joint were resisted because of pain. A diagnosis of a traumatic pes cavus was made (the opposite uninjured foot was normal in all respects) and the patient was referred back to his insurance company with the explanation that he needed further medical care and intensive physiotherapy. After three weeks the patient was dismissed as cured.

I saw him again on June 5. There was very slight change in his condition and almost complete ankylosis at the ankle joint. I referred the patient to the occupational therapy department of the Mt. Sinai Hospital where physiotherapy and manual manipulation were instituted. The shrunken plantar tissues and the contracted tendons were stretched daily. Manipulation of the foot was followed by massage. After eight weeks of this intensive treatment, a great improvement took place and the patient was able to return to work on August 18. The motions at the ankle joint gradually returned to better than one-half normal range and his gait improved sufficiently so that he placed his foot well on the ground.

## Discussion

In the above case, in which the x-ray films were entirely negative, there was apparently a sufficiently severe contusion of the foot to

*(Continued on page 69)*

* From the department of traumatic surgery, Mt. Sinai Hospital.

# COMMENTS ON TREATMENT

EDITORS
A. J. Quick M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

## Classification of Drug Toxicity

In the November issue of The Journal, under "Comments on Treatment," it was stated that, broadly, drug toxicity can be divided into three classes; namely, (1) direct immediate action, (2) direct but delayed action, and (3) indirect or idiosyncratic action. The first two classes above named were therein described. This discussion will deal with the third class, indirect or idiosyncratic action.

A drug which is relatively harmless may, in a sensitive patient, cause alarming symptoms. In many ways this unexpected reaction can be compared to an allergic response, and there is evidence that both types perhaps have the same physiological basis. Although the toxic action is not predictable, certain drugs seem to produce a rather characteristic type of pathologic lesion. Moreover, some agents, like acetylsalicylic acid (aspirin), for example, only rarely give rise to an idiosyncratic response, while a substance such as nirvanol is notorious for its side reactions.

Skin eruptions constitute the mildest type of indirect toxic reaction. Urticaria is most common, but other types such as erythema and scarlatiniform rash are seen frequently. Phenolphthalein is very prone to cause a pigmented eruption. Perhaps the bromide and iodide rashes belong to this class of indirect drug action and another important reaction which can be put into the category of skin eruption is purpura, which is usually of the thrombocytopenic type. Occasionally uncontrolled bleeding can be traced to an unsuspected drug sensitivity.

Vasomotor rhinitis and angioneurotic edema may in rare instances be attributable to a drug. Even as harmless a substance as aspirin has been known to cause severe attacks of asthma in a sensitive individual.

Gastrointestinal symptoms, not due to any direct irritating action, but arising from an idiosyncrasy, are perhaps more common than is generally recognized. A host of symptoms ranging from mild nausea to bloody diarrhea has been observed. In some patients a definite relationship between skin eruption and gastrointestinal disturbances seems to exist.

Drugs can produce a profound vasomotor disturbance. After the administration of a drug to which he is sensitive, a patient may develop with alarming suddenness the typical symptoms of shock: pallor, cold sweat, thready fast pulse, marked fall in blood pressure and syncope. Such reactions have occurred, for example, from cinchophen, dinitrophenol and novocain.

Acute yellow atrophy is another of the serious side reactions of certain drugs. Cinchophen is responsible for many of the fatal cases, but other drugs, it must be remembered, can also produce this lesion. It is particularly disconcerting that a patient who has taken a drug like cinchophen with impunity for years may suddenly develop a sensitivity to it and without warning suffer a massive necrosis of the liver.

Agranulocytosis or granulocytopenia is another serious condition that is caused by a drug in many instances. Amidopyrine, also known as pyramidon, is responsible for most of the reported cases. Interestingly, a patient sensitive to amidopyrine will very quickly show a marked drop in the polymorphonuclear count when given even a small dose.

These unexpected drug reactions constitute an important problem which confronts every physician. Is it justifiable to use a drug such as cinchophen, which is an especially effective analgesic agent in gout, but which carries with it the hazard of acute yellow atrophy? Regulation of the dosage is of no help, and at present no way has been found to predict when an indirect toxic reaction is apt to occur. The fact that even aspirin which is generally considered harmless can cause serious symptoms in a sensitive subject, emphasizes the danger of lax drug control and of indiscriminate self-medication. A. J. Q.

# THE WISCONSIN MEDICAL JOURNAL



**The Council on Scientific Work**

E. R. SCHMIDT, Madison — EBEN J. CAREY, Milwaukee, *Chairman* — C. J. SMILES, Ashland
G. W. KRAHN, Oconto Falls — KARL H. DOEGE, Marshfield — W. S. MIDDLETON, Madison *(ex officio)*

**Editorial Staff**

KARL H. DOEGE, Marshfield, Medical Editor — MR. J. G. CROWNHART, Madison, Managing Editor
MISS DOROTHY CRIDLAND, Madison
Assistant Editor

**Collaborators**

THE COUNCIL

H. P. BOWEN ----------Watertown
C. E. PECHOUS----------Kenosha
W. T. CLARK----------Janesville
B. I. PIPPIN-------Richland Center
A. H. HEIDNER--------West Bend
S. E. GAVIN----------Fond du Lac
H. A. JEGI----------Galesville
G. W. KRAHN---------Oconto Falls
H. H. CHRISTOFFERSON----Colby
F. E. BUTLER----------Menomonie
F. G. JOHNSON---------Iron River
H. J. GRAMLING--------Milwaukee
R. E. FITZGERALD----Milwaukee
ROBERT W. BLUMENTHAL
----------Milwaukee
J. W. LAMBERT----------Antigo
R. G. ARVESON----------Frederic
(Past President)



**Annual Subscription--------Three Dollars-Fifty Cents  Single Copies--------Fifty Cents**

Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Ill.

**Address all communications to THE WISCONSIN MEDICAL JOURNAL, Madison**

Volume 40 — JANUARY, 1941 — Number 1

OFFICIAL PUBLICATION OF THE STATE MEDICAL SOCIETY OF WISCONSIN



Copyright by the Society, 1941


## « « « EDITORIALS » » »

### "Room on Your Table . . . ?"

"NO GREAT possession will be employed to the utmost advantage of its possessor, unless it be known and appreciated by its possessor." This statement by the late Wisconsin physician, Dr. John Favill, made in his paper on mental hygiene in the new Centennial Anniversary Section in this issue, well expresses the thought motivating the preparation of the supplement, "Health Achievements in Wisconsin," sent to you with this month's JOURNAL.

Much has been said about what has *not* been done in the health field, and to focus vision on what we hope to accomplish is a normal and wholesome tendency. *But often in eagerness to make new gains, it is easy to lose sight of certain procedures, the abandonment of which might destroy all we have accomplished.* In this, the centennial year of the State Medical Society's existence, is it not time to evaluate, to make "known and appreciated," the great health possessions of the people of Wisconsin and the means by which they were made possible?

The supplement is arranged in three sections: (1) "Some of Our Health Achievements in Wisconsin," (2) "Medical Education and Training," (3) "Some of the Problems on which Medicine is Now Working." Particularly noteworthy is the material on attainments in the field of maternal and child health in Wisconsin,—a subject commented on editorially and in articles by state and federal health officials in the November, 1940, JOURNAL. Another outstanding feature is that dealing with the low rate of absenteeism among Wisconsin workers in all types of gainful employment.

Special issues of the supplement have been placed in the hands of those in Wisconsin holding offices of public trust. And it is hoped that you will MAKE ROOM ON YOUR WAITING-ROOM TABLE for it, so that your patients may read this pictorial story of health progress in Wisconsin. How can they know and appreciate what *has been done* if they read only what has *not* been done? And who is better qualified to bring the story of health progress to them than members of the medical profession, but for whom the story could never have been told?

## "Our Solemn Assurance . . ."

The following resolution was adopted by the Committee on Resolutions of the State Medical Society at its 99th anniversary meeting in Milwaukee, September, 1940:

WHEREAS, Our national government has found it expedient to register all men between the ages of 21 and 35, and

WHEREAS, Cognizant of the existing emergency and in full accord with our government, and realizing that the sacrifices of all mobilized men will necessarily extend into the economic field, and

WHEREAS, A great number of the members of our profession will unquestionably be inducted into service; be it

*Resolved,* That we as members of the State Medical Society of Wisconsin in a spirit of patriotic duty, here and now give to each colleague who may be conscripted or who may volunteer, our solemn assurance that we will do everything within our power to protect his practice and preserve it for him during his absence from the community.—Presented by Dr. R. E. Fitzgerald, chairman, M-Day Committee (seconded by Dr. J. F. Smith, Wausau; carried).

## The Key Position

IN ADDITION to his comments on pages 53 to 56 of this issue, Dr. P. A. Brehm, Supervisor, Industrial Hygiene Unit, Madison, has this to say about the health of industrial workers—

"Industrial health is not the concern of any particular group or profession—it embraces the joint efforts of such organizations as labor, industry, the medical and nursing professions, engineers, insurance, state and local health agencies, the industrial commission and all of the state and regional safety societies. *In this the medical profession occupies a key position,* and the sooner this fact is realized and applied, the better will be the health service coverage."

## THE PLATFORM OF THE AMERICAN MEDICAL ASSOCIATION

The American Medical Association advocates:

1. The establishment of an agency of federal government under which shall be coordinated and administered all medical and health functions of the federal government exclusive of those of the Army and Navy.

2. The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health and the care of the sick on proof of such need.

3. The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.

4. The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.

5. The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.

6. In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.

7. The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.

8. Expansion of public health and medical services consistent with the American system of democracy.

## OCONTO COUNTY DUES ALL PAID

All fourteen members of the Oconto County Society have paid their 1941 dues. The complete remittance for these members was received on January 3, 1941.

# . . . . THE PRESIDENT'S PAGE . . . .

## "1941"

NINETEEN forty-one will be a very important year in world history. The decision will probably be reached as to which form of social order you and I will live under. We all hope that we will not be at war. Certainly we do not want our boys to die on foreign soil. In the high pitch of feeling brought about by propaganda for and against war, let us all try to do some keen thinking that our own ship of state may survive.

During 1941 probably 10 per cent of the profession will leave the state for military training. This is bound to produce some dislocation of medical service in certain communities. In cooperation with the military authorities, the State Medical Society will make every effort to see that no community suffers. As individuals you can do your part to aid in keeping a man's practice intact until he returns.

The year 1941 will bring many new faces into the Legislature. We are told that it will probably be in session only four months. In view of the tendency toward longer sessions in most of the state legislative bodies, as well as in our National Government, this hardly seems possible. Whatever its length of session may be, your secretary, officers and committees will be on the job to see that the best interests of the public health are served.

Finally, don't forget that 1941 is our centennial year. The meeting this year in Madison should be the most successful this society has ever had. Very elaborate plans are being made by Dr. Arnold Jackson and his large representative committee. He would appreciate any ideas which you may have. If you are one who comes to our sessions every year or once in three years, try not to miss this session marking the hundredth year of our existence.

With best wishes to you all in 1941.

Ralph P. Sproule

# THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Donne F. Gosin, Green Bay, President
Mrs. J. S. Supernaw, Madison, President-Elect
Mrs. Samuel A. Montgomery, LaCrosse, Vice-President
Mrs. Harry A. Keenan, Stoughton, Recording Secretary
Mrs. Robert W. Kispert, Green Bay, Corresponding Secretary
Mrs. Edwin P. Bickler, Milwaukee, Treasurer

COMMITTEE CHAIRMEN

Archives—
Mrs. D. B. Dana, Kewaunee
Convention—
Mrs. Arnold S. Jackson, Madison
Finance—
Mrs. Robert E. Fitzgerald, Wauwatosa
Hygeia—
Mrs. Gerald H. Friedman, Milwaukee
Organization—
Mrs. Ernest S. Schmidt, Green Bay
Philanthropic—
Mrs. Henry E. Twohig, Fond du Lac
Press and Publicity—
Mrs. Arnold H. Barr, Port Washington
Program—
Mrs. Maynard H. Fuller, Green Bay
Public Relations—
Mrs. Reuben H. Bitter, Oshkosh
National Exhibit (special committee)—
Mrs. E. Lee Lochen, Waukesha
Circulation of Bulletin (special committee)—
Mrs. Robert E. McDonald, Milwaukee

## A Chat With the President

IT IS a distinct pleasure to have a little informal chat with the members of the Auxiliary through these columns. Many of you I have had the pleasure of meeting personally. Others I hope to meet during the next six months in my jaunts around the state. Winter has started unusually early in Wisconsin this year, so the month of December has not been favorable for hurried trips to communities a hundred or more miles out of Milwaukee.

There is much one might call to mind during these times. In some instances the outlook is very pleasant; in others, not so agreeable. I might try to give you a lot of advice, but when you get it over the breakfast table every morning, mine might not be very welcome. Perhaps you who do not have breakfast with your husbands each morning will listen to my message.

In my capacity as president of The Medical Society of Milwaukee County some ten years ago I managed to meet and know every one of some eight hundred physicians, both in their homes and offices. I knew their families as well, and, as a director of the Medical Society for five years following my year as president, continued these contacts. This was true, also, during my presidency of the Milwaukee Academy of Medicine, a group of only two hundred doctors. One hundred committee meetings during a single year made us rub elbows together in small groups.

This, then, is the picture of county organizations. It changes considerably in a large territory such as Wisconsin, which covers some fifty-six thousand square miles as against the two hundred square miles which comprise Milwaukee County. I mention this contrast for the specific purpose of demonstrating how difficult it is for a president of the State Society to become intimate with your husbands' problems. If there are sharp differences of opinion in a local group, by seeing each other in staff rooms or meeting in building lobbies or on the street many problems are automatically solved. I have known many cases in the Milwaukee Auxiliary where women have brought their husbands together and differences have been straightened out. In the larger State Society, meetings are held where one or two men on a committee know each other only casually. They may separate in the heat of argument, as happened in my own case recently. There is not the opportunity in such a case for the wives to be of much aid because the men themselves may not even see each other again for months.

It gives the president of the Society quite a thrill to be received so graciously in the different counties when he walks in almost unannounced. Around the home town he is taken quite for granted. Perhaps it is not good for a man's ego to be made so much of.

Some of the members look ahead with deep concern to the state legislative problems of 1941. I do not feel alarmed because

it now appears that Wisconsin, from being considered a radical state in the past, has turned into the conservative fold. It is not because we have reformed, but because forty-five (45) other states have raced past us in their liberalism. Even though this diagnosis may be correct, let it not throw us off our guard. None of us expects Hitler can invade England successfully, yet in the evening paper at the time of this writing that probability is suggested by a leading English statesman.

I believe the national problem of medicine is serious. Our government has been very critical of Hitler's and Stalin's regimentation of industry, yet right now our leading national office holders are saying that the industrialists are holding up production and are suggesting a dictator for coordinating defense. In these moves socialized medicine may be delayed, but not if its proponents have anything to say about it.

Women always have been a force for good in government and social conditions. This is your opportunity to watch our state legislature and our congressmen. You can be of the greatest help by writing public officials and encouraging others to do so when anti-medical legislation is proposed.

Finally, you all are aware of a thought which I have been trying to convey over the radio (The Milwaukee Journal Station WTMJ,) each Sunday during December—namely, "Daylight Saving." The farmer works on sun time anyway. In Milwaukee it will give the laboring man from 25% to 33% more daylight for recreation during five months. I honestly believe it is a step in the right direction. The continuance of my efforts along this line will depend on yours and the public's reception. Very favorable letters from the health commissions of New York, Chicago, Detroit, and Pittsburgh are stimulating at this writing. Your diligence with the farm community groups, demonstrating to them that daylight saving will, at the very least, be of no disadvantage to them but of great value to the industrial groups living in concentrated areas, should appeal to their sense of logic and fair play.

Well, ladies of the Auxiliary, I believe I have said enough. It is too late for me to wish you a Merry Christmas, but I do extend my greetings to you in the New Year.

'Til we meet again,

RALPH P. SPROULE,
*President.*

# Report of Philanthropic Committee

By MRS. HENRY E. TWOHIG
*Fond du Lac*

PERHAPS some of you may remember *way back when* a doctor's wife was supposed to be like children of a by-gone day,—seen and not heard. She was not supposed to seem interested in anything pertaining to medicine or public health. She scarcely knew the wives of the other doctors in her community.

But how things have changed in a few short years! We now have our Woman's Auxiliary which has done so much to promote more friendly relations and more interest in public health and public welfare. About three years ago the first Philanthropic Committee was appointed, the object of which was to aid or sponsor some worth while charity in each county depending upon the local needs.

Early this fall I wrote to the presidents of all the county auxiliaries (twenty-six) and asked them to appoint a Philanthropic Committee if they did not have one. I have heard from just six chairmen and am listing some of the projects they have undertaken: aid to the Red Cross, layettes to county and city nurses, jams and jellies to hospitals, dressing of dolls, scrapbooks, sending of undernourished children to camp and girls to Scout camps, and aid to Girl Scout Troops.

Our committee is only in its infancy, but if each county auxiliary will cooperate, we may, in time, be able to do bigger and better things in the interest of public welfare.

## Ashland—Bayfield—Iron*

WELCOME TO OUR NEW AUXILIARY!

At a dinner meeting at the Menard Hotel in Ashland on Wednesday evening, November 13, a Woman's Auxiliary to the Ashland–Bayfield–Iron County Medical Society was organized. Twelve wives of physicians were present, representing the cities of Ashland, Washburn, Bayfield, and Montreal.

Mrs. D. F. Gosin, state president, and Mrs. E. S. Schmidt, state organizer, both of Green Bay, were present to assist in the organization of the group. The following officers were elected:

President—Mrs. A. C. Taylor, Washburn
President-elect—Mrs. J. K. Shumate, Bayfield
Vice-President—Mrs. A. D. Andrus, Ashland
Secretary–Treasurer — Mrs. J. W. Prentice, Ashland

## Brown—Kewaunee—Door

Mrs. L. D. Quigley of Green Bay became the new president of the Woman's Auxiliary to the Brown–Kewaunee–Door County Medical Society on October 22 when the first fall meeting was held at the Beaumont Hotel, Green Bay. There were twenty-five members present.

The luncheon was followed by a business meeting during which officers for the year were elected. They are as follows:

President-elect—Mrs. H. S. Atkinson, Green Bay
First Vice-president—Mrs. F. J. Wochos, Kewaunee
Second Vice-president — Mrs. L. E. Dockry, Kewaunee
Recording Secretary—Mrs. J. E. Halloin, Green Bay
Corresponding Secretary—Mrs. G. M. Shinners, Green Bay
Treasurer—Mrs. A. A. Filek, Green Bay
Auditor—Mrs. F. J Gosin, Green Bay

Corsages were presented to Mrs. Quigley and Mrs. M. H. Fuller, the outgoing president. The latter thanked all members and chairmen for their cooperation during the last year, and introduced Mrs. Quigley who gave her acceptance speech.

Mrs. D. F. Gosin, state president, gave a resume of the state meeting held in Milwaukee in September, presented her program for the year, and announced that the Brown–Kewaunee–Door Auxiliary has six state officers. They are: Mrs. D. F. Gosin, Green Bay, president; Mrs. E. S. Schmidt, Green Bay, organization chairman; Mrs. D. B. Dana, Kewaunee, archives chairman; Mrs. R. W. Kispert, Green Bay, corresponding secretary; Mrs. L. D. Quigley, Green Bay, member of Board of Directors; and Mrs. M. H. Fuller, Green Bay, program chairman.

The December meeting of the Brown–Kewaunee–Door Auxiliary was held on Wednesday, December 11, in the parlors of the Y. W. C. A. It was the privilege of each member to bring a guest, and about fifty persons attended the meeting.

Prof. Grant Haas of the University of Wisconsin was the guest speaker, and was presented by Mrs. E. S. Schmidt, the program chairman. Professor Haas' subject was "The Trend of the War."

## Dodge

Mrs. G. H. Hoyer of Beaver Dam was hostess to members of the Woman's Auxiliary to the Dodge County Medical Society on November 28. At the business meeting the group voted to make a layette that can be used by the county nurse in her work. Mrs. C. M. O'Hora, Beaver Dam, reviewed an article from Hygeia on "The Influence World War Has Had on the Progress of Medicine."

Committee members for the ensuing year were appointed as follows:

Parliamentarian—Mrs. E. P. Webb
Program—Mrs. R. F. Schoen, Mrs. E. C. Hoyer
Public Relations—Mrs. R. R. Roberts
Press and Publicity—Mrs. A. A. Hoyer
Hygeia—Mrs. C. M. O'Hora
Social—Mrs. R. E. Schoen
Membership—Mrs. E. P. Webb, Mrs. R. R. Roberts, Mrs. A. A. Hoyer
History—Mrs. W. E. Bargholtz
Sunshine—Mrs. A. M. Rosenheimer
Philanthropic—Mrs. J. M. Welsch, Mrs. W. H. Costello, Mrs. M. M. Temkin

## Douglas

The Douglas County Auxiliary met Monday, December 2, for its bi-monthly luncheon at the Martin Tearooms in Superior. Sixteen members and one guest were present. Miss Beatta Geiger spoke to the group on the Women's Industrial Home at Taycheedah, near Fond du Lac. A report of the state convention at Milwaukee was given by Mrs. T. J. Doyle.

It was voted to pay for eight more subscriptions to Hygeia for distribution to rural schools. Eighteen subscriptions are now being carried by the club. The project of obtaining speakers for lay organizations was discussed.

The following new officers were elected and committee chairmen appointed:

President—Mrs. J. M. Meyers, Superior
President-elect—Mrs. T. J. Doyle, Superior
Vice-president—Mrs. Charles Giesen, Superior
Secretary–Treasurer—Mrs. S. H. Perrin, Superior
Public Relations—Mrs. E. L. Campbell, Superior
Hygeia—Mrs. Fred Proebsting, Superior
Press and Publicity—Mrs. E. A. Myers, Superior
Telephone—Mrs. G. J. Hathaway, Superior
Program—Mrs. F. G. Johnson, Jr., Superior

* Due to the absence of the press chairman in November, this item did not appear in the December issue.

## WHAT ABOUT YOUR JANUARY BULLETIN?

Did you subscribe in time to receive the second issue for the current year, which came out this month? If not, send your dollar ($1) at once to

Mrs. R. E. McDonald
4960 North Ardmore Avenue
Milwaukee, Wisconsin
or
Mrs. H. E. Christenberry
Highland Drive
Knoxville, Tennessee

No state or county officer or committee chairman can afford to be without this useful magazine.

### Fond du Lac

Members of the Woman's Auxiliary to the Fond du Lac County Medical Society dressed dolls for distribution at Christmas time at a work meeting on November 28 at the home of Mrs. E. V. Smith, Jr., following a 6:30 p. m. dinner.

At a business session presided over by Mrs. A. M. Hutter, president, it was decided to devote an afternoon a week to Red Cross work. Mrs. L. J. Keenan and Mrs. H. A. Devine were appointed to place copies of a health magazine in several schools in the county. Mrs. D. W. Calvy and Mrs. F. P. Marshall were received as new members of the auxiliary.

Serving on the hostess committee were Mmes. Smith, W. H. Folsom, Hutter, L. C. Gardner, S. E. Gavin, N. C. Henderson and O. F. Guenther. Flowers decorated the dinner tables, at which twenty-four members were served.

The next regular meeting will be held Thursday, January 23, at the home of Mrs. H. A. Devine of Fond du Lac.

### Manitowoc

The Woman's Auxiliary to the Manitowoc County Medical Society had the second meeting of its new year at Dill's Tea Room on Wednesday afternoon, November 27. There were fifteen members present.

After a short business meeting, Mr. J. M. Stevenson, a member of the high school faculty, gave an interesting talk on the Nazi government in Germany. Mr. Stevenson visited relatives in Germany four years ago and so was able to give firsthand information.

The new yearbooks were distributed. During the meeting the members did Red Cross sewing. Mrs. W. H. Scherping, Mrs. A. J. Shimek, and Mrs. R. Simonsen were hostesses.

The Manitowoc Auxiliary reports the loss of one member, Mrs. G. E. Howe, because her husband, a first lieutenant in the Medical Reserve Corps, was called for duty at Fort Sheridan, Illinois.

### Milwaukee

Distinctive not only for the large attendance of more than 150 members and guests but for its outstanding program was the December meeting of the Woman's Auxiliary to the Medical Society of Milwaukee County held December 13 at the Y. W. C. A.

The tables were decorated in the Yuletide motif. Two large illuminated Christmas trees lent atmosphere to the meeting room. The holiday spirit was carried out further in the singing of carols by sixteen Auxiliary members, Mrs. Louis Warfield leading the singing and Mrs. M. E. Gabor playing the accompaniment.

The speaker, Mr. Samuel Manierre, well-known for his art lectures in Wisconsin and Illinois, was received with great enthusiasm and appreciation. Mr. Manierre, a graduate of Harvard University where he majored in the history of art, also studied abroad where his studies were supplemented by visits to the great European museums. His subject "Masterpieces of Art" was made more graphic by the use of colored slides.

Committee reports were given by Mmes. Charles Fidler, treasurer; T. M. Northey, social chairman; Maurice Hardgrove, Hygeia; and Ervin Hansher, study group.

On December 8–10 Mrs. G. H. Friedman, state Hygeia chairman, and Mrs. Maurice Hardgrove, Milwaukee County Hygeia chairman, held a Hygeia exhibit at the Wisconsin Hairdressers' Association at the Schroeder Hotel, Milwaukee.

### Outagamie

The Woman's Auxiliary to the Outagamie County Medical Society met November 14 at the home of Mrs. E. F. McGrath in Appleton. There were eighteen members present.

The special project discussed at this meeting was the annual lecture and tea to which the public is invited and which is always well attended. For the last three years the Auxiliary has presented speakers giving the doctors' point of view on the subject of socialized medicine.

Reports of the state Auxiliary chairmen were read or reported on by local committees. New officers were elected and committee chairmen appointed as follows:

President—Mrs. M. E. Swanton, Appleton
President-elect—Mrs. R. T. McCarty, Appleton
Secretary—Mrs. G. T. Hegner, Appleton
Treasurer—Mrs. W. S. Giffin, Appleton
Archives—Mrs. A. E. Rector, Appleton
Membership—Mrs. W. O. Dehne, Appleton
Social—Mrs. G. W. Carlson, Appleton
Program and Welfare—Mrs. D. W. Curtin, Kimberly
Public Relations and Press—Mrs. R. T. McCarty, Appleton
Hygeia—Mrs. W. S. Giffin, Appleton

## Portage

Mrs. W. C. Sheehan of Stevens Point was elected president of the Woman's Auxiliary to the Portage County Medical Society at a recent meeting at the home of Mrs. E. P. Crosby, Stevens Point. Mrs. H. P. Benn was chosen president-elect, and Mrs. W. A. Gramowski, secretary and treasurer.

Guest speaker was Miss Elizabeth Mortell, Portage County Catholic child welfare worker. Miss Mortell told of the need for child welfare services and the facilities available in Portage County. A case history was given in illustration of the particular methods of investigation, study, diagnosis, and treatment used in case work technique.

A social hour concluded the evening. Refreshments were served by Mrs. Crosby, with poinsettias giving a holiday touch to the table.

## Racine

At a tea Tuesday, October 8, at the home of the retiring president, Mrs. A. S. Pfeiffer, the Auxiliary to the Racine County Medical Society held its first fall meeting and welcomed as president for the coming year Mrs. E. W. Schacht.

Election of officers occurred during the business meeting. The president-elect is Mrs. R. D. Jamieson; vice-president, Mrs. A. L. Nelson; secretary, Mrs. G. L. Rothenmaier; treasurer, Mrs. S. J. Faber. The Auxiliary voted to change the day of meeting to the second Monday in the month.

Miss Betty Tagatz, pianist, entertained with several selections. Fall flowers decorated the Pfeiffer home and the tea table, at which Mrs. C. K. Hahn and Mrs. E. C. Pfeifer poured.

Twenty members of the Racine County Auxiliary attended the meeting held on November 11 at the home of Mrs. R. J. Schacht.

During the business meeting plans were made for a card party to raise funds with which copies of Hygeia will be purchased for distribution in the schools.

The program included a book review of "The Family" by Fedorova, given by Mrs. C. E. Constantine. Tea was served from a table decorated with fall flowers, with Mrs. E. W. Schacht and Mrs. A. S. Pfeiffer pouring. Assisting hostesses were Mmes. H. B. Beeson, C. C. Atherton, R. W. McCracken, H. G. Brehm, L. E. Fazen, and P. R. Hahn.

In December the Racine County Auxiliary gave a dessert bridge party at the home of Mrs. O. W. Pfeiffer, Racine. Assisting hostesses were Mmes. R. J. Schacht, G. N. Gillett, K. C. Kehl, C. K. Hahn, A. W. Adamski, K. W. Covell, T. C. Hemmingsen, W. C. Hanson, H. G. Walters. This was a benefit party, the funds being used for subscriptions to Hygeia for schools.

The Racine Auxiliary's committee chairmen for the year 1940–1941 as listed in their yearbook are:

*Program:*
Chairman—Mrs. E. J. Schneller
Co-chairman—Mrs. H. B. Keland

*Social:*
Chairman—Mrs. J. C. Docter
Co-chairman—Mrs. C. O. Schaefer

*Hygeia:*
Chairman—Mrs. R. J. Schacht
Co-chairman—Mrs. G. N. Gillett

*Public Relations:*
Chairman—Mrs. R. M. Kurten
Co-Chairman—Mrs. I. F. Thompson

*Membership and Sunshine:*
Chairman—Mrs. H. B. Beeson
Co-chairman—Mrs. A. M. Lindner

*History and Archives:*
Chairman—Mrs. E. C. Pfeifer

*Publicity:*
Chairman—Mrs. J. F. Henken

*Telephone:*
Chairman—Mrs. W. C. Roth

*Philanthropic:*
Chairman—Mrs. W. E. Buckley
Co-Chairman—Mrs. F. W. Pope

*Advisory and Finance:*
Chairman—Mrs. T. C. Hemmingsen
Mrs. L. E. Fazen
Mrs. C. K. Hahn

*Parliamentarian:*
Chairman—Mrs. F. C. Christensen

## Rock

The luncheon meeting of the Rock County Medical Auxiliary held at the home of Mrs. L. J. Friend on November 26 was declared a gala occasion by both members and guests. A profusion of cut flowers and potted plants lent a festive air to the surroundings.

Reports were made by various committee chairmen, one of special interest being that of Mrs. W. W. Crockett, Beloit chairman of the philanthropic committee, in which she reported that eighty glasses of jelly were delivered to Pinehurst Sanatorium for Thanksgiving day, also favors representing miniature shocks of corn surrounded by tiny candy pumpkins and other vegetables for the trays of the patients. Plans were also outlined for the usual Christmas packages for the sanatorium.

It was decided to devote from three to five minutes of each meeting to Hygeia,—to the discussion of one or more of its interesting articles. It is hoped by so doing to make members more Hygeia-conscious.

After other routine business, the meeting was turned over to Mrs. Crockett who read a speech by Dr. E. J. Carey, dean and professor of anatomy of Marquette University School of Medicine, given by him at the annual dinner of the State Medical Society at Milwaukee, entitled "The Doctor and Democracy."

The next meeting will be held at Janesville on Tuesday evening, December 17, at the Woman's club and will be a Christmas party with an exchange of gifts.

### Sauk

Thirteen members of the Woman's Auxiliary to the Sauk County Medical Society met for luncheon and bridge on November 19 at the Silver Room of the Warren Hotel, Baraboo, with the members from that city acting as hostesses.

In the absence of the president, the president-elect, Mrs. H. A. Bachhuber, conducted the business meeting. It was voted that the treasurer order one copy of the *Bulletin* for the use of the group.

Each of the members brought something for a layette and these articles were divided among three localities. It was decided to continue to make contributions until the layettes are complete. These will be available to any doctor in the county.

Since this Auxiliary does not meet during the three winter months, the next meeting will be held in March.

### Sheboygan

Fourteen members of the Sheboygan County Medical Auxiliary, meeting at the home of Mrs. Ludwig Gruenewald on December 4, were transported for part of Wednesday afternoon from Wisconsin's wintry climate to the sunny South. This welcome interlude was provided with colored movies shown by Dr. A. R. Lindow of Sheboygan Falls who presented a pictorial account of his extensive travels through the South.

After the program, tea was served. Presiding at the dining room table were Mrs. H. J. Hansen, Sheboygan Falls, and Mrs. E. T. Hougen, Oostburg, co-hostesses with Mrs. Gruenewald.

### Waukesha

The Waukesha County Medical Auxiliary met at the Amusement Hall, Statesan, November 6, with the newly elected president, Mrs. T. H. Nammacher, presiding. Eighteen members were present.

A short business session preceded the program which was in the nature of a Know-Each-Other-Better program. In response to roll call members related their special outside interests, activities and hobbies. These proved to be delightfully entertaining and included activities in Girl Scout work, the Woman's Club, Child Welfare work, fishing, gardening, collecting antiques, collecting stamps, church work, and community organizations. Mrs. G. B. Nixon, as a member of Friends of Our Native Landscape told of the programs she had arranged recently which were sponsored by that club. The programs, which were on nature study, were given by the noted lecturer, Mr. Sam Campbell of Chicago in schools and various clubs throughout the county and vicinity.

Following the program members were invited to the home of Dr. and Mrs. H. M. Coon where a delicious dinner was served to members of the Waukesha County Medical Society and the Auxiliary.

On December 4 the Waukesha County Medical Auxiliary met at the home of Mrs. W. H. Oatway, Sr., Waukesha, with Mrs. W. T. Murphy, Mrs. H. F. Sydow, and Mrs. F. W. Aplin as assisting hostesses.

A short musical program, presented by students of Carroll College, preceded the business meeting. As a portion of their philanthropic work for this year the Auxiliary is presenting Christmas gifts to the boys at the Wisconsin Home and Farm School at Dousman, Wisconsin. Names of the boys as well as their ages and choices for gifts were obtained, and these names were distributed to members at the November meeting and the gifts collected at the December meeting. Mrs. Elizabeth Doege was appointed chairman of the gifts committee.

### Winnebago

The Auxiliary to the Winnebago County Medical Society held a one o'clock luncheon meeting at the Colonial Inn on Monday, November 25. Mrs. W. N. Linn presided at the business meeting during which reports of various chairmen of standing committees were heard. Mrs. G. H. Williamson of Neenah reported on the placing of Hygeia in beauty parlors in Oshkosh, Neenah, and Menasha. Mrs. E. B. Williams, after a brief report on knitting being done for the Red Cross, urged members to assist in that work. Mrs. E. F. Cummings summarized the work done by the Red Cross on surgical dressings and layettes.

Mrs. H. J. Lee took charge of the program after the business meeting, and some of the members worked on dressings for the Visiting Nurse Association while others did sewing or knitting for the Red Cross. Mrs. G. C. Owen, chairman of the program committee, announced that the next meeting, January 27, will be at Stein's and that Mrs. C. J. Combs will give a reading.

Mrs. J. J. Meli and Mrs. M. H. Steen joined the Auxiliary. Twenty-five members and one guest, Miss Margaret Senn, were present at the meeting.

## Listen In . . .

Every Sunday at 12:45 p. m. to "Daylight Saving and Health" over WTMJ, the Milwaukee Journal Station. Tell your friends to listen in. The program which is sponsored by Dr. R. P. Sproule, president of the State Medical Society of Wisconsin, began Sunday, December 8, and will continue through Sunday, January 26.

Stimulating interest in this series of programs is a health project in which every Auxiliary member can take an active part. Questions and comments on the program are welcomed by Mr. J. O. Kelley, executive secretary of the Medical Society of Milwaukee County.

Mrs. A. H. Barr,
*Port Washington.*

# Society Proceedings

## Barron—Washburn—Sawyer—Burnett

The Barron–Washburn–Sawyer–Burnett County Medical Society, at its meeting in Cumberland on December 10, elected the following officers for the coming year:

President—Dr. H. H. Ainsworth, Birchwood
Vice-president—Dr. S. O. Lund, Cumberland
Secretary—Dr. R. W. Adams, Chetek
Censor (3-year term)—Dr. W. B. Rydell, Rice Lake

Dinner was served to the group at 6:30 p. m. at the Cumberland Hotel and motion pictures on cesarean section and the surgical treatment of varicose veins were shown.

## Brown—Kewaunee—Door

The Brown–Kewaunee–Door County Medical Society met on December 16 at the Beaumont Hotel, Green Bay. The guest speaker on the scientific program was Dr. R. L. Bennett, assistant professor of physical medicine, University of Wisconsin Medical School, Madison. He discussed "Physiotherapy in Rheumatoid Arthritis."

In a business session, annual reports of committees were read and officers elected for the ensuing year. Dr. L. D. Quigley, Green Bay, named president-elect in December, 1939, will serve as president of the society during 1941. Other officers are:

President-elect—Dr. Warren E. Leaper, Green Bay
Vice-president—Dr. James C. Colignon, Green Bay
Secretary-treasurer—Dr. E. J. O'Brien, Green Bay
Censor (3-year term)—Dr. Arthur J. McCarey, Green Bay
Delegates—Drs. P. R. Minahan and O. A. Stiennon, Green Bay
Alternate delegates—Drs. W. W. Kelly and Warren E. Leaper, Green Bay

## Columbia—Marquette—Adams

The care and treatment of bone injuries was discussed by Dr. H. L. Greene, Madison orthopedist, at a recent meeting of the Columbia–Marquette–Adams County Medical Society in Columbus. Other features of the meeting were a dinner, served to members of the society and its woman's auxiliary at St. Mary's Hospital, and the naming of the following physicians to committees by Dr. H. M. Caldwell, president of the society:

Committee on Medical Economics—Drs. J. W. MacGregor (chairman), Portage; W. C. Maas, Rio; and A. J. Frederick, Columbus.
Auditing Committee—Drs. J. W. MacGregor (chairman), Portage; R. B. Dryer, Poynette; and J. H. Houghton, Wisconsin Dells.
Public Relations Committee—Drs. C. W. Henney (chairman), Portage; C. F. Cheli, Columbus; and L. V. McNamara, Montello.

## Crawford

Dr. O. E. Satter, Prairie du Chien, secretary of the Crawford County Medical Society, reports that the society met on December 3 at the Savory Cafe, Prairie du Chien. The scientific program, sponsored by Dr. Satter and Dr. E. M. Dessloch, featured "talkies" on medical subjects. Dr. Satter writes: "Dr. Joseph B. De Lee's films on forceps delivery and episiotomy were especially appreciated by the members present."

## Dane

Two Mayo Clinic physicians addressed the Dane County Medical Society on November 22: Dr. H. M. Weber, roentgenologist, spoke on "Roentgenologic Manifestations of Tumors of the Small Intestine," and Dr. S. W. Harrington, surgeon, discussed "Clinical Manifestations and Surgical Treatment of Various Types of Diaphragmatic Hernia."

At the December 10 meeting of the society, Dr. Charles F. Burke, Madison, presented a paper on "Treatment of Congestive Heart Failure," and Dr. H. W. Virgin, Jr., Madison, spoke on "Experimental Replacement of Long Bone Shafts with Vitallium." Dr. John C McCarter, Madison, led the discussion period.

## Dodge

"Let's start the New Year with a record attendance," Dr. A. G. Hough, Beaver Dam, secretary of the Dodge County Medical Society, urged in a meeting notice to members of the society recently. Dr. Hough reports that the average attendance at meetings in 1940 was 17.1, which represents an increase over the 1939 attendance record and well over 50 per cent of the average membership.

At the November 28 meeting of the society, Dr. James Dean, Madison, spoke on "Intestinal Obstruction," and at the December 27 meeting Dr. F. R. Janney, Wauwatosa, discussed "Management of the Acutely Ill Child."

## Eau Claire—Dunn—Pepin

Officers of the Eau Claire–Dunn–Pepin County Medical Society, elected on November 25, are:

President—Dr. J. C. Baird, Eau Claire
Vice-president—Dr. George Beebe, Eau Claire
Secretary—Dr. H. S. Fuson, Eau Claire
Delegate—Dr. S. L. Henke, Eau Claire
Alternate delegate—Dr. B. F. Johnson, Mondovi

Drs. Arthur Hunt and Louis Vaughn of the Mayo Clinic were guest speakers at the meeting. Dr. Hunt's subject was "Indications for Cesarean Section," and Dr. Vaughn's, "General Remarks on Chemotherapy."

On December 21 the society held its annual Christmas party at the Hotel Eau Claire. Dinner was served at 6:30 p. m.

## Fond du Lac

Mr. John P. McGalloway, an attorney of Fond du Lac, addressed the physician-members of the Fond du Lac County Medical Society on November 28. His topic was "Explanation of Selective Service." Eighteen attended the meeting, which was held at the Enders Hotel, St. Cloud, Wisconsin.

Dr. G. A. Cooper, Madison dermatologist, was the guest speaker at the society's meeting in Fond du Lac on December 19. He discussed "General Skin Conditions." Forty attended the meeting.

## Green—Lafayette

A joint meeting of the Green and Lafayette County Medical Societies was held at the Eugene Hotel in Monroe on the evening of December 13. The possibility of a merger of the two societies was discussed at the meeting. After the business session, Dr. John A. Schindler, Monroe, gave a paper on "Treatment of Alcoholic Cirrhosis of the liver."

Dr. W. G. Bear, Monroe, has been reelected president of the Green County Medical Society and Dr. J. H. Bristow, Monroe, has been reelected secretary-treasurer.

## Green Lake—Waushara

"Impending Legislation," was the subject of an address given by Dr. H. H. Christofferson, Colby, at a meeting of the Green Lake–Waushara County Medical Society at the Hotel Whiting in Berlin on on December 12. Dr. Christofferson is councilor for the ninth district of the State Medical Society.

In a business session officers for 1941 were elected as follows:

President—Dr. J. A. Kelly, Green Lake
Vice-president—Dr. B. P. Ingersoll, Plainfield
Secretary—Dr. D. M. Regan, Berlin
Delegate—Dr. A. A. Beck, Wautoma
Alternate delegate—Dr. L. J. Seward, Berlin
Censor—Dr. H. C. Koch, Berlin

## Jefferson

The Jefferson County Medical Society met on November 28 in Lake Mills. Dr. L. E. Holmgren of the Jackson Clinic, Madison, was the guest speaker. His subject was "Injection Treatment of Hernia." Fourteen attended the meeting.

On December 19 the society met in Jefferson at 6:30 p. m. for dinner and a business meeting. Dr. W. S. Waite, Watertown, presented his report as 1940 delegate and Dr. H. P. Bowen of Watertown presented a report as councilor of the first district of the State Medical Society. Twenty-seven attended this meeting and officers were elected for 1941 as follows:

President—Dr. J. C. Brewer, Jefferson
Vice-president—Dr. F. A. Wendt, Johnson Creek
Secretary-treasurer—Dr. L. H. Gueldner, Ft. Atkinson.
Delegate—Dr. G. E. Eck, Lake Mills

## La Crosse

The November meeting of the La Crosse County Medical Society was held November 12 at the Stoddard Hotel, La Crosse. The speaker on the scientific program was Dr. Herbert E. Schmitz, professor of gynecology, Loyola University, Chicago. His topic was "Diagnosis and Treatment of Carcinoma of the Cervix."

On December 17 the society had as its guest speaker Dr. Elmer L. Sevringhaus of the University of Wisconsin Medical School, Madison. He discussed "Menstrual Irregularities and Sterility." Sixty-five physicians attended the meeting.

## Marathon

At the annual meeting of the Marathon County Medical Society held at the Hotel Wausau, Wausau, at 6:15 p. m., December 17, the following officers were elected for the coming year:

President-elect—Dr. F. H. Frey, Wausau
Secretary—Dr. H. H. Fechtner, Wausau
Treasurer—Dr. L. M. Pearson, Wausau
Delegate—Dr. J. F. Smith, Wausau
Alternate delegate—Dr. E. E. Flemming, Wausau

Dr. M. L. Jones, Wausau, president-elect last year, will act as president in 1941. Twenty-seven attended the meeting.

## Marinette—Florence

The Marinette-Florence County Medical Society elected officers for the ensuing year at its meeting on November 19. They are:

President—J. V. May, Marinette
Vice-president—J. V. Bell, Peshtigo
Secretary-treasurer — Dr. K. G. Pinegar, Marinette
Delegate—Dr. A. T. Nadeau, Marinette
Alternate delegate—Dr. J. W. Boren, Marinette

## Milwaukee

Dr. Carl W. Eberbach was named president-elect of the Medical Society of Milwaukee County on December 12 at one of the largest meetings in the history of the society. Dr. Eberbach is a former assistant professor of surgery, University of Michigan, and a former assistant in Labrador to the late Sir Wilfred T. Grenfell. He is at present assistant

clinical professor in surgery, Marquette University School of Medicine; member of the Founder's Group of the American Board of Surgery and a Fellow in the American College of Surgeons.

At the same meeting Dr. Timothy J. Howard, internist, assumed the presidency of the society, succeeding Dr. William M. Jermain who was named to the board of directors. Dr. C. R. Marquardt was elected secretary of the society; Dr. Elmer H. Gramling, treasurer; and Dr. Bernard Schlossmann, a member of the board of censors.

Elected as delegates to the State Medical Society were: Drs. Eben J. Carey, J. W. Smith, S. M. Markson, R. A. Toepfer, D. F. Pierce and J. C. Griffith. New alternate delegates are: Drs. L. J. Van Hecke, H. J. Farrell, J. P. Conway, J. J. Pink, A. E. Yaffe and J. R. Regan.

Hon. Alexander P. Wiley, United States Senator from Wisconsin scheduled to speak on "Changing Social Conditions and Their Effect upon the Future of Medicine," was detained in Washington. His address was delivered by his secretary, Mr. Harold R. Wilde (see accompanying photograph). In the address the senator declared his opposition to the Wagner Health Bill, stating his conviction that it would fail to benefit those it is aimed to help. He said:

"The act would put health into the field of politics, and I don't like that. It would create havoc in private medical practice. It would seriously complicate the work of most social welfare agencies. It would discourage philanthropy. It would discourage the private practitioner and lead to socialized medicine,

Dr. Carl W. Eberbach, new president-elect of the Medical Society of Milwaukee County.

—Courtesy Milwaukee Sentinel.

Scene at the annual meeting of the Medical Society of Milwaukee County, December 12. Seated (left to right) Dr. William M. Jermain, past-president of the society; Mr. Harold R. Wilde, Washington, D. C., who presented a paper written by Hon. Alexander P. Wiley, U. S. Senator from Wisconsin; and Dr. Timothy J. Howard, 1941 president of the society.

whereas every patient should retain the right to select his physician and the standard of the physician should depend upon his ability without his becoming an employe of the government."

He asserted the increased cost of medical care is a growing and important problem and "warrants serious attention," but added "I believe the medical associations will meet the challenge." He urged physicians not to be satisfied just to send letters to Washington outlining their attitude, but to "let your every deed exemplify the finest inherent in your convictions."

"That kind of a crusade," he concluded, "begun at the crossroads all over America, will do more to shape our social thinking than any propaganda pressure on Washington."

---

Among December activities of the Medical Society of Milwaukee County were cooperative efforts with the American Red Cross in the conduction of a teaching clinic for physicians and lay instructors to provide advanced instruction in the latest Red Cross first aid methods. Dr. R. M. Muirhead, St. Louis, member of the Red Cross national first aid staff, was in charge of the clinics.

## Oneida—Vilas

The Oneida–Vilas County Medical Society met on December 12 at St. Mary's Hospital in Rhinelander. Dinner was served at 6 p. m. and motion pictures were shown on the treatment of varicose veins and on diseases of the breast. In a business session the following were elected as officers for 1941:

President—Dr. C. A. Richards, Rhinelander
Vice-president—Dr. O. R. McMurry, Eagle River
Secretary-treasurer—Dr. L. F. Kaiser, Rhinelander
Delegate—Dr. W. S. Bump, Rhinelander
Alternate delegate—Dr. I. E. Schiek, Rhinelander

## Outagamie

The Outagamie County Medical Society at a recent meeting elected the following officers for 1941:

President—Dr. W. H. Towne, Hortonville
Vice-president—Dr. R. T. McCarty, Appleton
Secretary-treasurer—Dr. L. B. McBain, Appleton
Delegate—Dr. Carl Neidhold, Appleton

At its meeting in December, the society awarded Dr. C. D. Boyd, Kaukauna, a plaque in commemoration of his fifty years in the practice of medicine. The presentation was made by Dr. W. E. Archer at a banquet, held at the Conway Hotel in Appleton. About sixty-five physicians and their wives were present.

Dr. Boyd began his practice in Kaukauna in 1891 following his graduation from Rush Medical College, Chicago. With the exception of a few months, he has lived and practiced medicine in Kaukauna since that year. He has been superintendent of Riverview Sanatorium since its establishment in 1914, and for several years has been health officer of Kaukauna. Dr. Boyd was the second president of the Outagamie County Medical Society.

## Pierce—St. Croix

The Pierce–St. Croix County Medical Society met on December 19 in Hudson, at 7 p. m. Motion pictures on "Traumatic Surgery of the Extremities," were shown and officers elected for 1941:

President—Dr. C. A. Dawson, River Falls
Vice-president—Dr. C. A. Olson, Hammond
Secretary-treasurer—Dr. A. E. McMahon, Glenwood City
Censor (3-year term)—Dr. J. W. Livingstone, Hudson
Delegate—Dr. A. E. McMahon
Alternate delegate—Dr. O. H. Anderson, Plum City

## Polk

Members of the Polk County Medical Society met at the Palace Cafe in Frederic on November 26, at 7 p. m. as the guests of Dr. K. F. Johnson. Following the serving of dinner a social evening was enjoyed at Dr. Johnson's home. Twelve attended the meeting.

## Portage

The Portage County Medical Society held its December meeting at the Belmont Hotel in Stevens Point. Dr. P. N. Sowka, Stevens Point, spoke on jaundice and Dr. J. F. Dorsch, Amherst, opened discussion of the subject. Dr. W. C. Sheehan, Stevens Point, talked on "Injuries of the Vertebral Column," and Dr. M. G. Rice, Stevens Point, opened discussion of the presentation.

Officers were elected for the ensuing year as follows:

President—Dr. F. R. Krembs, Stevens Point
Vice-president—Dr. H. P. Benn, Stevens Point
Secretary—Dr. T. L. Harrington, Stevens Point
Censors—Drs. W. F. Cowan, F. A. Marrs and A. G. Dunn, Stevens Point
Delegate—Dr. E. E. Kidder, Stevens Point
Alternate delegate—Dr. R. J. Stollenwerk, Stevens Point

Twenty-two members attended the meeting.

## Racine

The Racine County Medical Society elected officers for 1941 at its November meeting at the Elks Club in Racine. They are:

President—Dr. A. M. Lindner, Racine
President-elect—Dr. R. J. Schacht, Racine
Vice-president—Dr. W. E. Buckley, Racine
Secretary—Dr. Beatrice O. Jones, Racine
Delegate—Dr. T. C. Hemmingsen, Racine
Alternate delegate—Dr. E. C. Pfeifer, Racine
Censors—Dr. J. M. Albino, Racine (term expires Jan., 1942); Dr. Gordon J. Schulz, Union Grove (term expires Jan., 1943); Dr. H. G. Brehm, Racine (term expires Jan., 1944)

Drs. L. E. Fazen and W. C. Roth of Racine were elected to the executive board of the society.

On December 7, members of the society were guests of the Racine County Bar Association at a dinner meeting at which Dr. Ralph P. Sproule, president of the State Medical Society, was the guest speaker. He discussed "The Expert Witness."

Officers of the society were installed at the society's meeting on December 19. Dr. R. P. MacKay, professor of neurology, University of Illinois, appeared on the scientific program at this meeting with Dr. Raphael Isaacs of the Michael Reese Blood Clinic, formerly head of the department of hematology, Simpson Institute, University of Michigan. Dr. MacKay spoke on "Mental Conditions Associated with Trauma," and Dr. Isaacs on "Newer Concepts in Diagnosis and Treatment of the Blood Dyscrasias."

## Rock

The Rock County Medical Society met at the Hotel Hilton in Beloit on November 26 for a business meeting and to hear annual reports of officers and committees. On December 17, twenty-five members of the society attended a turkey dinner at the Monterey Hotel, Janesville. Dr. Robert E. Burns, Madison, was the guest speaker at this meeting. His subject was "Trauma of the Back."

## Sheboygan

Officers of the Sheboygan County Medical Society elected the following officers on November 28, to serve for the coming year:

President—Dr. Anthony Voskuil, Cedar Grove
Vice-president—Dr. Joseph Mueller, Plymouth

Secretary-treasurer—Dr. W. G. Huibregtse, Sheboygan
Censor (3-year term)—Dr. John Tasche, Sheboygan
Delegate—Dr. Carl Weber, Sheboygan
Alternate delegate—Dr. A. C. Radloff, Plymouth
Relief Auditing Committee (3-year term)—Dr. Lloyd Simonson, Sheboygan

Twenty members attended the meeting.

On December 10 members of the society met at Kohler, Wisconsin, where they were entertained by the Kohler Company at a dinner meeting. The main speaker of the evening was Mr. Harry A. Nelson, director of workmen's compensation, Wisconsin Industrial Commission, Madison. About thirty members were present.

## Washington—Ozaukee

The Washington-Ozaukee County Medical Society held its annual meeting in November in Hartford. Dinner was enjoyed with members of the society's woman's auxiliary. Due to adverse weather conditions, the speaker scheduled to appear could not attend the meeting and no scientific session was held. Officers were elected for the coming year as follows:

President—Dr. F. W. Lehmann, Hartford
Vice-president—Dr. O. W. Hurth, Cedarburg
Secretary-treasurer—Dr. R. S. Fisher, Allenton
Delegate—Dr. O. J. Hurth, Cedarburg
Alternate delegate—Dr. C. H. Kalb, Grafton
Censor (3-year term)—Dr. P. M. Kauth, West Bend
Washington County Public Relations Committee—Dr. A. H. Heidner, West Bend (3 years); Dr. J. G. Hoffmann, Hartford (2 years); Dr. H. E. Froede, Jackson (2 years); Dr. N. E. Hausmann, Kewaskum (1 year); Dr. T. J. Kern, Richfield (1 year)
Ozaukee County Public Relations Committee—Dr. P. B. Blanchard, Cedarburg (3 years); Dr. C. H. Kalb, Grafton (2 years); Dr. C. C. Stein, Port Washington (1 year)

President O. J. Hurth appointed the following physicians, who are health officers in their respective villages, to serve on goiter prevention committees, as follows: Washington county—Dr. J. G. Hoffman, Hartford; Dr. W. J. Wehle, West Bend; Dr. C. P. Kauth, Slinger; Dr. R. G. Edwards, Kewaskum. Ozaukee county—Dr. P. B. Blanchard, Cedarburg; Dr. C. H. Kalb, Grafton; Dr. W. H. Drissen, Port Washington.

After the business session, the physicians and auxiliary members were entertained by Dr. P. M. Kauth who showed films of a Canadian hunting trip.

## Walworth

Officers of the Walworth County Medical Society have been elected for 1941 as follows:

President—Dr. H. J. Kenney, Delavan
Vice-president—Dr. T. J. Kroyer, Walworth
Secretary-treasurer—Dr. L. H. Donath, Lake Geneva
Delegate (4-year term)—Dr. C. J. Brady, Lake Geneva
Alternate delegate (4-year term)—Dr. E. M. Kahn, Delavan

## Winnebago

The Winnebago County Medical Society met at the Northern State Hospital, Winnebago, on December 5, at 6:30 p. m., as guests of Dr. B. J. Hughes and the staff of the hospital. Dr. F. Gregory Connell, Oshkosh, discussed "Surgical Problems in Mental Disease," and case presentations were given by Winnebago physicians as follows: "Paranoia" by Dr. Sarah U. Wykoff; "Polyglandular Dysfunction" by Dr. C. H. Feasler; "Malarial Therapy" by Dr. R. C. Morrison and Dr. L. B. Perssion; "Treatment of Alcoholic Psychosis" by Dr. B. J. Hughes; "Dementia Praecox with Demonstration of Metrazol" by J. T. Petersik. Dr. Gilbert E. Seaman, Acting Director of the Division of Mental Hygiene, State Board of Public Welfare, Madison, addressed the group on the subject, "Treatment in Mental Illness."

At its January 2 meeting at the Athearn Hotel in Oshkosh, the society heard a lecture on "Practical Handling of Rheumatism," delivered by Dr. M. C. Borman, Milwaukee, president of the Wisconsin Rhemuatism Association.

## Milwaukee Academy of Medicine

At a meeting on December 17, the Milwaukee Academy of Medicine had as its guest speaker Dr. Wesley W. Spink, assistant professor of internal medicine, University of Minnesota Medical School. Dr. Spink addressed the group on staphylococcal infections. Dr. John Charles, Milwaukee, spoke on cancer. A dinner preceded the scientific session.

## Milwaukee Oto-Ophthalmic Society

A thesis for membership in the Milwaukee Oto-Ophthalmic Society was presented on December 10 by Dr. S. S. Blankstein. His topic was "Transitory Myopia." Dr. W. E. Grove addressed the society on "Evaluation of the Meniere Syndrome." Guest speakers on the program were Drs. Frederick G. Simpson, T. L. Squier, S. S. Stack and David Cleveland.

## Milwaukee Pediatric Society

New officers of the Milwaukee Pediatric Society for 1941 have been elected as follows:

President—Dr. R. P. Schowalter, Milwaukee
Vice-presidnet—Dr. John C. Zuercher, Milwaukee
Secretary-treasurer—Dr. George H. Wegmann, Milwaukee

# News Items and Personals

The *Western Surgical Association* celebrated its 50th anniversary at Topeka, Kansas, December 6–7. The following papers were presented from Wisconsin: "The Chemicosurgical Treatment of Cancer; a Microscopically Controlled Method," by *Erwin R. Schmidt, Madison,* and *F. E. Mohs* (by invitation); and "Transplantation of Fascia Lata in Cystopexy," by *William J. Carson,* Milwaukee.

During the past half century the following Wisconsin surgeons have been elected to fellowship in the association:

1897—Dr. Edward Evans, La Crosse
1900—Dr. F. Gregory Connell, Oshkosh
1901—Dr. William Ground, Superior; Dr. Charles Oviatt, Oshkosh (president 1907).
1902—Dr. J. R. Minahan, Green Bay; Dr. Harry A. Sifton, Milwaukee.
1903—Dr. Robert Sayle, Milwaukee.
1904—Dr. G. A. Kletzsch, Milwaukee; Dr. William Mackie, Milwaukee and Dr. F. E. Wallbridge, Milwaukee.
1905—Dr. Peter Jobse, Milwaukee and Dr. A. H. Levings, Milwaukee.
1908—Dr. Charles Lemon, Milwaukee.
1909—Dr. John L. Yates, Milwaukee.
1910—Dr. Joseph Smith, Wausau.
1915—Dr. Reginald Jackson, Madison (president 1935).
1925—Dr. Arnold Jackson, Madison.
1927—Dr. Erwin R. Schmidt, Madison.
1931—Dr. William J. Carson, Milwaukee and Dr. Carl S. Williamson, Green Bay.
1934—Dr. Ralph Carter, Green Bay
1935—Dr. Joseph Gale, Madison.
1936—Dr. James Jackson, Madison; Dr. Stanley Seeger, Milwaukee.
1938—Dr. Carl Eberbach, Milwaukee.

—△—

*Dr. Ludwig Gruenewald,* Sheboygan, addressed members of the American Legion Auxiliary of Plymouth on December 3, on "The Practice of Medicine in Germany before the Present War." The *Plymouth Review* states: "Dr. Gruenewald was well qualified to talk on his subject, having been born and educated in Germany, serving for several years in a government hospital and having his own private practice for six years. He came to the United States in 1936."

—△—

Montevideo, Uruguay, South America, has been tentatively selected as the next meeting place of the Pan American Congress of Ophthalmology, organized in Cleveland, October 11–12, 1940. Dr. Harry S. Gradle, Chicago, is president of the congress.

National Social Hygiene Day will be observed in the United States for the fifth time, February 5.

—△—

*Dr. C. A. Armstrong,* Prairie du Chien, was recently reelected county physician for Crawford county.

—△—

*Dr. Donald A. R. Morrison* has opened an office at 702 Wells Building, Milwaukee, for the practice of psychiatry. Dr. Morrison will also continue to serve on the staff of the Rogers Memorial Sanitarium, Oconomowoc.

—△—

The Wisconsin Hospital Association held regional conferences in Wausau and Eau Claire, in December, to consider hospital problems and the aims of the Association.

—△—

*Dr. Dean H. Jeffers,* Lake Geneva, presented the film "A Baby Is Born," at a meeting of the Knights of Pythias Lodge of Lake Geneva in December. One of the Knights, the *Lake Geneva Regional News* reports, "thumped to the floor in a knock-out faint."

—△—

Clinico-pathological conferences conducted by *Drs. Francis D. Murphy* and *John C. Grill,* Milwaukee, and the following program by Milwaukee physicians featured the morning and afternoon sessions of the Wisconsin Heart Association in Milwaukee, December 7:

*Dr. Chester Kurtz:* A Program for Combating Rheumatic Heart Disease.

*Dr. Maurice Hardgrove:* The Milwaukee Children's Hospital Plan for Care of Rheumatic Heart Disease in Children.

*Dr. S. F. Morgan:* Chorea.

*Dr. Ely Epstein:* Acute Rheumatic Fever; Case Presentation.

*Dr. Silas Evans:* Consideration of Surgical Treatment for Patent Ductus Arteriosus; Case Presentation.

*Dr. John Armbruster:* Points in X-ray Diagnosis of Heart Disease.

*Dr. Robert Feldt:* Mortality Studies in Cardiovascular Diseases.

At a dinner meeting at the Milwaukee University Club, *Dr. Francis D. Murphy* gave a lecture on "Historical Aspects of the Development of Knowledge of High Blood Pressure and Recent Theories." The group discussed and voted to petition for a Section of Cardiology in the State Medical Society of Wisconsin.

Drs. *J. J. Looze, Edward Hougen, F. X. Pomaïnville* and *Donald Waters* were honored at a special Rotary dinner in Wisconsin Rapids on December 11. Each of the doctors has served the community for forty years or more.

—△—

*Dr. N. W. McKittrick,* Milwaukee, spoke on "Newer Drugs in Relation to Modern Medicine," at a meeting of private nurses at the Milwaukee Children's Hospital in December. Student nurses were also invited to hear the talk.

—△—

*Dr. Walter P. Blount,* Milwaukee, addressed the members of St. Joseph's Hospital, Hartford, December 3 on fractures of children's bones.

—△—

In what was characterized by Dr. Merrill Moore, Boston psychiatrist, as the "first major symposium on the alcoholic problem," fifty experts discussed the treatment of alcoholics in Philadelphia, December 27. Dr. Moore stated to the press that the experts, meeting as an adjunct to the annual session of the American Association for the Advancement of Science, stressed the finding that "chronic alcoholism is a disorder in which only one of the symptoms is the excessive use of alcoholic beverages," and endeavored "to pull the strings together on various types of treatment and show that the alcoholic is to be treated as a diseased person rather than a criminal."

—△—

*Dr. Carl Neidhold,* Appleton, discussed "Political Medicine," at a meeting of the Neenah Kiwanis Club, December 11.

—△—

The board of directors of the Metropolitan Life Insurance Company have appointed Dr. George M. Wheatley an assistant medical director. Announcement of the appointment, effective January 1, 1941, was made by Frederick H. Ecker, chairman of the board, and Leroy A. Lincoln, president of the Company. Dr. Wheatley, a graduate of Harvard Medical School, has been principal pediatrician in charge of the school health service of the New York City Department of Health. His services with the insurance company will deal primarily with relationships between the company's welfare division and medical societies, preventive medical movements and health services, both official and voluntary.

—△—

*Dr. C. F. Dull,* Richland Center, has been appointed medical advisor on the Richland County Health Board for the year 1941.

—△—

On November 15, *Dr. L. M. Morse,* district health officer, Neillsville, addressed about 600 homemakers of Marathon county on "Cancer." The meeting was held at the Elks' Club, Wausau. On November 19, Dr. Morse spoke on "Tuberculosis Control," at the eighth district of the Wisconsin State Nurses' Association at the Witter Hotel, Wisconsin Rapids.

Drs. Morris Fishbein and Eben J. Carey with Camp's transparent woman.

After visiting cities from coast to coast on its public health educational tour during the last four years, where it was exhibited before important medical groups and to the laity under the sponsorship of various medical societies and academies of medicine, the transparent woman exhibit, sponsored by S. H. Camp & Company, was donated to the medical section of the Museum of Science and Industry, Chicago.

It is estimated that approximately eight million persons, including many thousands of physicians, viewed the exhibit on its tour of the nation.

Dedication ceremonies, which took place recently, were broadcast over NBC's national blue network and participating in the program were Dr. Morris Fishbein, editor of the Journal of the American Medical Association; Dr. Eben J. Carey, curator of the medical section of the museum and dean of Marquette University School of Medicine; Major Lenox R. Lohr, president of the Chicago Museum of Science and Industry; and Mr. S. H. Camp.

—△—

The annual Charles R. Bardeen Memorial Lecture, sponsored by the *Phi Chi medical fraternity* at the Service Memorial Institute, Madison, was given by Dr. Ernest E. Irons, professor of medicine, Rush Medical College, Chicago, on December 6.

—△—

*Dr. M. Fernan-Nunez,* professor of pathology, Marquette University Medical School, was the principal speaker at the annual meeting of the sixth district of the Wisconsin Nurses' Association, held at St. Elizabeth's Hospital, Appleton, November 28.

His subject was "The Nurse's Role in Cancer Control." About 300 attended the lecture.

—△—

*Dr. L. V. Littig*, Madison radiologist, presented an exhibit at the recent meeting of the Radiological Society of North America in Cleveland, showing his fluoroscopic method for nailing fractures of the neck of the femur.

—△—

*Dr. Willard M. Sonnenburg*, Sheboygan, has been reelected county physician of Sheboygan county.

—△—

On December 19, the *Spring Green Home News* reported: "The familiar sign 'Dr. Bertha E. Reynolds' has been removed from its time honored position in the street window at Lone Rock and in its place hangs a newer and more modern one, for on Monday (December 16), Dr. Bertha E. Reynolds, Lone Rock's only resident physician for over 35 years retired after disposing of her practice to Dr. Henry A. Settlage."

Dr. Reynolds, after her graduation from Lincoln Medical College, Lincoln, Nebraska, in 1901, joined her brother, the late Dr. N. W. Reynolds, in practice in Lone Rock.

—△—

The year 1941 marks the Diamond Anniversary of the founding of *Parke, Davis & Company*. This firm, which had its inception in a small drug store in the City of Detroit, Michigan, is now one of the world's largest makers of pharmaceutical and biological products.

The Company's home offices and research and manufacturing laboratories in Detroit occupy six city blocks on the Detroit Riverfront, adjacent to the Detroit-Walkerville ferry, which connects the city of Detroit with the Province of Ontario, Canada. A farm of 700 acres, known as Parkedale and located near Rochester, Michigan, about thirty miles from Detroit, is utilized for the production of antitoxins, serums and vaccines and for the cultivation of medicinal plants.

In addition to its Detroit headquarters, branches and depots are maintained in important cities throughout the country, the list including Atlanta, Baltimore, Boston, Buffalo, Chicago, Cincinnati, Dallas, Denver, Indianapolis, Kansas City, Minneapolis, New Orleans, New York, Philadelphia, Pittsburgh, San Francisco, St. Louis, and Seattle. In the foreign field, branches are located in London, England; Sydney N.S.W.; Walkerville, Ontario; Montreal, Quebec; Toronto, Ontario; Winnipeg, Manitoba; Bombay, India; Havana, Cuba; Buenos Aires, Argentina; Rio de Janeiro, Brazil; and Mexico City, Mexico.

## BIRTHS

Twins, a boy and a girl, to Dr. and Mrs. Alton J. Schmitt, Sheboygan.

A daughter to Dr. and Mrs. F. J. Rankin, Appleton.

## BIRTHS—continued

A son, William Patrick, to Dr. and Mrs. William P. Curran, Antigo, on December 10, 1940.

A daughter to Dr. and Mrs. David W. Ovitt, Milwaukee, on October 7.

A son to Dr. and Mrs. John H. Spearing, Milwaukee, on October 9.

A son to Dr. and Mrs. A. L. Natenshon, Milwaukee, on November 11.

A son, Dennis Joseph, to Dr. and Mrs. Robert F. Purtell, Milwaukee, on December 1.

## DEATHS

**Dr. A. A. Duclos**, Wisconsin Dells, died on November 4 at the age of 79 years.

The doctor, a native of Canada, was graduated in 1895 from the Bennett College of Eclectic Medicine and Surgery, and soon thereafter took up the practice of his profession in Wisconsin Dells. He continued in active practice there until a few years ago when ill health forced the curtailment of his activities.

**Dr. Frank H. Gunn**, Eau Claire, died of a heart attack in October. He was about 70 years of age.

He was graduated from the University of Minnesota Medical School in 1895 and practiced for many years in Independence. He has no known survivors.

**Dr. Albert B. Leigh**, Kaukauna surgeon, died on December 14 at the age of thirty-nine years. He was born in Watertown, Wisconsin.

In 1927, Dr. Leigh was graduated from the University of Illinois College of Medicine and in the same year became associated in practice with Drs. Charles D. and George L. Boyd of Kaukauna.

The doctor was elected to fellowship in the American College of Surgeons in 1938. He was a member of the Outagamie County Medical Society, State Medical Society of Wisconsin, American Association of Industrial Physicians and Surgeons, and American Association of Railway Surgeons. He was a Fellow of the American Medical Association and first lieutenant of the Medical Reserve Corps, United States Army.

Surviving Dr. Leigh are his widow and two daughters.

**Dr. N. P. Mills**, Appleton, died on December 15 after an extended illness.

The doctor was born in 1873 in Greenville. He attended Rush Medical College, Chicago, graduating in 1897. He opened his Appleton practice in 1899 and remained in practice there until his retirement in 1932.

Dr. Mills was a member of the Outagamie County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow, two daughters and one son —Captain J. S. Mills, stationed at Wright Field, Dayton, Ohio.

# CORRESPONDENCE

Numerous letters have been received commending the State Medical Society of Wisconsin on its December or Medical Blue Book issue. Following are excerpts from some of them:

### "MOST WORTH-WHILE . . ."

"I have just finished reading the December issue of your Journal and it is 'chock-full' of valuable information for the physician. Please let me offer you my sincere congratulations. You are doing a most worth-while thing in publishing this 'Medical Blue Book.'"

J. W. Holloway, *Acting Director,*
*Bureau of Legal Medicine and Legislation,*
*American Medical Association.*

### "WONDERFUL JOB . . ."

"My compliments on that wonderful job your organization did in putting out that marvelous blue book."

B. E. Kuechle, *Vice-President,*
*Employers Mutuals, Wausau, Wisconsin.*

### "WILL STAND OUT . . ."

"I want to emphasize my appreciation of the last issue of the State Journal. I am sure that that issue (the Blue Book issue) will stand out in the minds of thinking medical people as a sample of efficient service. . . ."

John W. Goggins, M. D.,
*Chilton, Wisconsin.*

### "EVEN GREATER . . ."

"Last year's blue book was great; this year's is even greater. It is a fine idea and must be invaluable to every physician in our state."

W. F. Lorenz, M. D.,
*Professor of Neuropsychiatry, Univ. of Wis.,*
*Wisconsin Psychiatric Institute,*
*Madison, Wisconsin.*

### "OF GREAT ASSISTANCE . . ."

"I have been very much interested in your Medical Blue Book—I refer to the special number of the Wisconsin Medical Journal for December, 1940.

"The range of information that you have gotten together and the kind of information that you have selected, cannot help but be of great assistance. The service which this will render as a source of ready information cannot be fully estimated."

Dr. Homer F. Sanger,
*Council on Medical Education and Hospitals,*
*American Medical Association, Chicago.*

### "A WONDERFUL BACKGROUND . . ."

December 9, 1940.

Mr. J. G. Crownhart
Wisconsin Medical Journal
Madison, Wisconsin

Dear Mr. Crownhart: In the November issue of the Wisconsin Medical Journal I saw, on page 946, the insertion stating there was to be a series of postgraduate courses given in obstetrics at Chicago Lying-in Hospital. I find, after some correspondence, that I may attend the course given in January, which makes me very happy.

I think the State Medical Society of Wisconsin and its Journal are very superior and form a wonderful background for anyone fortunate enough to practice in Wisconsin. I do appreciate and enjoy both.

Very truly,

Gail R. Broberg, M. D.,
*Neenah, Wisconsin.*

### A CABLE FROM AUSTRALIA

Australian Associated Press
Times Annex, 229 West 43rd Street,
New York, December 16, 1940.

The Editor,
Wisconsin Medical Journal,
119 East Washington Avenue,
Madison, Wisconsin.

Dear Sir: Enclosed is a copy of a cable message received from Australia. It is forwarded in the belief that it may be of interest to you for publication.

Yours sincerely,

David W. Bailey,
*American Representative.*

"Perth, West Australia, December 12—The West Australian Parliament has passed a bill permitting alien refugee doctors to practice in country districts. The Executive Council is empowered to proclaim an area to be inadequately supplied with medical services as one for which regional registration may be granted adequately qualified alien doctors.

"A hospital may also be declared an area for regional registration, and the registration confined to the hospital. The alien has the right of appeal against the Medical Board's refusal to register, and after holding registration for seven years for a regional area he may be registered throughout the State.

"Sixteen country centres in West Australia are without doctors owing to enlistments in the Army. New South Wales, Queensland and South Australia permit registration of alien doctors who have completed a shortened course at an Australian University, but Victoria does not. ENDS."

# Coming Events

**Symposium on Industrial Public Health Nursing Services.**—A symposium on industrial public health nursing services, sponsored by the State Board of Health and the industrial nurses of Wisconsin, will be held February 20, 21 and 22 in the Hotel Wisconsin, Milwaukee. Agencies cooperating in the symposium include:

Wisconsin State Nurses Association
State Medical Society of Wisconsin
University of Wisconsin
Wisconsin Industrial Commission
Wisconsin Association of Manufacturers
Marquette University
Wisconsin Anti-Tuberculosis Association
Milwaukee City Health Department
Milwaukee Association of Commerce
Industrial Relations Association
Employers Mutuals Liability Insurance Company of Wausau

Dr. Paul A. Brehm, supervisor of the industrial hygiene unit, State Board of Health, Madison, as general chairman of the symposium, has arranged the three-day program, which appears in full below:

**THURSDAY MORNING. FEBRUARY 20, 1941**

a.m.

9:00—10:00—Registration (no fee). Hotel Wisconsin, Milwaukee.

10:00—Address of Welcome. Mayor Carl F. Zeidler, Milwaukee

10:15—Relationship of the Nurse in Industry to the Physician. Dr. Stanley J. Seeger, Milwaukee.

10:40—The Responsibility of the Industrial Nurse in the Efficient Administration of a Compensation Law. B. E. Kuechle, Vice President, Employers Mutual Liability Insurance Company, Wausau, Wisconsin.

11:00—The Responsibility of the Nursing Profession in Industrial Hygiene. J. J. Bloomfield, Sanitary Engineer, United States Public Health Service, Washington, D. C.
DISCUSSION—30 minutes

p.m.

12:30—LUNCHEON, Hotel Wisconsin

**THURSDAY AFTERNOON**

Presiding Chairman—Harry A. Nelson, Director of Workmen's Compensation, Industrial Commission, Madison.

p.m.

2:00—PANEL DISCUSSION. After the injury—What?
Participants:
Physician—Dr. Merritt Jones, Wausau.
Rehabilitation—Miss Marjory Taylor, Director Curative Workshop, Milwaukee.
Nurse—Mrs. Omilee D. Bradford, R.N. Beloit Iron Works, Beloit.
Industrial Relations—J. J. Plzak, Director Industrial Relations, Consolidated Water Power & Paper Co., Wisconsin Rapids.

3:30—Dental Program in Industry. Dr. Ernest W. Miller. The Milwaukee Electric Railway and Light Co., Milwaukee.

4:00—DISCUSSION—30 minutes.

6:30—DINNER—Dr. C. Copeland Smith, National Association of Manufacturers, New York, Guest Speaker. Badger Room, Hotel Wisconsin.

**FRIDAY MORNING. FEBRUARY 21, 1941**

a.m.

9:00—PLANT VISITATION—The Milwaukee Electric Railway and Light Company, Medical Department.
Curative Workshop
Globe-Union Manufacturing Company. Discussion, Dr. E. L. Belknap, Medical Consultant.

**FRIDAY AFTERNOON**

Presiding Chairman—Dr. Wm. S. Middleton, Dean, The Medical School, University of Wisconsin, Madison.

p.m.

1:30—The National Defense Program and the Industrial Worker. Harry Guilbert, Director, Bureau of Safety and Compensation, The Pullman Company, Chicago.

2:00—Relationship of Cardio-Vascular Diseases to Accidents. Dr. Norbert Enzer, Milwaukee.

2:45—Dermatitis Control in Industry.
Medical Control—Dr. M. J. Reuter, Milwaukee.
Engineering Control—E. G. Meiter, Ph.D., Employers Mutual Liability Insurance Company, Milwaukee.

3:30—Cancer control. Dr. M. Fernan-Nunez, Professor of Pathology, Marquette University, School of Medicine, Milwaukee.

4:00—DISCUSSION.

7:30—Refreshments and entertainment—Pabst Brewery. Pabst Blue Ribbon Hall, 9th and Juneau Avenues.

**SATURDAY MORNING. FEBRUARY 22, 1941**

Presiding Chairman—Dr. J. A. Carswell, Associate Executive Secretary. Wisconsin Anti-Tuberculosis Association, Milwaukee.

a.m.

9:00—PANEL DISCUSSION. Community Resources as They Concern the Nurse in Industry.
Participants:
Miss Cornelia van Kooy, R.N., Supervisor Public Health Nursing, State Board of Health, Madison.
Dr. E. R. Krumbiegel, Commissioner, City Health Department, Milwaukee.
Miss Caroline Di Donato, Instructor Public Health Nursing, College of Nursing, Marquette University, Milwaukee.
Miss Clara B. Rue, Associate Director, Visiting Nurses Association, Milwaukee.
Miss Meta Bean, Wisconsin Anti-Tuberculosis Association, Milwaukee.
Miss Louise Root, Executive Secretary, Council of Social Agencies, Milwaukee.

10:30—Absenteeism in Industry. Dr. R. D. Mudd, Medical Director, Chevrolet-Grey Iron Foundry, Saginaw, Michigan.
W. G. Hazard, Personnel Division, Owens-Illinois Glass Co., Toledo, Ohio.

11:15—The Challenge to the Nurse. Miss Phoebe Brown, R.N., Chairman Industrial Nurses Section of the 4th & 5th District. Employers Mutual Liability Insurance Company, Milwaukee.
DISCUSSION—30 minutes.

Attractive Door Prizes distributed at the Dinner Meeting, Thursday Evening.

Thursday Noon Luncheon $1.00
Thursday Evening Dinner 1.50

**Clinics of the University of Wisconsin Medical School.**—Physicians are invited to attend clinics held on Saturdays from 11 a. m. to 12:30 p. m., in the sixth floor lecture room of Wisconsin General Hospital, Madison, and also to attend ward rounds, operating clinics, conferences and seminars, a detailed schedule of which may be obtained from Dr. W. S. Middleton, Dean of University of Wisconsin Medical School.

Clinics for the remainder of January and for February are as follows:

January 11:
Neuropsychiatry: Neurological Disorders Seen by the General Practitioner—Dr. H. H. Reese and associates

January 18:
Neuropsychiatry: Early Symptoms of Common Forms of Mental Diseases—Dr. W. F. Lorenz and associates

January 25:
Urology: Problems of Chronic Infections of the Prostate—Dr. I. R. Sisk and associates

February 1:
Medicine: Some Practical Applications of Endocrinology in Menstrual Disturbances—Dr. E. L. Sevringhaus and associates

February 8:
Pediatrics: Differential Diagnosis and Treatment of Vomiting in Newborn and Young Infants—Dr. H. K. Tenney and associates

February 15:
Surgery: Diagnosis and Methods of Treatment of Diseases of the Breast—Dr. K. E. Lemmer and associates

February 22:
Obstetrics and Gynecology: Menopausal Bleeding; Diagnosis and Treatment—Dr. R. E. Campbell and associates

**Clinics of Marquette School of Medicine.**—Physicians are cordially invited to attend the weekly clinics, conducted by Dr. Francis D. Murphy—medical director—and Dr. Joseph King—surgical director—conducted at the Milwaukee County Hospital on Fridays at 10:30 a. m. Subjects of clinics for the remainder of January and for February are:

January 17:
Nephritis and Albuminuria.
Surgery of the Spleen.

January 24:
Cranio-cerebral Injuries.
Choice of Operation in Gastric Lesions.

January 31:
Diseases of the Liver; Differential Diagnosis and Treatment.
Liver Deaths Following Gallbladder Surgery.

February 7:
Intestinal Obstruction.
Hernia.

February 14:
Coronary Thrombosis and Its Management.
Malignant Tumors of the Breast.

February 21:
Newer Aspects in the Treatment of Diabetes.
Surgery in Diabetes.

February 28:
Cerebrospinal Fluid; its Biochemical Aspects. (By Joseph Bock, professor of biochemistry, Marquette University)
Carcinoma of the Lip, Mouth and Tongue.

**Clinics of Milwaukee Children's Hospital.**—Clinics scheduled for presentation in the amphitheater of the Milwaukee Children's Hospital in January, 1941, are listed below:

Surgical Clinic, Monday, January 6:
Presentation of cases. Discussion of Burns.

Orthopedic Clinic, Tuesday, January 7:
Tuberculosis of the Bone in Children. Discussion by H. C. Schumm, M. D., Milwaukee.

Pediatric Clinic, Friday, January 10:
Special Clinic. 1:00 to 3:00 p. m.

Surgical Clinic, Monday, January 13:
Presentation of cases. Discussion of Intracranial Injuries.

Fracture Service Clinic, Tuesday, January 14:
Fractures of the Spine and Pelvis in Children. Discussion by R. P. Montgomery, M. D., Milwaukee.

Pediatric Clinic, Friday, January 17:
Subject open. Discussion by Horace K. Tenney, Jr., M. D., Madison.

Surgical Clinic, Monday, January 20:
Presentation of cases. Discussion of Osteomyelitis.

Orthopedic Clinic, Tuesday, January 21:
Scoliosis in Childhood. Discussion by Emil Hauser, M. D., Chicago.

Pediatric Clinic, Friday, January 24:
Cerebral Degeneration and Scleroses. Discussion by E. D. Schwade, M. D., Milwaukee.

### Continuation Hospital and Medical Courses University of Minnesota

The University of Minnesota announces the winter schedule of continuation hospital and medical courses, as follows:

January 20–25—Ophthalmology (for ophthalmologists and otolaryngologists)
January 27–February 1—Hospital Administration
February 3–5—Uterine Bleeding (for gynecologists and radiologists)
February 13–15—Medical Social Service
February 20–22—Dietetics (for dietitians)
March 3–5—Internal Medicine
March 6–8—Obstetric and Pediatric Nursing

The sessions will be conducted at the Center for Continuation Study which also provides living accommodations for those who attend the courses at an average rate of $1.25 a day for room and $1.50 a day for meals. Tuition varies from $5 to $10 for hospital courses and $15 to $25 for medical courses. For further information address Director, Center for Continuation Study, University of Minnesota, Minneapolis, Minnesota.

**Third Annual Congress on Industrial Health.**—Arrangements have been completed for the third annual Congress on Industrial Health sponsored by the American Medical Association to be held January 13 and 14, 1941, at the Palmer House in Chicago. The meetings are open to all physicians and

others interested in the industrial health movement. There is no registration fee. For the complete program, see the December issue of The Journal, pp. 1117–1118.

**Regional Assembly, American Society for the Control of Cancer, to Be Held in Rochester, Minnesota, February 6–7.** Mrs. G. E. Stoddart, Horicon, State Commander of the Women's Field Army for the Control of Cancer, has expressed the hope that many Wisconsin physicians will attend this meeting in Rochester, February 6–7.

**Sectional Meetings of the American College of Surgeons.**—Data concerning these meetings is set forth below. Further details will be published in a future issue of The Journal.

| Dates | City | Headquarters Hotel | Participating States |
|---|---|---|---|
| March 10<br>11<br>12 | Minneapolis | Nicollet | Minnesota<br>North & South Dakota<br>Iowa, Nebraska<br>Montana, Kansas<br>Wisconsin—Manitoba |
| March 17<br>18<br>19 | Pittsburgh | Wm. Penn | Pennsylvania<br>Ohio<br>Virginia, West Virginia<br>Delaware, Maryland<br>New Jersey, New York<br>District of Columbia |
| March 26<br>27<br>28 | Salt Lake City | | Oregon<br>Washington<br>California<br>Nevada<br>Idaho, Wyoming<br>New Mexico<br>Arizona<br>Colorado<br>Montana<br>Utah |

Hospital conferences will be held in connection with each of these meetings. Fellows of the College, members of the medical profession at large, and persons interested in the institutional care of the sick and injured, are invited to the sectional meetings; on the final evening of each meeting, a meeting on health conservation to which the public is invited, will be held.

**Board of Medical Examiners:** Hotel Loraine, Madison, Jan. 14–16. (Basic science certificate required.) Application should be made to Dr. H. W. Shutter, Sec., Room 404, 425 E. Wisconsin Ave., Milwaukee.

**Third Annual Forum on Allergy.**—The forum will be held this year in Indianapolis, January 11–12, with headquarters in the Claypool Hotel. There will be a registration fee of $5. All physicians in good standing in their local society are welcome to attend. Two Wisconsin physicians—Drs. Howard Lee, Oshkosh, and Theodore L. Squier, Milwaukee—are scheduled to appear on the program, which appears in full below:

**JANUARY 11, 1941**

a.m.
9:00—11:00—Registration at the Forum Headquarters Suite. This offers two hours of informal discussion.

p.m.
11:00—12:30—Study Groups—Series A. Note attendance requires pre-Forum registrations. Registrations should be mailed to Dr. Tell Nelson, 636 Church Street, Evanston, Illinois.

| *Topics* | *Instructors* |
|---|---|
| 1. Atopic Eczema | Dr. Karl Figley, Toledo, Ohio |
| 2. Urticaria | Dr. Ethan Allen Brown, Boston |
| 3. Symptomatic Treatment in the Case of Bronchial Asthma in which the Cause Cannot Be Determined | Dr. Milton Cohen, Cleveland |
| 4. Mold Allergy | Dr. S. M. Feinberg, Chicago |
| 5. Allergic Coryza | Dr. French Hansel, St. Louis |

**12:30 Subscription Luncheon**

**2:00—3:30 p.m.—Study Groups—Series B**

| | |
|---|---|
| 1. Atopic Eczema | Dr. Rudolph Hecht, Chicago |
| 2. Urticaria | Dr. Jonathan Forman, Columbus |
| 3. Symptomatic Treatment in the Case of Bronchial Asthma in which the Cause Cannot Be Determined | Dr. John Sheldon, Ann Arbor |
| 4. Mold Allergy | Dr. M. B. Morrow, Austin, Texas<br>Dr. Homer Prince, Houston, Texas |
| 5. The Heart in Asthma | Dr. Oscar Swineford, University, Virginia |

p.m.
4:00—Special Lecture: Dr. George Waldbott, Detroit, Presiding. Allergic Manifestations in the Eye, Dr. Albert D. Ruedemann, Cleveland Clinic.
7:00—Annual Smoker with Informal Discussion and Demonstrations

| *Exhibits* | *Demonstrators* |
|---|---|
| a—Ocular Allergy | Dr. A. D. Ruedemann, Cleveland<br>Dr. J. W. Thomas, Cleveland |
| b—Mold Allergy | Association for Mycological Investigation—Dr. Marie Morrow, Austin, Texas; Dr. Homer Prince, Houston, Texas |
| c—Spontaneous Allergy (Atopy) in Lower Animals (Motion Picture) | Dr. Fred Wittich, Minneapolis |

**JANUARY 12, 1941**

**SYMPOSIA ON CLINICAL SUBJECTS**

**Symposium on Bronchial Asthma**

Moderator: Dr. B. Z. Rappaport, Chicago

a.m.
9:00— 9:10—The Importance of the Diaphragm in Bronchial Asthma. Dr. John Mitchell, Columbus, Ohio
9:10— 9:20—The Use of Breathing Exercises in the Treatment of Bronchial Asthma. Dr. I. M. Hinnant, Cleveland, Ohio.
9:20— 9:30—The Importance of Rest in the Treatment of Bronchial Asthma. Dr. Barney Credille, Flint, Michigan.

9:30— 9:40—The Importance of Nutrition in Bronchial Asthma. Dr. Howard Lee, Oshkosh, Wisconsin
9:40—10:00—Question and Answer Period

**Symposium on Insects as Allergens**

Moderator: Dr. Harry Huber, Chicago

a.m.
10:00—10:10—Beetles. Dr. Harvey Johnston, Ann Arbor, Michigan
10:10—10:20—Fish Food. Dr. Karl Way, Akron, Ohio
10:20—10:30—Moths. Dr. Ralph Mills, Decatur, Illinois.
10:30—10:40—Grain Mites. Dr. Fred Wittich, Minneapolis
10:40—11:00—Question and Answer Period

**Symposium on Allergic Headache**

Moderator: Dr. Theodore Squier, Milwaukee

a.m.
11:00—11:10—Differential Diagnosis. Dr. S. R. Zoss, Youngstown, Ohio
11:10—11:20—Value of Diagnostic Procedures. Dr. Myron Weitz, Cleveland, Ohio
11:20—11:30—Non-Specific Therapy. Dr. E. G. Tatge, Evanston, Illinois
11:30—11:40—Specific Therapy. Dr. Orville Withers, Kansas City, Missouri
Noon
11:40—12:00—Question and Answer Period

p.m.
12:30—Annual Forum Dinner. Dr. C. B. Bohner, Indianapolis, Presiding

The Presentation of Gold Medal for Distinguished and Outstanding Contributions in the Field of Allergy.

p.m.
2:00—The Annual Forum Lecture. Dr. Bela Schick, New York. Allergy, Hypersensitivity and Immunity.

**Special Lecture**

Water and Electrolyte Metabolism in Allergy. Dr. M. M. Cook, St. Louis

## SOCIETY RECORDS

### New Members

Gorton Ritchie, St. Mary's Hospital, Racine.

F. G. Johnson, Jr., 1507 Tower Avenue, Superior.

J. A. Gosman, 423 Main Street, Racine.

M. A. Grossman, Northern Building, Green Bay.

C. T. Droege, 1507 Tower Avenue, Superior.

R. S. Wright, 1302 Grange Avenue, Racine.

L. M. Gorenstein, De Soto.

R. M. Stark, 231 West Wisconsin Avenue, Milwaukee.

D. J. Zubatsky, 2304 North Twelfth Street, Milwaukee.

I. E. Schiek, Jr., Rhinelander.

J. S. Devitt, 1819 East Webster Place, Milwaukee.

### Changes in Address

E. R. Hodgson, New York, to 627 South Bernard Street, Spokane, Washington.

E. A. Lapham, Rib Lake, to Phillips.

O. E. Toenhart, Sheboygan, to 110 East Main Street, Madison.

C. J. Moran, La Crosse, to Camp Beauregard, Alexandria, Louisiana.

P. H. Halperin, Madison, to 2007 Bryant Building, Kansas City, Missouri.

A. A. Mendez, Tigerton, to First National Bank Building, Oshkosh.

D. W. McCormick, Madison, to 30 North Washington Avenue, Battle Creek, Michigan.

D. J. Taft, Tomah, to 2903 North Thirty-ninth Street, Milwaukee.

# Industrial Health*

By P. A. BREHM, M. D.
*Supervisor, Industrial Hygiene Unit*
*Madison*

WITHIN recent years considerable emphasis has been placed upon safeguarding the health and safety of our industrial workers. We have come to the realization that this important phase of adult medicine has been sorely neglected and relegated to the background of the inevitable happenstance that received attention only as an emergency situation.

## A Neglected Field

As physicians we have failed to comprehend the relationship of occupational environment to the health of the individuals thus engaged. We have failed in our appreciation of the economic hardships invoked by the impairment of health and function of our wage earners. We have made tremendous strides in bringing more and more individuals through the trying years from birth to maturity—and there we practically stopped. Our job from maturity on was to take care of conditions as and when they arose. We did not realize that as physicians we were evading a broad field of medical importance by indifference to advancement in the proper care of the disabled as well as supervision of the maintenance of health and earning capacity of industrial workers. In

* Presented before the 99th anniversary meeting, State Medical Society of Wisconsin, Milwaukee, September, 1940.

short, we have failed in our duty to keep abreast of the rapid and complex developments of modern industry and the attendant demands made upon the mental and physical resources of the employes.

Fortunately, our concept of industrial health is experiencing a period of convalescence and if the progress made during the past few years is any criterion, it can be predicted that an uneventful recovery will ensue.

### Factors Stimulating Interest

Several factors have aided in stimulating the interest of the medical profession in matters of health and safety of industrial workers.

The enactment of adequate legislation has been necessary to meet the changing conditions presented by employment and modern manufacturing processes. Our present laws attempt to regulate environmental exposures to accident and disease. These laws are varied in scope and effectiveness and it is not the intent here to compare the merits or demerits of the state and federal legislative acts as applied to industry. It is sufficient to state that legislation is constantly changing to meet the industrial demands, and in the matter of experience and comprehensive coverage the Wisconsin laws are second to none.

Industry long ago recognized the need of providing safe places to work. Much of this activity has been independent of legal requirements. Industries have discovered that by providing safe places in which to work they have derived benefits in increased production at lower costs as well as the monetary savings occasioned by reduced accidents and illnesses. The advances made in the reduction of disabilities are in no little measure directly due to the vision and cooperation of industry itself.

Labor has long raised a voice in demanding healthier and safer places of employment. When we compare the workshops of today with those of the early history of labor organizations we can readily agree that the voice of labor was not in vain or without foundation. This transition as we know it today not only accomplished its purpose of better working environment but has also increased the efficiency of labor along with a reduction in fatigue.

Of specific interest in the matter of protecting the health and safety of workers have been the industrial hygiene activities of various agencies. This phase of industrial health is comparatively new, but it has enjoyed the most rapid expansion of any organization directly concerned with health and safety problems. Prior to five years ago, industrial hygiene was limited to a comparatively small group of individuals and agencies, but since that time, due largely to the efforts of the United States Public Health Service, this movement has been extended to cover the majority of our national industrial population.

An industrial hygiene unit under the Wisconsin State Board of Health was created over three years ago. The personnel of the unit consists of a physician, a sanitary engineer, a chemical engineer, and a secretary. The industrial hygiene unit is a fact-finding body engaged in activities for the determination and evaluation of environmental exposures and their control, as well as general health measures as they apply to employes in all types of industry. Industrial hygiene functions in Wisconsin are conducted on a cooperative basis with such interested agencies as the medical profession, industry, labor, the nursing profession, safety organizations, the industrial commission and the various state and local health groups. By means of this cooperative enterprise a program of industrial health has been formulated and placed in operation.

### Prominent Phases of the Problem

A prominent part of industrial health protection is the investigation, by means of specific studies, of exposures to potential health and safety hazards. Special equipment is necessary for sampling atmospheric concentrations of the many different kinds of dusts, fumes, vapors and gases encountered under modern working conditions. Time does not permit a classification or discussion of the hundreds of substances potentially hazardous to health. The complexity of modern industry with changing methods

of manufacture and the ever-increasing numbers of new materials and new chemical compounds necessitate the devising of adequate testing equipment and the advent of different sampling procedures and methods of chemical analysis. Knowledge of medical, chemical and engineering control for occupational toxic exposures cannot keep abreast of the present day strides of industry. *It is only by means of the concerted efforts through experience and research on the part of the medical and engineering professions that we can hope to match this industrial progress.*

Industrial hygiene studies of health hazards have been made in many different types of industries throughout Wisconsin. These surveys included detection of specific toxic materials and such environmental influences as ventilation, illumination and sanitation. In addition to the regular planned surveys, many isolated investigations have been made at the request of industry, labor, the medical profession, insurance, health agencies and the industrial commission. These miscellaneous examinations have covered almost the entire gamut of occupational exposures and working conditions.

Of far-reaching importance are the general health services aside from the specific industrial hazards. The physical examination of industrial workers is perhaps one of the most prominent of such health activities and one of paramount interest to the medical profession. A program of preemployment physical examinations and periodic reexaminations of industrial workers has been proposed by the Wisconsin Industrial Commission.[1] Next to adequate engineering control for the protection of the health and safety of industrial workers is medical control, and physical examinations are probably the most effective medical approach. For these reasons it is the duty of the medical profession to become thoroughly familiar with the physical examination program so that when physicians are called upon to serve industry in this capacity they will be able to render opinions on the physical capabilities of workers in an honest and intelligent manner. The intent of the program is the placement of individuals in jobs wherever possible, depending upon their physical fitness for those jobs. To pass judgment on the employability of a wage earner is a serious matter. An examining physician must consider the applicant's physical qualifications as related to a particular position. The physician must therefore be familiar with the health and safety hazards of that job as applied to any physical defects of the worker and any connection those defects may have with the safety of others in the same workroom. In short, a physician must acquaint himself with the materials and dangers incident to the manufacturing processes of the industries under his jurisdiction.

A general health measure of great significance to industry and labor alike is a study of absenteeism among employes. Such a study has been in progress in several Wisconsin industries for the past two years. There is no question of the economic loss to employes in reduced income occasioned by prolonged disability. There is no question of the economic loss to industry, in production, but it is difficult to obtain accurate figures. From information obtained in absentee studies in our state we know that time loss due to nonindustrial illnesses is from ten to fifteen times greater than time loss due to industrial accidents. We also know that respiratory diseases account for over half of all nonindustrial sicknesses. Therefore, while much effort has been concentrated over many years for the reduction of time and wage loss occasioned by industrial accidents, we have neglected the most important group of disabilities; namely, illnesses. The purpose of making an absentee study is to determine, first of all, the extent of the problem, and, secondly, to do something about it. Obviously, the group of illnesses which are more apt to lend themselves toward a reduction are the respiratory diseases. In any program for control of illnesses among industrial workers, the medi-

[1] Wisconsin Physical Examination Plan. Wisconsin Industrial Commission, 1939. [Editor's note: This plan was discussed in articles in the Wisconsin Medical Journal for September, 1939 (p. 772) and October, 1939 (p. 865).]

cal profession can occupy one of the principal roles. The most effective weapon we possess for reducing illnesses is an adequate and comprehensive health educational campaign. In this connection, the medical profession can aid in overcoming two of the more important health obstacles—ignorance of general health matters and disregard of early and presumably mild evidences of ill health.

Industrial hygiene functions include facilities for educational activities on industrial health matters for all interested agencies. From the standpoint of the medical profession this service includes a reference source for information on occupational health problems as well as the specific studies for the evaluation of environmental exposures. A cooperative enterprise of this type embodies the most successful control of the health of our workers—a joint medical and engineering approach to our common objectives.

Research occupies a valuable position in the application of industrial health. Only by means of constant endeavor in this regard can we hope to keep up with the many technical health phases presented by an ever-changing industrial front. Research plus clinical experience and observation have advanced medical knowledge of industrial health problems to our present day concepts —but we have far to go. Our troubles have been to shunt this activity to a few individuals and groups on the assumption that the majority of us are not called upon to participate in this type of practice. On the contrary, it is within the province of every physician practicing in an industrial community to be called upon to attend patients with disabilities related to employment. The benefits of research should therefore be made available to all physicians, and they should know where to apply for this information.

At the present time, more than at any other period in industrial history, the need for comprehensive health protection is essential in view of our national defense emergency. Every health and safety body must become thoroughly familiar with the problems before us and those of even greater magnitude in the future. We must realize that industrial health concerns the majority of our adult population. We must remember that the execution of our present emergency needs depends upon our workers. This is not a plea because of our defense needs; we have always had industrial health problems and always will, but if we expect to meet and solve those problems we must get busy and pull together. The mobilization of our armed forces and the speeding up of industries to equip properly those forces has taken the need for industrial health control out of the category of a desirable program and placed it in one of an emergency.

## Summary

The medical profession can do much to promote industrial health improvement. Some of these activities may be summarized briefly:

1. Those physicians already having and those that will have industrial connections should periodically inspect these plants for evidence of bad health and safety practices.

2. All physicians should become familiar with the available health services, such as industrial hygiene studies of occupational exposures, the physical examinations of industrial workers and absenteeism.

3. A clinical knowledge of the ill effects upon workers resulting from exposures to toxic material is essential.

4. Knowledge of the effective methods of control for hazardous exposures should be developed.

5. Request industrial hygiene studies and literature on specific industrial health problems.

6. Cooperate with industry, labor and state and local organizations for the improvement of working conditions as well as the general health of the workers.

7. Devote a portion of every local, county and state medical meeting to a discussion of industrial health problems.

8. And last, but not least, fully realize that promotion of industrial health is a necessary part of the principles and duties of medical practice.

# CENTENNIAL ANNIVERSARY SECTION

*In this section of The Journal in 1941 will appear special historical articles, and items relating to the 100th anniversary of the State Medical Society of Wisconsin, which was organized under the provisions of a bill enacted by the Wisconsin Territorial Legislature in 1841.*

## INTRODUCTORY STATEMENT

Dr. John Favill, the author of the following paper on mental hygiene, was one of the early and most prominent physicians of Madison, Wisconsin. He was born in Herkimer county, New York, received his medical education at Harvard University, settled in the practice of medicine at Lake Mills, Jefferson county, Wisconsin, in 1846 and removed to Madison in 1848. He married Louisa Baird, a daughter of one of the outstanding pioneers of Wisconsin (Henry S. Baird of Green Bay, the first attorney general of the Territory and president of the first Territorial Council). The mother of Mrs. Favill was descended from the ruling chiefs of the Ottawa Nation, with an admixture of French and Scotch blood, and was a niece of President Monroe.

For a period of thirty-five years or more Dr. John Favill practiced medicine in Madison and vicinity; and for a time served on the staff of the Mendota State Hospital. He was greatly interested in the problems of mental medicine. He was a man of high character, was said by those who knew him to be very independent and liberal in his views, charitable, generous, unselfish, and greatly interested in the public welfare. He was the father of Dr. Harry Baird Favill, who practiced medicine in Madison for a time, and later became a distinguished physician in Chicago. Dr. Harry Baird Favill was also greatly interested in mental hygiene and was one of the founders of the National Society for Mental Hygiene. His son, Dr. John Favill of Chicago, has already attained a distinguished position in the field of neuropsychiatry and mental hygiene. Thus we have representatives of three generations of one family of Wisconsin physicians who have made notable contributions to the field of mental medicine.

Dr. John Favill was long interested in the work of the Mendota State Hospital and served on the staff of that institution in 1868–1869. He also served on the Board of Visitors for a period and as a member of the State Board of Health. The following paper on mental hygiene was presented at one of the first meetings of the first State Board of Health of Wisconsin and was published in the first report of that body issued early in 1870.

This paper antedated by several years others under the same title, notably, the one by Dr. John P. Gray, superintendent, Utica, New York Asylum, under the title of *Mental Hygiene*, presented at the International Medical Congress held on the occasion of the Philadelphia Exposition in 1876. Except possibly for the mode of expression and absence of the present-day rather involved (one might say bizarre) nomenclature of psychiatry, the paper by Dr. Favill impresses one as not only acceptable, but interesting, and essentially not out of harmony with the present day concepts and teachings. The concepts and even the term, mental hygiene, are not so recent as they are popularly supposed to be.

Gilbert E. Seaman, M. D.,
*Acting Director, Division of Mental Hygiene,*
State Department of Public Welfare,
Madison, Wisconsin.

*Centennial Anniversary Section—continued*

# Mental Hygiene

By JOHN FAVILL, M. D.

WHAT shall we eat, what shall we drink, and wherewithal shall we be clothed? These are fundamental questions which must be rightly answered in providing for the body. Fortunately, in the large sense, nature suggests answers. But when we set about providing aliment for the mind, the problem becomes exceedingly complex. How much, what kind, and how to be administered, are among the leading questions of the age. It is not easy to know how to grow strong, long-abiding bodies. It is much more difficult to know how to grow strong, enduring, useful minds.

On the whole, bodies are underfed. On the whole, minds are in a state of starvation. The reason both are not in a state of starvation is that the body, when hungry, cries out for food, and will have it by means fair or foul; while the mind, without food, becomes torpid, and freezes to death without knowing it.

It is not the purpose of this paper to discuss the essence of mind, nor its relations to matter, except through the more common or coarser analogies.

When shall we begin to feed the mind of a child? Obviously, when it begins to show signs of capacity to digest ideas or notions. This digestive capacity may appear very early, or it may be delayed. Doubtless most children may be taught many useful things at six months, especially may they be taught obedience. Woe to the poor mother who postpones such teaching too long; contempt, caprice, and slavery are her inevitable doom. Few young children are ungovernable, if judiciously handled; but if contests become frequent—if force has often to be met by force, if will has often to be pitted against will—you may better abandon the contest and trust to time and the development of mind and a higher moral sense—better almost anything than frequent collision.

## "When Grandma's Stories Have Lost Their Zest . . ."

When shall a child be taught to read? When the broomstick, and the doll, and old Mother Hubbard, and grandma's stories have lost their zest, and the child becomes restless and begs for "something to do." And it matters little at what age, or what may be its physical condition. Give it food. And the little ones whose mothers are neither so ignorant, nor so burdened by poverty and care, nor so oppressed by the frivolities of fashionable life, but that they can take them in their arms and feed them are "thrice blessed."

Nature begins to help the little ones right early to determine what is good for the body. Taste says sweet—and the body approves. Taste says bitter—and the body rejects. Not so with the mind. It hungers—but knows not sweet. It hungers—but knows not bitter. It will feed on garbage and grow. The body can eliminate what does not subserve its purpose, the mind cannot. Woe to the parent, woe to the teacher, woe to everyone who gives it unwholesome food.

No age can be fixed when systematic teaching shall begin, but it should begin early—if possible it should begin at home. The young brain is too receptive and has too little power of discrimination to be trusted to large, or doubtful associations. Hence the great utility, if not necessity when practicable, of keeping it within the sphere of loving hearts and judicious tongues, until it has acquired a habit of right thinking and correct behavior. Then, when it falls into the great march of life, when it adopts the street and the rough of the school, the little brain, preoccupied by the loves, and thoughts, and humanities of home will resent the intrusion of evil thoughts and vicious ways. And although the conflict of the following years may be sharp, and the

victory at times doubtful, yet shall the home bulwarks be impregnable.

But the time has come, when the most of us must entrust the mental weal and, in some measure, the moral health of our children to others. Pity the parents whose hearts do not throb, whose eyes do not grow dim as they launch their little ones upon the sea of life.

### "The Crowning Glory . . . "

The common school is the crowning glory of the age. Doubtless it is the world's highest expression of civilization. With us, teaching the young is largely entrusted to women and, for obvious reasons, wisely.

Are our schools doing their utmost to give mental strength to our children? The writer enters upon the consideration with some misgiving. Nevertheless, he has fault to find. Of the system of books he makes no complaint. The steps from simple to complex are many, gradual and natural. But the demands made upon the pupil are arbitrary, excessive and unnatural. The personality of the pupil is ignored. The class is a machine that is presumed to be able to do a certain amount of work, and so its task is set. The individual pupils are assumed to be parts each perfectly fulfilling his function in making a perfect whole. Now if all these parts had been made of the same material, had all been fashioned by the same wise and skillful hand, the expectation would not be extravagant. But such an assumption is so notoriously untrue, that it may seem unnecessary to state it, and yet class training proceeds upon the theory that it is true. Undoubtedly all brains can do some work, and so can all muscles in a sound condition; but it is never safe to assume that either can do a given amount of work, until proven by individual experience. Class work takes no note of natural endowments. Class work takes no note of mental aptitudes. Class work takes no note of physical condition. It pushes all forward into the same column and demands of all the same day's work. No ambulances for the foot-sore, no stretchers for wounded brains, no light for dim eyes, no hints to beclouded minds, no better way to the uncertain, struggling brain; but all, shoulder to shoulder, must reach the same goal, at the same time, or sink by the way humiliated and disgraced.

### "Such Is Not the Way to Break Colts . . ."

Such is not the way to break colts. Such is not the way to educate brains. But it is a most excellent way to disorganize, discourage and make them trifling, and of little worth. The object of education should be to make healthy, sturdy, robust, symmetrical persons, and this cannot be done when the individual is subordinated to the class. Most, if not all, brains at times need help which the present class system almost entirely ignores. It is not meant that natural aptitudes should be so regarded as to make them the foundation upon which education should be based. The object being strength, solidity and dexterity, it may be necessary to repress tendencies and to stimulate and develop weak points. Aptitudes will declare themselves, whether we will or not, in after life. But the aptitudes of some should not be made the standard of excellence for all. The class system must, under our system of education, in some measure continue; but its wrong tendencies can be largely mitigated or entirely remedied by an increase of instructors, so that the person will not be lost in the class. If it be urged that an increase of teachers demands increased expenditure of money, the statement may be doubted. Increased facilities would shorten the time of schooling necessary; but, if the expenditure of money should be more, can it be doubted that the fuller and more symmetrical development of the individual would be more abundant compensation.

A very general opinion obtains that our children's brains are being overworked, and that their bodies are underworked. Neither opinion is well-founded; indeed, there is little hazard in saying that the reverse of both opinions is true. Both minds and bodies enjoy certain kinds of activity. The body enjoys play, the mind enjoys a certain kind of intellectual vagrancy, and so both have a tendency to be busy in these ways; but neither enjoys persistent, coherent, useful work, and, yet, such is the very kind of work that must be done to make useful men and women.

Children are not required to do too much intellectual work, but under the present system (the class) they are often required to lift impossible weights. Oft-repeated unsuccessful efforts to accomplish a given intellectual result will as surely injure the brain as unsuccessful efforts to lift a weight will injure a muscle. Hence the imperative need of individual care. Doubtless, too much and too great a variety of work is often required to be done in a given time, but too much work on the whole is not required.

### "Special Excitants . . . "

Special excitants, applied to the brain to induce it to accomplish its highest possible work, are of more than doubtful utility. This applies to the entire system in schools, high or low, or marks and prizes, honors and contests, whether at home or abroad. The system is pernicious in a variety of ways. It stimulates the delicate, active, highly organized brain to overwork, under the pressure of which some are injured and some break down. It engenders in those who win, self-confidence and expectations seldom realized in after life. Those who have made a vigorous struggle are humiliated, so that while few rejoice, many mourn—and the incapable or lazy multitude for whose advantage the contest was organized, whose brains it was hoped would be galvanized into life soon discern their hopelessness in the race, and gallop over the course at an easy pace, quite satisfied to save their distance. It is a contest to which after life furnishes no parallels. In the struggle of after life, you win, because you advocate a better cause than I; or because you are more diligent in business than I; but you never stand before me and say, "I will win because I am a better man than you."

"Inter-collegiate contests!" When shall we have organized an intercollegiate contest of prayer? The blasphemy of the one is apparent. The evil effects and bad taste of the other ought to be equally apparent. If sports which are called manly, and in which supremacy is the essential element, are of doubtful physical utility (and they are so regarded by most physicians), how much more doubtful is the contest of mind with mind; where victory, and not a cause or a principle is the essential element in the struggle. The morality of such a contest, the moralist is left to settle.

Children play too much, too long, and too hard. A field of colts, where the companionship is constant may be trusted to take care of themselves. The rivalry will not be too much for their healthful, physical development; but he would be an unsuccessful breeder, who should turn into his field a well-fed, rampant colt fresh from the stall, morning and evening to excite the flock into greater activity. Yet children in whom struggle for supremacy is one of the earliest manifestations are supposed to be the better for an almost limitless amount of play, forgetting that their brains are too much for their bodies. And so they are left to bat and ball and shinny; to pull-away, and hide and seek until through exhaustion, they fall an easy prey to disease which always stands ready to assault the weakest point of the physical citadel; and more,—it may be safely stated that no exhausted body contains a rested mind. Severe physical and mental labor go not harmoniously together. Few can bear the strain of both. A physical and mental athlete is possible but not common; so that if we would obtain the best possible mental growth, we must not overtask the body. A verification of the above statement will come from any mother who has carefully watched the mental training of her own children.

It is not intended to undervalue air and exercise in maintaining a healthful condition of body and mind. Nature's demand for both is imperative. In both growth and repair, it must ever be borne in mind that even the process of digestion is not completed when the food leaves the stomach—not completed when it reaches the blood—but must be laid down in bone and muscle and nerve; and that this to be perfected requires absolute physical labor.

### "A System . . . to Make Liars of Us All . . . "

A practice obtains somewhat widely in our common schools, which although pertaining more especially to the domain of morals, may be noticed in this paper. It may

# 1941

*The 18th*

*consecutive year of advertising*

*in the*

*Wisconsin Medical Journal*

ELI LILLY AND COMPANY

be called the system of self crimination. The chiefs of the school establish a code or a system of rules. They are numerous; some of them are very high and some of them very low. The need of some of them is quite apparent; the need of others not quite so apparent; and unfortunately those that are not so apparent are the hardest to observe. A penalty attaches to the violation of each rule, and the pupil is required to report his own misdeeds, and is rarely allowed to cite extenuating circumstances. In this the high court of school differs from all other earthly tribunals. The reason assigned for the requirement is that it will cultivate in the pupil a high sense of honor. Now, doubtless every human being should carefully police his own conduct, and yet in making up his account for the day, he has a moral right to consider extenuating circumstances. This the child is denied, and he knows it is not fair play, and he mentally and morally revolts.

But this is not all, nor worst. The children will neither keep the rules nor report their violation; but, long before the years of school life are past, will begin slight prevarications, which is the highway to lying. The whole system may be fairly characterized as an ingeniously devised scheme to make liars of us all.

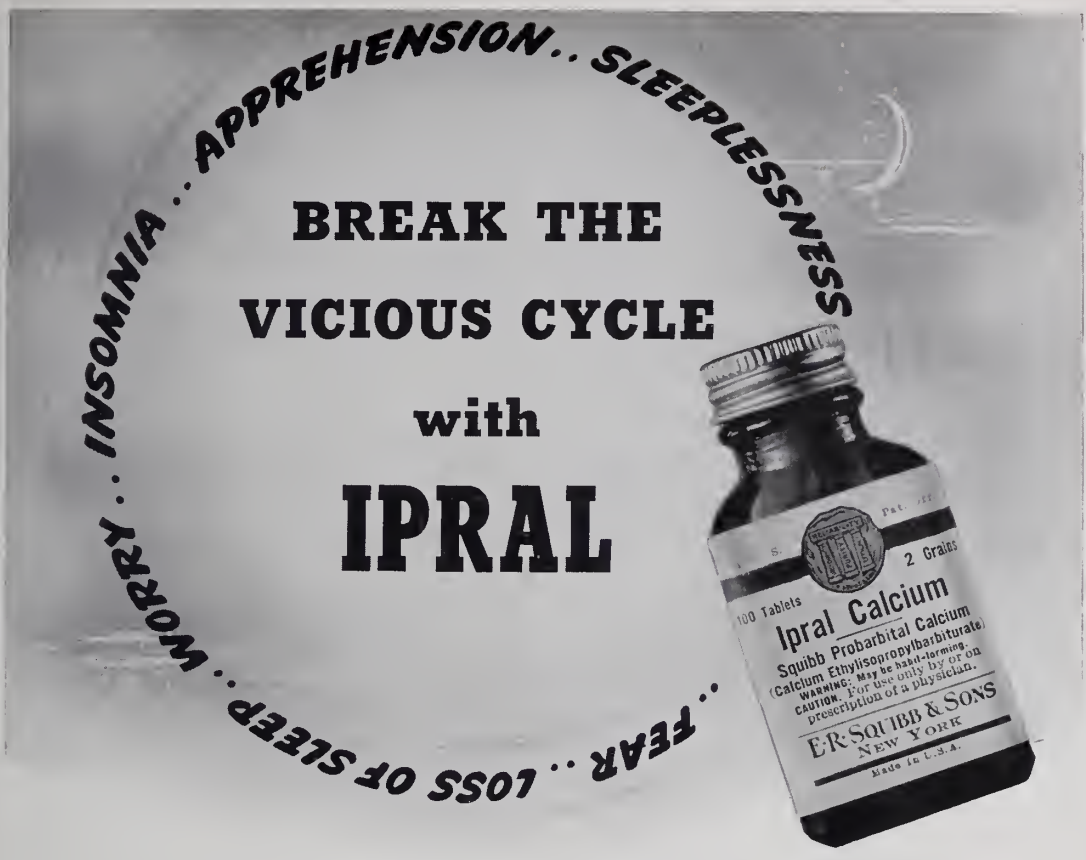
### "No Good Dog Says . . . "

Proceeding to a more general consideration of mental hygiene or health, it may be safely affirmed that no great possession will be employed to the utmost advantage of its possessor, *unless it be known and appreciated by its possessor.* This statement is made with a full appreciation of the great endowment and perfection of instinct with some reason superadded, if you will. No good dog says, I have great instinct or small reason. The conscious "I am" is the exclusive heritage of man and those above him. Conscious mind is his great inheritance. It is his fortified citadel. It is his tower of strength. It is his inner sanctuary. It is his holy of holies. Having the great possession, what shall he do with it? On the answer to this question, rests all that shall make him useful, and great, and good, or make him a curse to himself and mankind. If he answer this question wrongly, it were better for him had he never been born; and the answer rests largely with himself. In childhood and youth, the answer is mainly with others. In after life he alone can answer it. The advantage flowing from a high appreciation and use of this great possession, all will admit. The evils following a bad use of them all will admit. But to the evils consequent upon a disuse of this great gift, our eyes are only half open. It is safe to affirm that a large proportion of the ills of life come from a disuse, or misuse of this power; *and yet every man holds in fee, what, if well employed, will make him richer than gold, and happier than diamonds.* Why has he not discovered and mined his own possessions? Because statecraft, and priestcraft, and caste-craft, and gold-craft would not have it so.

### "Intemperance Would Lose Its Relish . . . "

Civilization of necessity brings with it a certain amount of mental activity, but does not of necessity give large intellectual development. Unfortunately, it puts within easy reach of the uneducated, its vices; and the less the brain is developed, the more alluring are those vices. The mental activity is generally carried into the vices to give them pungency and zest. The vice of intemperance would lose its relish, if its good-fellowship, its song and jest were eliminated from it. Take the social element out of drinking; compel every man to buy his own drink, as he would buy a box of matches, and go home; and in two years the evil will be nine-tenths cured. And it may be said generally that a certain amount of intellectual activity enters into all of those social gatherings, which eventuate in worse than a waste of time. Mental activities once developed clamor for food, and will have it; and if they are of a baser sort, will run on, and on, to the end. The same is true of all ignoble aptitudes and passions unless met and checked by some sudden and powerful moral impulse.

Civilization lifts up her head in triumph, in the midst of her great achievements in science, and art, and literature, and glories chiefly in her noble charities wherein science




THE FEAR of the consequences of illness or of operative procedure may result in insomnia and rob the patient of needed rest. Failure to obtain sleep may increase anxiety until it seems that life itself is threatened. The use of a safe, effective sedative for a few nights will often enable such a patient to obtain needed sleep.

To assure patients of a sound restful sleep closely resembling the normal, many physicians prescribe Ipral Calcium—a dialkyl barbiturate. The action of Ipral Calcium is classified between preparations of rather prolonged action and those of relatively brief effect. As a sedative and in cases of ordinary sleeplessness, one or two 2-gr. Ipral Calcium tablets are usually sufficient to induce a 6 to 8 hours' sleep from which the patient awakens generally calm and refreshed.

Ipral Calcium is readily absorbed and rapidly eliminated and undesirable cumulative effects are easily avoided by proper dosage regulation. Even in larger therapeutic doses the effect on heart, circulation and blood pressure is negligible.

**IPRAL CALCIUM** (calcium ethylisopropylbarbiturate), for use as a sedative and hypnotic, is supplied in 2 gr. and in ¾ gr. tablets and also in powder form.

**IPRAL SODIUM** (sodium ethylisopropylbarbiturate) is supplied in 4 gr. tablets for pre-anesthetic medication.

*For literature address the Professional Service Department, 745 Fifth Avenue, N. Y.*

**E·R·SQUIBB & SONS, NEW YORK**
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

and humanity meet together and kiss each other; but bows her head in sorrow and shame as she contemplates her penal codes and her prisons. She does not seem to have considered that a condition of society is manifestly possible, when those great charities and these great penitentiaries may become almost unnecessary.

Our great republic boasts of her civil and political equality; but puts not forth the requisite effort to make them a blessing to herself or her children. *Now, the only possible means through which political and social evils, including poverty and dissoluteness, and crime and sickness and insanity, can be reduced to their minimum is through the mental development of the individual.* The best methods to be employed to accomplish this result it is not the purpose of this paper to discuss, but that it should be done is an imperative necessity, if we would secure the highest welfare of the individual and of the state. It is just as necessary to the well-being of the individual that every faculty of his brain should be developed as that his muscles should be put in motion. This may not be at all necessary to secure what is commonly called "success in life." A few sharpened faculties may pierce through many obstacles to the desired goals, but this will not, of necessity, make either a great or good man. A thoroughly educated and thoroughly dissolute or vicious man, if one can be found, will be an anomaly. The reason is obvious. He has grown appetites in other directions that demand food, and it takes all his time to forage for them.

### "The Question of the Age Is . . . "

It was said, in another part of this paper, that a large proportion of the evils of life come as a consequence of the disuse of mental faculties. That "a wise man foreseeth the evil and hideth himself" is as true today as when written, and so the question of the age is: *How shall we be made wise?* Parents guard the *physical welfare* of their children with jealous care, not that they may become stalwart and so be able to thrash their neighbor's children; but that they may be able to resist the vicious elements in nature that surround them, and so grow up in the full physical enjoyment of life and thus become useful members of society. So should it be in the *education* of our children; not to make their education a badge of distinction; not to relieve them of life's struggles —but to give them so goodly a heritage that they can rest at home, secure against the temptations that lead to unhappiness and dishonor.

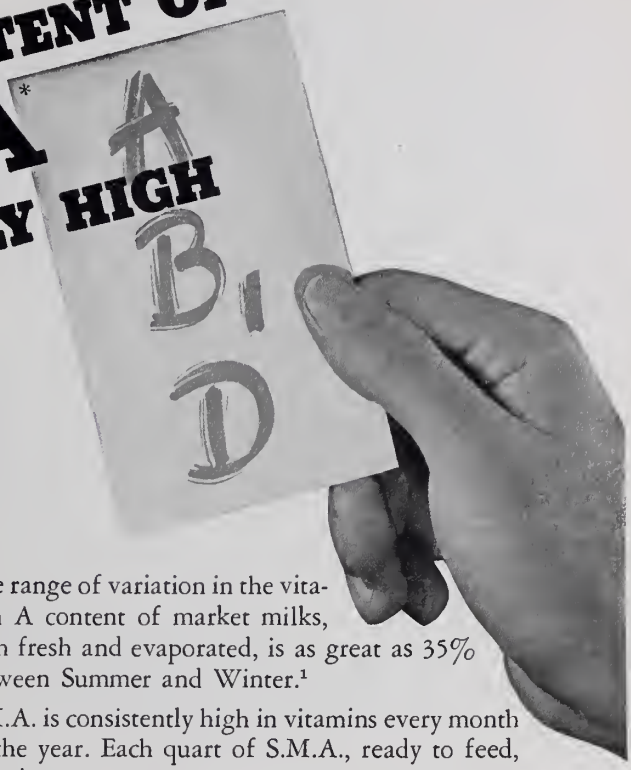
It is sometimes said that higher education makes men impractical—that they do not succeed in life. Who is to decide what is success in life? It is not likely the position can be maintained; but if it can, it is not the fault of education, but of the individual in whom it engenders unjustifiable expectations. He has put on his education as a badge of distinction, and so is distinguished for his folly. The remedy is in making higher education so common, that it will cease to be a badge of distinction.

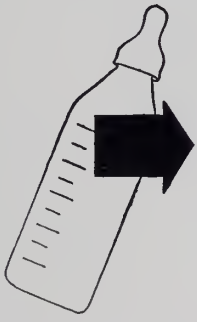
### "Insanity Comes Mainly . . . "

There is another feature of the subject, properly belonging to mental health, upon which the writer enters with some hesitation; not because his suspicions of the truth of what he may say fall far short of profound conviction, but because he has not the statistics at hand fully to verify them, viz.; that insanity comes mainly as a consequence of disuse instead of overuse of brains. Any careful observer who walks through the wards of a hospital for the insane will be impressed with the apparent want of intellectual development of the great majority of its inmates; and on inquiry he will find that the proportion of those not possessed of the rudiments of a common education is very large. He will also learn that the proportion of those tolerably well educated is very small, of those who enjoy books still smaller, and of those whose mental discipline had at any time of life been thorough, very few indeed. Doctors and lawyers and preachers will be there, but to be either or all, is not a sufficient guarantee of having had either a sound mental or moral training.

The inquirer will be more surprised when he learns the occupations of the great mass of inmates. The proportion of farmers is enormous. Indeed farmers and housewives,

# VITAMIN CONTENT OF SMA CONSISTENTLY HIGH



The range of variation in the vitamin A content of market milks, both fresh and evaporated, is as great as 35% between Summer and Winter.[1]

S.M.A. is consistently high in vitamins every month of the year. Each quart of S.M.A., ready to feed, contains:

10 mg. iron and ammonium citrate
7500 international units of vitamin A activity
200 international units of vitamin $B_1$
400 international units of vitamin D

Vitamin supplements, other than the customary orange juice feedings, are usually unnecessary.

S.M.A. is specially prepared to help build strong, healthy babies. It provides easily digested fat, a protein that provides the amino acids essential for adequate nutrition and growth, and lactose as the sole carbohydrate proportioned to meet the nutritional requirements of the normal infant.

***Normal infants relish S.M.A. . . . digest it easily and thrive on it.***

1. Dornbush, A. C., Peterson, W. H., and Olson, F. R.: "The Carotene and Vitamin A Content of Market Milks." J.A.M.A., May 4, 1940, pp. 1748-1751.

" " "

A SPECIAL PRODUCT

**For premature and undernourished infants**

**PROTEIN S.M.A.**
*(Acidulated)*

Protein S.M.A. (acidulated) is a modified form of S.M.A., intended to meet the special nutritional needs of the premature and undernourished infant and for infants requiring a high protein intake.

Protein S.M.A. (acidulated) is similar to both casein milk and lactic acid milk, but presents additional nutritional elements lacking in both.

*S.M.A., a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

ACCEPTED AMERICAN MEDICAL ASSN.

S.M.A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

and housekeepers and laborers, furnish the great mass in many of our great hospitals. Of course the proportion varies as the agricultural or other interests obtain in different states and localities. But what is especially noticeable is this, that those avocations commonly understood to be, and which are in fact specially healthful, are furnishing so large a proportion of the insane; and this is still more remarkable when we reflect that insanity is now almost without exception among specialists believed to be a consequence of physical disorder.

Statistics make the conclusion almost inevitable that those avocations requiring the least intellectual development, although they are healthful, furnish more than their proportion of the insane. Even intellectual activity in a limited number of directions, seems a partial bar to insanity. Even the poor sewing girls, whose daily toils press sorely upon their physical constitutions, have a very small representation. Inventors, whose mental activities in given directions are intense, and their disappointments constant, have a very limited or no representation.

But if statistics should prove that the statement is not strictly true, it would not even weaken the other proposition, namely, that most of the insanity comes from disuse and not overuse of brain power; for if a man goes into the competition of life, and risks his success upon the superior strength he may display in his little finger and breaks it, or paralyzes it, it is no proof that he would not have succeeded if he had used the strength of his whole body. The simple truth is, we march out into the thick of life without reserve corps or a base of supplies, and some of us are wounded, some crippled, and some annihilated. Our brains should be our base of supplies—our impregnable fortress. If they are not, then we have none.

### "Is Heredity a Hell Gate . . ?"

But what shall we do with heredity? A large proportion of the insane have insane antecedents. Is heredity a hell gate against which no power can be successfully projected? We do make successful war against heredity in other directions. If heredity had been an impregnable fortress, we should all be savages today! If we wound an arm, we put it in a sling, and use other members of the body until it rests itself well. The same physiological law holds good in relation to the brain. Every physician understands this law, and when his friends are overwhelmed by a great sorrow, gives them something to do and something to think about, that the wounded spirit may have rest. Alienists understand it, and so object to isolation for the insane. They would locate them in close proximity to towns where they can feed some faculties through eyes and ears, and so rest the disordered members, through diversion; but unfortunately the great majority of the insane, have no mental appetite—no mental stomachs have been grown that can digest food, and so they must be left to find their way out or perish utterly.

### "The World Has Many Schemes . . ."

The world has many schemes for securing the welfare and highest happiness of mankind. Some of them are formulated and enforced as panaceas. A formulated and coerced faith may have the power of momentum, but it will never secure personal development, good conduct or purity of heart in the mass of its adherents. If a dogmatic and coercive religion had been enough to secure the highest well being of the race, mankind would have been, long centuries ago, on the highway to the zenith of its power. It is not intended to undervalue the beneficence of religion upon mankind or the individual, especially of Christianity; for, to deny its triumphs for good would be to falsify history and common observation.

Nor is it intended to deny that heights of moral grandeur are sometimes attained by the very ignorant, that stand forth a prophecy and hope to the race; but what is meant and insisted on, is that any formulated statement of religious or theological truth, the acceptance of which is made alike obligatory upon all minds and all consciences, plants, in the very center of both mind and conscience, vitiated seed that must in the end eventuate in partial loss of mental and moral health; *and, more than this, all organizations, whether political or civil, whether social or religious, whether open or secret, that do not make the highest practicable development of every individual soul their chief corner-stone, will ultimately fail of great results and the highest possible good.*

**VITAMIN $B_1$**

**VITAMIN G**

## and other known factors of the

# VITAMIN B COMPLEX

***including nicotinic acid***

**MEAD'S BREWERS YEAST TABLETS** • Each Mead's Brewers Yeast Tablet contains 20 International units of vitamin $B_1$ (thiamin—the antineuritic factor) and 20 Sherman units of vitamin G (riboflavin). Clinical tests have shown the product to be rich also in nicotinic acid, for the prevention and treatment of pellagra. Supplied in 6-grain tablets in bottles of 250 and 1,000.

**MEAD'S BREWERS YEAST POWDER** • Each gram (½ teaspoon) supplies 50 International units of vitamin $B_1$ and 50 Sherman units of vitamin G (the same potency as Mead's Brewers Yeast Tablets), as well as nicotinic acid. Mixes readily with various vehicles the physician may specify in infant feeding. Supplied in 6-oz. bottles.

*Mead's Brewers Yeast is nonviable and is vacuum-packed to prevent oxidation. Packed in brown bottles and sealed cartons for greater protection.*

**MEAD JOHNSON & COMPANY, EVANSVILLE, INDIANA, U. S. A.**

# Superior Experiment in Voluntary Sickness Insurance Discontinued on December 31

AFTER a contribution of over $3,000 in unpaid services by the members of the Douglas County Medical Society, and a contribution, to assist in defraying administration costs, of over $1,100 in cash by the State Medical Society of Wisconsin, the Douglas County Medical Society voted by ballot at its November meeting to discontinue its participation in the experimental voluntary sickness insurance plan of the Cooperative Health Association. The trial plan for prepaid sickness care which assured subscribers to the plan complete and unlimited medical care from their family physician through the payment of monthly dues varying from $1.50 to $2.90 per month had been in service operation for eighteen months. Prior to that time, the Cooperative Health Association had spent a number of months attempting to secure a sufficient number of subscribers (150) to permit initial operation of the plan.

The full-time manager and the executive committee of the Cooperative Health Association, after twenty-four months of intensive sales effort, were able to secure only 295 subscribers to the plan.

The Advisory Committee on Voluntary Sickness Insurance recommended to the House of Delegates that the experimental sickness insurance plans both in Milwaukee and Superior be discontinued at the termination of existing agreements. The House of Delegates, however, following an extended discussion of the plan by the Superior delegate, Dr. T. J. O'Leary, amended the committee's recommendation to provide that continuance or discontinuance of the plan should be governed by the wishes of the local county medical society affected. It is to be remembered that this plan for prepaid medical care is one which was designed by the Cooperative Health Association and subjected to a laboratory trial by the Douglas County Medical Society in order that the members of the local county medical society might assist the profession in Wisconsin in finding, if possible, a plan for the prepayment of medical care which was socially desirable, financially sound, and one which would be possible of enlargement in Wisconsin without incorporating the many inherent dangers invariably found in plans of this type and in the compulsory sickness insurance plans found in European countries. Neither the local county medical society nor the State Medical Society felt, after eighteen months of firsthand study, that this plan held any promise of filling these standards.

The sincerity and cooperation of the Douglas County Medical Society and the State Medical Society were complimented by the Cooperative Health Association through the chairman of its executive committee, Mr. Oscar Cooley, when he wrote to the cooperative societies as follows:

**"We wish to state also that our relations with the Wisconsin Medical Society and with the twenty-one doctors on our panel are of the very best. They are giving us their wholehearted cooperation. We regret to have to state this, but the fact is that we have received better cooperation from the doctors than we have from the rank and file of consumers."**

The considerations incorporated in the decision of the Douglas County Medical Society to discontinue the plan are numerous and significant. Among the considerations was the fact that there was an exceedingly small public demand for the plan; the cost of acquiring subscribers was extremely high; the plan did not reach those in the so-called low income brackets for whom it was stated a plan of this type was needed; the operating costs of the plan, when this new "middle man" was added to the costs of medical care were extremely high; the premiums were too small to permit of the payment to physicians of minimum fees in the community and at the same time leave sufficient funds for the payment of overhead costs or the creation of any reserve whatsoever.

*The discontinuance of the trial plans in Superior and Milwaukee, as well as discontinuance of the effort to develop a plan in Rock county, does not mean an end to the Wisconsin medical profession's efforts to study prepayment plans for medical care.* The House of Delegates authorized the continuance of a special committee of the Society to supervise future efforts in the field of voluntary sickness insurance and likewise provided additional funds to make possible further studies. These studies are now going forward in an effort to find a plan which when placed in operation might be subjected to wide application in Wisconsin. The efforts of the Special Committee on Voluntary Sickness Insurance now are being directed to discovery and development of a plan which has not been tried out elsewhere and which will incorporate the safeguards and basic standards of medical care which have been established by the House of Delegates.

## HUBER—"HOLLOW FOOT IN INDUSTRY"

*(Continued from page 30)*

bring about hypertonicity of the intrinsic foot muscles which eventually became spastic and shortened, and a simultaneous hypotonicity of the calf muscles further aggravated the condition. This case caused the writer to gain a wholesome respect for injuries of the foot, and especially those in which compression of the foot has taken place, for it is in these latter cases, where the injury causes compression of the foot from before backward, that the foot is forcibly bent in the midtarsal articulation, the longitudinal arch is heightened, and the intrinsic muscles injured. However, it can be seen that even a sprain of an ankle or injury to the metatarsal bones or phalanges may produce similar results. In cases of compression or severe contusion of the foot, the rationale of the treatment is that walking is completely prohibited. No weight bearing is allowed and the foot is encased in a proper cast, with an arch support incorporated in it, if necessary. After about four weeks, the cast is removed and physiotherapy is instituted. A similar procedure is pursued in cases of severe sprain of ankles or of injuries to the metatarsals or the phalanges of the large toe if the inability to bear weight supervenes within a few days after the injury.

### Summary

Prevention of traumatic pes cavus is of paramount importance, and the simple measures suggested above should be instituted early. If the "hollow foot" has occurred, conservative treatment should be tried, however tedious it may be. Forcible manipulative treatment under anesthesia or operative lengthening of tendons should be done only if all conservative measures have failed after a prolonged trial.

#### REFERENCES

1. Debrunner, H.: Ueber die Wirkung einiger Fuszmuskeln, insbesondere im Hinblick auf den Hohlfusz. Zeits. f. Orthop. Chir. 45: 111–114, 1924.
2. Gottlieb, A.: Traumatic pes cavus, Indust. Med. 8: 198–199 (May) 1939.

*Behind*
MERCURochrome
(dibrom-oxymercuri-fluorescein-sodium)
H V & V D *is a background of*

Precise manufacturing methods insuring uniformity

Controlled laboratory investigation

Chemical and biological control of each lot produced

Extensive clinical application

Thirteen years' acceptance by the Council of Pharmacy and Chemistry of the American Medical Association

A booklet summarizing the important reports on Mercurochrome and describing its various uses will be sent to physicians on request.

Hynson, Westcott & Dunning, Inc.
BALTIMORE, MARYLAND

**BIDWELL BETTER LIMBS**
Everyone Receives the Personal Attention of G. L. Bidwell the well-known Orthopedic Appliance Expert.
EXPERIENCED LADY ATTENDANT
Artificial Limbs, Braces, Trusses, Elastic Stockings, Crutches, Invalid Chairs, Abdominal Belts.
**934 N. WATER ST.**
PHONE BROADWAY 4369
**MILWAUKEE, WISCONSIN**

**Established 1865**
ARTIFICIAL LIMBS
ORTHOPEDIC APPARATUS
TRUSSES—SUPPORTERS
ELASTIC STOCKINGS
Superior custom work.
Woman Attendant for Women.
DOERFLINGER'S
770 North Water St. Phone Daly 1461
MILWAUKEE, WIS.

# THE JOURNAL BOOKSHELF

## BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

**Office Urology.** By P. S. Pelouze, M. D., assistant professor of urology, University of Pennsylvania; consulting urologist, Delaware County Hospital; special consultant to United States Public Health Service; member of board of directors, American Social Hygiene Association and American Neisserian Medical Society. Cloth. Price, $10. Pp. 766 with 443 illustrations, 19 in color. Philadelphia: W. B. Saunders Company, 1940.

This book is well written and well organized, but the subject matter has been adequately covered by many textbooks. The author is certain medical urology is being neglected by the urological surgeon, and upon this concept he bases the need of his book.

The expression of the author's own opinion and methods seems to be the only justification for this book. J. B. W.

**The 1940 Year Book of Public Health.** Edited by J. C. Geiger, M. D., Dr. P. H., director of public health, City and County of San Francisco; clinical professor of epidemiology, University of California. Cloth. Price, $3. Pp. 560. Chicago: The Year Book Publishers, 1940.

The value of a review on any subject is directly in proportion to its coverage in the field attempted. This 1940 Year Book of Public Health is a review of the subject and its coverage appears to be quite complete. This author not only adequately abstracts the contributions selected but adds personal annotations which make the material dynamic as well as interesting and instructive. Not only is this book replete with information concerning the research and status of the major public health problems such as malaria, tuberculosis, syphilis, gonorrhea and pneumonia but it also brings up to date the many seemingly minor phases of public health practice. Articles on accidents, vaccination, typhus fever, ratbite fever, sulfanilamide, sea sickness, delinquency, industrial diseases, public health nursing, food problems, leprosy, nutrition and host of other subjects are included. The 545 pages of this review cover the "meat" of as many original articles. The private physician as well as every public health worker whether he be the administrator, field worker, statistician, laboratory worker or nurse should have as a ready reference this moderately priced book. M. S. N.

**Bacillary and Rickettsial Infections.** By William H. Holmes, professor of medicine, Northwestern University Medical School; chairman, department of medicine, Passavant Memorial Hospital, Chicago. Cloth. Price, $6. Pp. 676. New York: The MacMillan Company, 1940.

The publishers state that Dr. Holmes writes for those to whom the practice of medicine is not a "trade" but a "profession." He believes that medicine should be studied as it was evolved, in its relation to the growth of civilization. In this way it becomes apparent that our knowledge represents the cumulative experience of many generations of priests, physicians, physicists and philosophers.

The author emphasizes that the mere accumulation of facts, however valuable they may be in actual practice, can hardly be regarded as an ideal form of education. The student who is interested in acquiring only immediately useful facts becomes a sort of tradesman or artesan, and is not likely to see his patient as a complex, integrated organism whose various functions are intimately interrelated and interdependent.

Dr. Holmes makes a special plea for the truly "educated physician," and such a book, with its somewhat unconventional but thoroughly stimulating treatment, and its emphasis on understanding rather on memorizing, is a refreshing experience for the internist. M. L. C.

**Complete Guide for the Deafened.** By A. F. Niemoeller, A.B., M.A., B.S. With a foreword by Harold Hays, M.D., F.A.C.S. Cloth. Price, $3. Pp. 256. New York: Harvest House, 1940.

The author has gone into his subject comprehensively and he considers the causes and forms of hearing defects; the part played by disease, diets, glands, drugs, heredity, old age, and psychological factors; mechanical hearing aids; education, recreation, and employment for the deafened; legislation, social aspects, and personal adjustment—and numerous other phases of hearing impairment.

**PRESCRIBE OR DISPENSE ZEMMER**

Pharmaceuticals, Tablets, Lozenges, Ampules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for general price list.

*Chemists to the Medical Profession* W1 1-41

THE ZEMMER COMPANY

ZEMMER

Oakland Station, Pittsburgh, Pa.

Chiefly designed to help the deafened find a happy place in society, the book devotes considerable attention to the problem of personal adjustment. The author finds the psychological factor an important one here; the social stigma that in the past set the hard of hearing apart often made it difficult for persons so handicapped to re-adjust themselves to normal community life. With social taboos fast disappearing, with devices and legislation designed to aid the deafened on the increase, it is becoming easier for the hard of hearing to make the necessary personal adjustment.

Much attention is devoted also to preventive measures in schools, through social legislation, and in the home. Parents are advised on the prevention of hearing defects in children, and the author discusses the care of the ears and general bodily health as it affects hearing. The author explains how the hard of hearing can enjoy such recreation as the radio, movies, church sermons and lectures, how they can converse with their friends and hear telephone conversations.

Complete Guide for the Deafened is designed and written to serve as a practical guide. The author points out the helpful, constructive measures and devices available to the deafened. He warns against the fraudulent and harmful. This is more a book for the layman than for the physician. J. B.

**Handbook of Hearing Aids.** By A. F. Niemoeller, A.B., M.A., B.S. With a foreword by Harold Hays, M.D., F.A.C.S. Cloth. Price, $3. Pp. 156. New York: Harvest House, 1940.

This book is a summary of the types of hearing devices which can be procured. The author compares the various hearing devices as to their efficiency, relative value to different types of deafness, and as to their cost. He discusses the use of these instruments and their care. A very complete list of the various devices is given with addresses as to where they can be purchased.

The author attempts to educate the deafened to the fact that impaired hearing and the wearing of corrective devices are not a social liability. It is this self consciousness which has limited the use of hearing aids in many instances.

This is a book which should be consulted by the layman before the purchase of any hearing aid device. J. B.

**The 1940 Year Book of Pathology and Immunology.** Edited by Howard T. Karsner, M. D., professor of pathology, director of the Institute of Pathology, Western Reserve University, Cleveland; and Sanford B. Hooker, A. M., M. D., professor of Immunology, Boston University School of Medicine; member, Evans Memorial for Clinical Research and Preventive Medicine; immunologist, Massachusetts Memorial Hospital. Cloth. Price, $3. Pp. 650, with 100 illustrations. Chicago: The Year Book Publishers, 1940.

The advent of Year Book survey of the medical literature in the fields of pathology and immunology will be of more than passing interest, not only to workers in these fields, but more importantly to general practitioners and specialists in all fields. The

Before you buy X-Ray Equipment

*Investigate* MATTERN

A complete line of Shock-Proof X-Ray Equipment, ranging from a 15 MA Portable Unit up to a Combination Unit for Radiography - Fluoroscopy - Therapy with a capacity of 200 MA-140 PKV.

**BARR X-RAY CO.**

Wisconsin Distributors
F. Mattern Mfg. Co.

2540 W. Wells St. Milwaukee, Wis.
West 4344

We carry a complete stock of films and accessories.

PROFESSIONAL PROTECTION

SINCE 1899 SPECIALIZED SERVICE

A DOCTOR SAYS:

*"I have carried insurance with your Company over thirty years, but in this one instance I have been more than repaid for every cent I have spent with you."*

THE MEDICAL PROTECTIVE COMPANY OF FORT WAYNE, INDIANA

selection of articles for review by the nationally known editors indicates a lively sense of the responsibility and contributions of these basic sciences to clinical practice. This method of presentation may do much toward reawakening the clinical practitioner's understanding of these foundations of diagnosis and treatment. Sections on technical methods add to the direct interest of clinical pathologists and laboratory workers.

The reviewer is in hearty accord with Dr. Karsner's "native pride in the newer contributions of American investigators." The preponderance of abstracts and reviews is from American literature, and this selection is securely justified by intrinsic worth. J. C. McC.

**Colwell's Daily Log for Physicians, 1941:** An account book for physicians. Champaign, Ill: Colwell Publishing Company, 1940.

The Daily Log is an attractively bound, loose-leaf, simple book-keeping system suitable, it would seem, for the use of the individual practitioner of medicine and most suitable for him who employs no clerical help. In the arrangement of the Log, consideration has been given to the ready accessibility of such items as: charges, cash received and paid out, services, collections, visits, appointments, monthly volume, consultations, and laboratory charges.

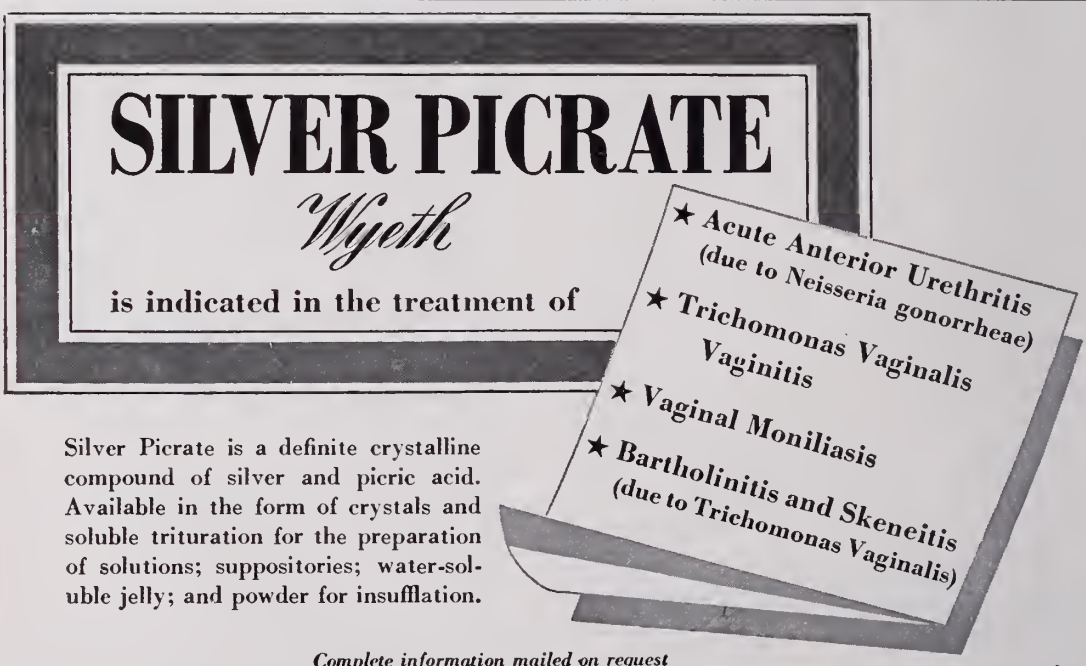
To the reviewer, who is not schooled in bookkeeping, this system appeals as being attractively simple and complete. K. L. P.

**The 1940 Year Book of General Medicine.** Edited by George F. Dick, M. D., J. Burns Amberson, Jr., M. D., George R. Minot, M. D., S. D., F. R. C. P. (Edinburgh and London), William B. Castle, M. D., A. M., M. D. (Hon.) Utrecht, William D. Stroud, M. D., George B. Eusterman, M. D. Cloth. Price, $3. Pp. 934, illustrated. Chicago: The Year Book Publishers, 1940.

This Year Book again satisfactorily serves its purpose of bringing together important contributions of the past years in the field of general medicine. The clarity, brevity and exactness with which these communications are abstracted is a tribute to the abilities of the editors. In addition, the 1940 Year Book contains a finely illustrated "Fortieth Anniversary Preface" which includes colorful descriptions of the physicians and events concerned with the yearly publication of this volume. F. J. P.

**Taber's Cyclopedic Medical Dictionary.** By Clarence Wilbur Taber, author, *Taber's Dictionary for Nurses*, etc., and associates. Cloth. Price, thumb-indexed, $3, plain, $2.50. Pp. 111, with 273 illustrations. Philadelphia: F. A. Davis Company, 1940.

This is said to be the only medical dictionary, large or small, written (not compiled) by a corps of medical specialists. It is as much a dictionary of medical subjects as it is a comprehensive medical lexicon. With its 50,000 words, including the latest terms and drugs, this work should answer the requirements of all professional groups concerned with all branches of medicine.


Silver Picrate is a definite crystalline compound of silver and picric acid. Available in the form of crystals and soluble trituration for the preparation of solutions; suppositories; water-soluble jelly; and powder for insufflation.

*Complete information mailed on request*

★ JOHN WYETH & BROTHER, INCORPORATED ★
PHILADELPHIA, PA.

When writing advertisers please mention the Journal.

# WISCONSIN PHARMACISTS

Each prescription is accurately compounded with the finest of ingredients. You may rely upon the fact that we will not substitute.

When you have a difficult or unusual pharmaceutical problem call upon one of us. We shall be happy to counsel with you on its solution.

## MATHER'S PHARMACY

Prescription Experts

Most complete line of Biologicals and largest prescription store in Northern Wisconsin.

Trusses, Wheel Chairs, Crutches, Electric Pads, etc.

**SUPERIOR, WISCONSIN**

## McCUE & BUSS DRUG CO.

Compounding Pharmacists. Distributors to the Medical Profession of the usual and unusual Biologicals, Ampoules, and Drugs. Biologicals, etc., kept properly refrigerated.

**JANESVILLE, WISCONSIN**

## BOCK DRUG CO., Inc.

*Dependable Druggists Since 1876*

TOXOIDS VACCINES SERUMS AMPOULES

Joe N. Leider, R. Ph.
Secy. & Treas.

**SHEBOYGAN, WISCONSIN**

Distributors of

Dependable Pharmaceutical & Biological Products for Physicians, including Lederle, Lilly, Parke Davis, etc.

## *The Hebberd Drug Store*

"EXPERT PRESCRIPTION SERVICE"

Phone 29 4th and Main LA CROSSE, WIS

## RED CROSS DRUG CO.

DOCTORS!! *Save on Office and Dispensing Supplies.*

Mail orders filled in all parts of Wisconsin. Many doctors save hundreds of dollars yearly by concentrating their purchases. Let us quote you on your requirements. Orders shipped the same day received. We pay all delivery charges.

**RED CROSS DRUG CO.**
**RACINE, WISCONSIN**

## CHILSON DRUG COMPANY

*Benj. Chilson, Ph. G.*

Specializing in a complete stock of serums, vaccines and medical supplies. Carefully and accurately compounding prescriptions is the main feature of our drug store.

**BELOIT, WISCONSIN**

## BELLING'S DRUG STORE

*The Prescription Drug Store*

**204 E. College Ave.** **Appleton, Wis.**

**Phone 131**

A complete stock of Ampoules, Biologicals, including Rabies Vaccine, always under proper refrigeration.

## MAYER DRUG

Harry F. Mayer, Prop.

*A Complete Prescription Department*

Biologicals and Ampoules

**KENOSHA, WISCONSIN**

# Capital City Doctors

## Note These Reliable Madison Firms Which Sell Dependable Products, Services

Prescription Service at

**RENNEBOHM**

Better Drug Stores

is always

100% Dependable

Biologicals—Chemicals—Drugs

**FIRST CENTRAL DISPENSARY**

602 First Central Bldg.
Madison, Wis.
Phone: Badger 7929

RELIABLE PRESCRIPTION SERVICE

**LORAINE HOTEL**

Fireproof

SCHROEDER HOTELS

*Sleep in Safety*

**CENTRAL GARAGE**

15 South Webster St.

Parking and General Service

MODERN — CONVENIENT
ALWAYS DEPENDABLE

Ampoules, Biologicals, Chemicals, Bacteriological Stains, Trusses, Camp Surgical Supports, "Leeches."

**THE PRESCRIPTION PHARMACY**

Samuel R. Chechik, Ph.D.

20 S. Carroll St. Phone: Badger 755
"The Park Hotel Building"

*For Lovely Flowers*

Phone

**RENTSCHLER'S**

Badger 177

230 State St. Madison

Office: Badger 787 Residence: Badger 2308

**AUTO SERVICE COMPANY, Inc.**

Dan Bilsie

"Private Ambulance Service"

750 East Washington Ave. Madison, Wis.

**Frautschi Funeral Home**

120 E. Wilson St.
Madison, Wis.

ARTHUR A. FRAUTSCHI, *Director*

Phone Badger 733

Phone Badger 5900
for All Kinds of

Office Supplies
and
Equipment

**BLIED PRINTERS AND STATIONERS**
114 E. Washington Ave., Madison

# INDEX TO ADVERTISERS IN THIS ISSUE


| | Page |
|---|---|
| American Can Co. | 6 |
| American Optical Co. | 14 |
| Audiphone | 75 |
| Auto Service Co., Inc. | 74 |
| Barr X-ray Co. | 71 |
| Belling's Drug Store | 73 |
| N. P. Benson Optical Co., Inc. | 81 |
| Bidwell Better Limbs | 69 |
| Blied Printers & Stationers | 74 |
| Bock Drug Co. | 73 |
| Borden Co. | 79 |
| S. H. Camp & Co. | 7 |
| Central Garage | 74 |
| Chilson Drug Co. | 73 |
| Cocomalt (R. B. Davis Co.) | 15 |
| Cook County Graduate School of Medicine | 13 |
| Doerflinger's | 69 |
| First Central Dispensary | 74 |
| Frautschi Funeral Home | 74 |
| Kennedy–Mansfield Dairy | 74 |
| Hebberd Drug Store | 73 |
| Hynson, Westcott & Dunning | 69 |
| Lakeside Laboratories | 2 |
| Lederle Laboratories | 8 |
| Eli Lilly & Co. | 61 |
| Loraine Hotel | 74 |
| Marquette University School of Medicine | 80 |
| Mather's Pharmacy | 73 |
| Mayer Drug | 73 |
| McCue & Buss Drug Co. | 73 |
| Mead Johnson & Co. | 67 |
| Medical Protective Co. | 71 |
| Milwaukee Optical Manufacturing Co. | 16 |
| Milwaukee Sanitarium | 84 |
| New York Polyclinic | 80 |
| Normandale | 80 |
| Orthopedic Appliance Co. | 75 |
| Parke, Davis & Co. | 10 |
| Petrolagar Laboratories, Inc. | 83 |
| Physicians Casualty Ass'n | 14 |
| Physicians Radium Ass'n | 14 |
| Mary E. Pogue School | 80 |
| Prescription Pharmacy | 74 |
| Radiation Therapy Institute | 5 |
| Radium & Radon Corp. | 75 |
| Red Cross Drug Co. | 73 |
| Rennebohm Drug Stores | 74 |
| Rentschler Floral Co. | 74 |
| Riggs Optical Co. | 3 |
| Rogers Memorial Sanitarium | 84 |
| Sacred Heart Sanitarium | 4 |
| St. Croixdale Sanitarium | 5 |
| Schroeder Hotel | 13 |
| Shorewood Hospital Sanitarium | 16 |
| SMA Corp. | 65 |
| Smith–Dorsey Co. | 13 |
| Smith, Kline & French Laboratories | 12, 78 |
| Squibb & Sons | 63 |
| Stearns & Co. | 11 |
| Summit Hospital | 81 |
| Uhlemann Optical Co. | 77 |
| Upjohn Co. | 9 |
| Waukesha Springs Sanitarium | 2 |
| Wyeth & Brother, Inc. | 72 |
| Zemmer Co. | 70 |



**Western Electric HEARING AID**

Air and Bone Conduction

There's a Western Electric Ortho-Technic Audiphone designed by Bell Telephone Laboratories—embodying new principles, exclusive features, to meet the individual needs of your patients.

Small, Inconspicuous, High Fidelity

AUDIOMETERS — ELECTRICAL STETHOSCOPE

**AUDIPHONE UTILITIES**

Suite 205 739 N. Broadway Daly 2505

MILWAUKEE

**Orthopedic Appliances**

Abdominal Belts Elastic Stockings
Whitman Arch Plates Trusses
Braces of all Descriptions

**Artificial Limbs**

Trained Mechanics and Fitters Only

**THE ORTHOPEDIC APPLIANCE CO.**

123 East Wells St.

Tel. Daly 3021 Milwaukee, Wis.

**RADIUM**

**RENTED**
for the individual case at lowest rates. Instruments loaned.

**LEASED**
in any quantity of 50 milligrams or more, on a yearly basis. Continuous possession. No investment.

**SOLD**
in any quantity in latest platinum containers.

RADON in all-gold Implants at $2.50 per millicurie.

*For details, address*

**RADIUM AND RADON CORP.**

Marshall Field Annex • Randolph 8855

CHICAGO

# PHYSICIANS' EXCHANGE

**Advertisements for this column must be received by the 25th of the month preceding month of issue. A charge is made of $2.00 for the first appearance of copy occupying 1 inch or less of space and $1.00 for each succeeding insertion of the same copy. Kindly accompany copy with remittance to cover number of insertions desired. Advertisements from members of the State Medical Society will be accepted without charge. Such copy will be taken out after its second publication unless otherwise requested. Where numbers follow advertisements replies should be addressed care Wisconsin Medical Journal.**

FOR SALE—An attractive, growing general practice in town of 1,200, with excellent surrounding territory. Wish to sell as am leaving with National Guard. Address replies to No. 18 in care of Journal.

---

FOR SALE—CONVERTER, in sound-proof case. Very quiet. Reasonable. Address replies to No. 19 in care of Journal.

---

FOR SALE—Attractive growing practice. Including drugs and equipment. Located in a good industrial city. Leaving to specialize. Reasonably priced. Address replies to No. 10 in care of Journal.

---

FOR SALE—Scanlan Morris instrument cabinet, electric sterilizer, white porcelain examining table, dressing table, instruments, trial case of lenses with electric testing chart, ultraviolet machine, four-drawer steel letter file. All in perfect condition. Can be seen near Madison. Price: Half of present list price. Address replies to No. 11 in care of Journal.

---

FOR SALE—An active medical practice in west central Wisconsin at inventory value of equipment. Must sell before March 1 to accept government position. Hospital staff membership and surgical privileges guaranteed. The current patients will be introduced and adequate ethical announcement will be given the purchaser. Address replies to No. 20 in care of Journal.

---

FOR SALE—A large, long-established, unopposed practice in center of extensive farming community. Good hospital facilities. Fine residence with office in connection. Easy terms. Reason for selling: failing health. Address replies to No. 21 in care of Journal.

---

FOR SALE—Standard x-ray machine,—ten years old, three tubes, table, fluoroscope, Bucky, cassettes, etc. Cost $3,000. Suitable for clinic or hospital. $500 cash or will exchange for smaller unit. C. O. Lindstrom, M. D., Route 1, Eagle River, Wisconsin.

---

FOR SALE—Universal carbon lamp, Beasley-Eastman diathermy, leather office chair, good army-type table with pad, 140 old medical books, over 100 instruments, two medicine grips, and other miscellaneous items. One third list price, or first $100 takes the lot. M. C. Crane, M. D., Wittenberg, Wisconsin.

---

FOR SALE—Practice in small but prosperous community. Physician desires to leave well-established practice in order to specialize. Community population under 1,000, excellent school system, modern conveniences, dairy section, good roads, hospital facilities within twenty-five miles. Prefer young, married physician, Protestant, with two years or more of general practice. Will stay to introduce successor. Prepared to offer liberal terms to well-trained physician of ability and integrity. Address replies to No. 30 in care of Journal.

---

FOR SALE—General and surgical practice in county seat. Will sell for present value of office equipment. Good return from start. Leaving for special training. Address replies to No. 23 in care of Journal.

---

WANTED—Position as office nurse; four years of experience. Address replies to No. 15 in care of Journal.

---

WANTED—An eye, ear, nose, and throat man for locum tenens for month of January in Milwaukee. Address replies to No. 16 in care of Journal.

---

WANTED—An associate or partner, or will sell a good eye, ear, nose, and throat practice. Fully equipped office in downtown Milwaukee. Address replies to No. 17 in care of Journal.

---

WANTED—Locum Tenens for couple of months for established E.E.N.T. practice in southern Wisconsin. Give age, experience, and social affiliations in first letter. Address replies to No. 25 in care of Journal.

---

WANTED—One or two additional specialists to share an excellently equipped and furnished suite in a Milwaukee downtown office building. Secretarial, x-ray, and laboratory facilities provided. Address replies to No. 59 in care of Journal.

---

LOCATION AVAILABLE—Unusual opportunity. General practice. Established office, well-equipped, including x-ray and physiotherapy apparatus, in prosperous city in Fox River Valley, Wisconsin. Hospital facilities; fine schools. Owner retiring. Terms reasonable. Price based on inventory value of equipment only. Address replies to No. 22 in care of Journal.

# The Secret of Success

One deep bit of business wisdom comes from a book not about business at all: The secret of success is in being believed in.

The more you roll that idea around in your mind, the more you like it. People choose goods and services they can believe in, want to deal with people they can believe in. And that belief is increasingly important in this age of growing specialization.

Like you, we want to be believed in. We know that such belief is not to be had for the asking. It must be thoroughly deserved. It must be earned by the devotion to quality, by the sincere passion for accuracy which mark the true craftsman.

That this business is successful is due, we like to believe, to the service we give. For we have long since found that if we focus our skill and experience and enthusiasm on how much usefulness we can give, what we get takes care of itself.

**UHLEMANN OPTICAL COMPANY**

ESTABLISHED 1907

*Exclusive Opticians for Eye Physicians*

PITTSFIELD BUILDING • CHICAGO, ILLINOIS

*OFFICES:*

| | | | |
|---|---|---|---|
| CHICAGO | SPRINGFIELD | APPLETON |
| DETROIT | DAYTON | OAK PARK |
| TOLEDO | PORT HURON | EVANSTON |

# For The Head-Cold Patient Who Won't Go to Bed

Every practitioner has them — patients who are coming down with colds, but who refuse to go to bed.

While Benzedrine Inhaler cannot be expected to cure these difficult patients, its use will give them marked comfort. Its vapor, diffusing throughout the upper respiratory tract, rapidly relieves congestion and thus promotes ventilation and drainage.

**NO ATOMIZERS NO LIQUIDS**
**NO TAMPONS NO DROPPERS**

# BENZEDRINE INHALER

A VOLATILE VASOCONSTRICTOR

ACCEPTED AMERICAL MEDICAL ASSN Council on Pharmacy and Chemistry

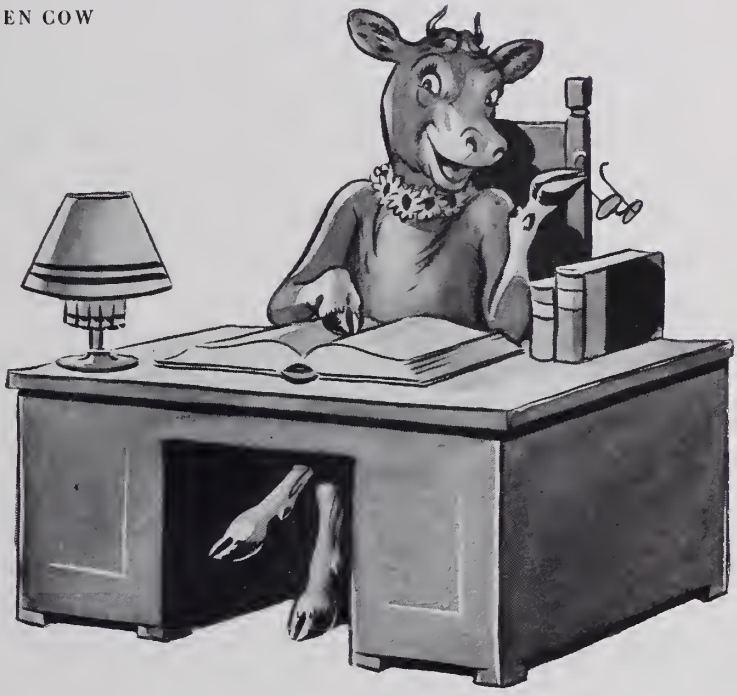
Each tube is packed with amphetamine, S. K. F., 325 mg.; oil of lavender, 97 mg.; menthol, 32 mg. Benzedrine is S. K. F.'s trademark, Reg. U. S. Pat. Off.

*SMITH, KLINE & FRENCH LABORATORIES*
*PHILADELPHIA, PA.*

EST. SKF 1841

# "I know doctors hardly look to a COW for information..."

SAYS ELSIE, THE BORDEN COW



"I HOPE *you won't think me presumptuous," said Elsie, the Borden cow, "but I would like to tell you some things about four very helpful Borden Prescription Products."*

KLIM is powdered whole milk of highest quality, with nothing added in manufacture. It is a uniform, safe, always available source of pure milk for whole milk infant formulas.

DRYCO is irradiated powdered milk of moderate fat and high protein content, modified to compensate for the biological differences between cow's milk and breast milk. Dryco is designed to meet the need for a safe, *flexible* milk product for infant formulas.

BETA LACTOSE is the most soluble and most palatable milk sugar (nature's sole carbohydrate for the first months of animal life). When used as the only sugar in infant feeding, Beta Lactose maintains normal and natural intestinal conditions.

BIOLAC is a *liquid* infant food with reduced fat level, protein concentration, lactose addition, iron and vitamin enrichment. It is homogenized, evaporated, sterilized. Biolac gives the formula baby breast-like nutritional and digestional advantages, and is convenient and economical for the mother.

***"And I hope that you'll pardon my boasting – that all Borden's Prescription Infant Foods are made from my Board-of-Health-inspected milk."***

## BORDEN PRESCRIPTION PRODUCTS

THE BORDEN COMPANY, 350 MADISON AVE., NEW YORK CITY

# THE NEW YORK POLYCLINIC
## MEDICAL SCHOOL AND HOSPITAL
*(The Pioneer Post-Graduate Medical Institution in America, Organized 1881)*

**Obstetrics and Gynecology**

A full time course. In Obstetrics: Lectures, prenatal clinics, witnessing normal and operative deliveries; operative obstetrics (manikin). Gynecology: Lectures; touch clinics; witnessing operations; examination of patients, pre-operatively; follow-up in wards post-operatively. Obstetrical and Gynecological pathology. Regional anesthesia (cadaver). Attendance at conferences in Obstetrics and Gynecology. Operative Gynecology on the Cadaver.

**FOR THE GENERAL PRACTITIONER**

Intensive full time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

FOR INFORMATION ADDRESS
MEDICAL EXECUTIVE OFFICER 345 West 50th Street, New York City

## THE MARY E. POGUE SCHOOL

DOCTORS: You may continue to supervise the treatment and care of children you place in our school. Catalogue on request.

90 Geneva Road Telephone
Wheaton, Illinois Wheaton 66

## NORMANDALE SANITARIUM
Madison, Wisconsin

Normandale is a sanitarium for the care and treatment of nervous and mental disorders, inclusive of addictions. All of the modern methods of neuropsychiatric therapy are available. Special accommodations and rates are offered for the care of chronic cases.

Normandale is located on the outskirts of Madison, Wisconsin. This location affords the conveniences of the city and the restful environment of a rural setting.

Inquiries are invited. Telephone:
Fairchild 2486
Medical Director,
M. F. Greiber, M. D.

# MARQUETTE
## SCHOOL OF MEDICINE

**Requirements For Admission** The minimum requirements for admission are three years of such college work as is acceptable towards the Bachelor's degree in an approved college of liberal arts or in a recognized University. The following subjects must be included in these three years: zoology, general chemistry, organic chemistry, English, French or German, physics.

**Instruction** The duration of the course leading to the degree of Doctor of Medicine is five years, the fifth year of which is devoted to a hospital internship. The school year begins about the first of October and ends about the middle of June. The aim is constant coordination of the basic sciences with the clinical subjects applied to curative and preventive medicine.

**Clinical Facilities** Milwaukee County General Hospital, Milwaukee County Emergency Hospital and Dispensary, Milwaukee Children's Hospital and Dispensary, Milwaukee County Insane Hospitals, Acute and Chronic, South View Hospital for Contagious Diseases, Muirdale Sanatorium for tuberculosis, Mt. Sinai Hospital Dispensary, Marquette Eye Clinic, Public Health field work.

For further information address:

**DEAN, MARQUETTE UNIVERSITY SCHOOL OF MEDICINE**
**561 North Fifteenth Street**
**Milwaukee, Wisconsin**

There is no substitute for quality when prescribing lenses for the human eye. Our ORKON CORRECTED CURVE OPHTHALMIC LENSES represent the best produced by Optical Science.

**N. P. Benson Optical Co., Inc.**

Established 1913

MAIN OFFICE: MINNEAPOLIS, MINN.

DULUTH
ALBERT LEA
WINONA

EAU CLAIRE
LA CROSSE
WAUSAU
STEVENS POINT

BISMARCK
ABERDEEN
RAPID CITY

SH The SUMMIT HOSPITAL
OCONOMOWOC, WIS.

Here, in a cordial and homelike environment, we operate a hospital and sanatorium with facilities and personnel adequate to manage your

CHRONIC,
NERVOUS and
MENTAL
CASES

*For further information write or phone*

G. R. Love, M.D.
*Physician in Charge*
The Summit Hospital
Oconomowoc, Wis.

Chicago Office:
Loren W. Avery, M.D.
*Consulting Neuropsychiatrist*
122 So. Michigan Ave.

A natural Beauty Spot — Fireproof, Modern buildings, Moderate rates.

# THE STATE MEDICAL SOCIETY OF WISCONSIN

## ORGANIZED 1841

R. P. SPROULE, Milwaukee, President
GUNNAR GUNDERSEN, La Crosse, President-Elect
R. M. KURTEN, Racine, Speaker
CHARLES FIDLER, Milwaukee, Vice-Speaker
Mr. J. G. CROWNHART, Madison, Secretary
IRA R. SISK, Madison, Treasurer

## Councilors

TERM EXPIRES 1942

First District:
H. P. Bowen——Watertown

Second District:
C. E. Pechous——Kenosha

TERM EXPIRES 1943

Third District:
W. T. Clark——Janesville

Fourth District:
B. I. Pippin——Richland Center

TERM EXPIRES 1943

Fifth District:
A. H. Heidner——West Bend
Sixth District:
S. E. Gavin——Fond du Lac

TERM EXPIRES 1941

Seventh District:
H. A. Jegi——Galesville
Eighth District:
G. W. Krahn——Oconto Falls
Ninth District:
H. H. Christofferson——Colby
Tenth District:
F. E. Butler——Menomonie

TERM EXPIRES 1942

Eleventh District:
F. G. Johnson——Iron River
Twelfth District:
H. J. Gramling——Milwaukee
R. E. Fitzgerald——Milwaukee

TERM EXPIRES 1943

Robert W. Blumenthal
——Milwaukee

TERM EXPIRES 1941

Thirteenth District:
J. W. Lambert——Antigo

TERM EXPIRES 1941

R. G. Arveson——Frederic
(Past President)

## Delegates to American Medical Association

Stephen E. Gavin, Fond du Lac, 1942 James C. Sargent, Milwaukee, 1942 Joseph F. Smith, Wausau, 1941

## Alternates

S. J. Seeger, Milwaukee, 1942 F. E. Butler, Menomonie, 1942 C. W. Giesen, Superior, 1941

The Wisconsin Medical Journal, Official Publication
Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Illinois

## List of Executive Officers of County Medical Societies

| County | President | Secretary |
|---|---|---|
| Ashland–Bayfield–Iron | C. A. Grand, Ashland | A. H Lamal, Ashland. |
| Barron–Washburn–Sawyer–Burnett | H. H. Ainsworth, Birchwood | R. W. Adams, Chetek. |
| Brown–Kewaunee–Door | L. D. Quigley, Green Bay | E. J. O'Brien, Green Bay. |
| Calumet | J. W. Goggins, Chilton | J. A. Knauf, Stockbridge. |
| Chippewa | F. B. Sazama, Chippewa Falls | L. W. Picotte, Chippewa Falls. |
| Clark | G. G. Shields, Abbotsford | W. A. Olson, Greenwood. |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | C. J. Radl, Wisconsin Dells. |
| Crawford | G. R J Hammes, Seneca | O. E. Satter, Prairie du Chien. |
| Dane | L. W. Peterson, Sun Prairie | D. L. Williams, Madison. |
| Dodge | A. J. Hebenstreit, Juneau | A. G. Hough, Beaver Dam. |
| Douglas | Rudolph Christiansen, Superior | Fred Johnson, Jr., Superior. |
| Eau Claire–Dunn–Pepin | J. C. Baird, Eau Claire | H. S. Fuson, Eau Claire. |
| Fond du Lac | O. F. Guenther, Campbellsport | S. A. Theisen, Fond du Lac. |
| Forest | O. S. Tenley, Wabeno | H. C. Marsh, Crandon. |
| Grant | H. J. McLaughlin, Bloomington | H. L. Doeringsfeld, Platteville. |
| Green | W. G. Bear, Monroe | J. H. Bristow, Monroe. |
| Green Lake–Waushara | J. A. Kelly, Green Lake | D. M. Regan, Berlin. |
| Iowa | T. A. Hagerup, Dodgeville | H. M. Walker, Dodgeville. |
| Jefferson | J. C. Brewer, Jefferson | L. Gueldner, Ft. Atkinson. |
| Juneau | W. T. O'Brien, Mauston | Brand Starnes, New Lisbon. |
| Kenosha | T. W. Ashley, Kenosha | H. L. Schwartz, Kenosha. |
| La Crosse | M. W. Ward, Bangor | S. A. Montgomery, La Crosse. |
| Lafayette | S. A. J. Ennis, Shullsburg | E. D. McConnell, Darlington. |
| Langlade | R. J. Portman, Antigo | W. P. Curran, Antigo. |
| Lincoln | W. F. Austria, Merrill | L. J. Bayer, Merrill. |
| Manitowoc | T. H. Rees, Manitowoc | T. A. Teitgen, Manitowoc. |
| Marathon | M. L. Jones, Wausau | H. H. Fechtner, Wausau. |
| Marinette–Florence | J. V. May, Marinette | K. G. Pinegar, Marinette. |
| Milwaukee | T. J. Howard, Milwaukee | Mr. James O. Kelley, Ex. Sec., Milw. |
| Monroe | J. M. Scantleton, Sparta | D. C. Beebe, Sparta. |
| Oconto | W. C. Watkins, Oconto | A. N. Tousignant, Oconto. |
| Oneida–Vilas | C. A. Richards, Rhinelander | Lloyd F. Kaiser, Rhinelander. |
| Outagamie | W. H. Towne, Hortonville | L. B. McBain, Appleton. |
| Pierce–St. Croix | C. A. Dawson, River Falls | A. E. McMahon, Glenwood City. |
| Polk | W. B. Cornwall, Amery | G. B. Noyes, Centuria. |
| Portage | F. R. Krembs, Stevens Point | T. L. Harrington, Stevens Point. |
| Price–Taylor | H. B. Norviel, Phillips | J. L. Rens, Phillips. |
| Racine | A. M. Lindner, Racine | Beatrice O. Jones, Racine. |
| Richland | L. C. Davis, Richland Center | G. H. Benson, Richland Center. |
| Rock | G. C. Waufle, Janesville | O. V. Overton, Janesville. |
| Rusk | W. F. O'Connor, Ladysmith | M. L. Whalen, Bruce. |
| Sauk | H. J. Irwin, Baraboo | C. B. Pope, Baraboo. |
| Shawano | A. A. Cantwell, Shawano | E. E. Evenson, Wittenberg. |
| Sheboygan | Anthony Voskuil, Cedar Grove | W. G. Hulbregtse, Sheboygan. |
| Trempealeau–Jackson–Buffalo | E. A. Meili, Cochrane | R. R. Richards, Bialr. |
| Vernon | W. H. Remer, Chaseburg | R. S. Hirsch, Viroqua. |
| Walworth | H. J. Kenney, Delavan | L. H. Donath, Lake Geneva. |
| Washington–Ozaukee | F. W. Lehmann, Hartford | R. S. Fisher, Allenton. |
| Waukesha | Irene T. Stemper, Oconomowoc | J. F. Wilkinson, Oconomowoc. |
| Waupaca | A. M. Chrlstofferson, Waupaca | J. W. Monsted, New London. |
| Winnebago | F. G. Jensen, Menasha | E. F. Cummings, Oshkosh. |
| Wood | P. E. Wright, Wisconsin Rapids | R. W. Mason, Marshfield (acting). |

# Petrolagar*. . . *for the Treatment of Constipation*

• Petrolagar Plain, is a bland emulsion of high grade mineral oil. It helps to soften the feces and promotes the formation of an easily passed stool.

Petrolagar Plain helps maintain regular bowel movement without the use of harsh laxatives.

*Suggested dosage:*

Adults—Tablespoonful morning and night as required

Children—Teaspoonful once or twice daily as required

**Petrolagar—The trademark of Petrolagar Laboratories, Inc., brand emulsion of mineral oil . . . Liquid petrolatum 65 cc. emulsified with 0.4 gm. agar in mentruum to make 100 cc.*

Petrolagar Laboratories, Inc. • 8131 McCormick Boulevard • Chicago, Illinois

When writing advertisers please mention the Journal.

# Rogers Memorial Sanitarium

OCONOMOWOC, WIS.
Telephone 448

A PRIVATE sanitarium
(incorporated not-for-profit)
for the treatment of
**DISEASES OF THE NERVOUS SYSTEM**
All approved methods of therapy are used

Fireproof Building
Booklet on Request

*RESIDENT PHYSICIANS*

JAMES C. HASSALL, M.D.
Medical Director

OWEN C. CLARK, M.D.

DONALD A. R. MORRISON, M.D.

*BOARD OF TRUSTEES*

JAMES C. HASSALL, M.D.
FREDERICK PABST
Oconomowoc, Wis.

T. H. SPENCE
MITCHELL MACKIE
MACKEY WELLS
O. R. LILLIE, M.D.
Milwaukee, Wis.

PETER BASSOE, M.D.
RALPH C. HAMILL, M.D.
JOHN FAVILL, M.D.
Chicago, Ill.

W. S. MIDDLETON, M.D.
Madison, Wis.

SCOTT LOWRY
Waukesha, Wis.

Milwaukee Office:
By Appointment

1330 Wells Building
Telephone Daly 1441

# MILWAUKEE SANITARIUM

Wauwatosa, Wisconsin

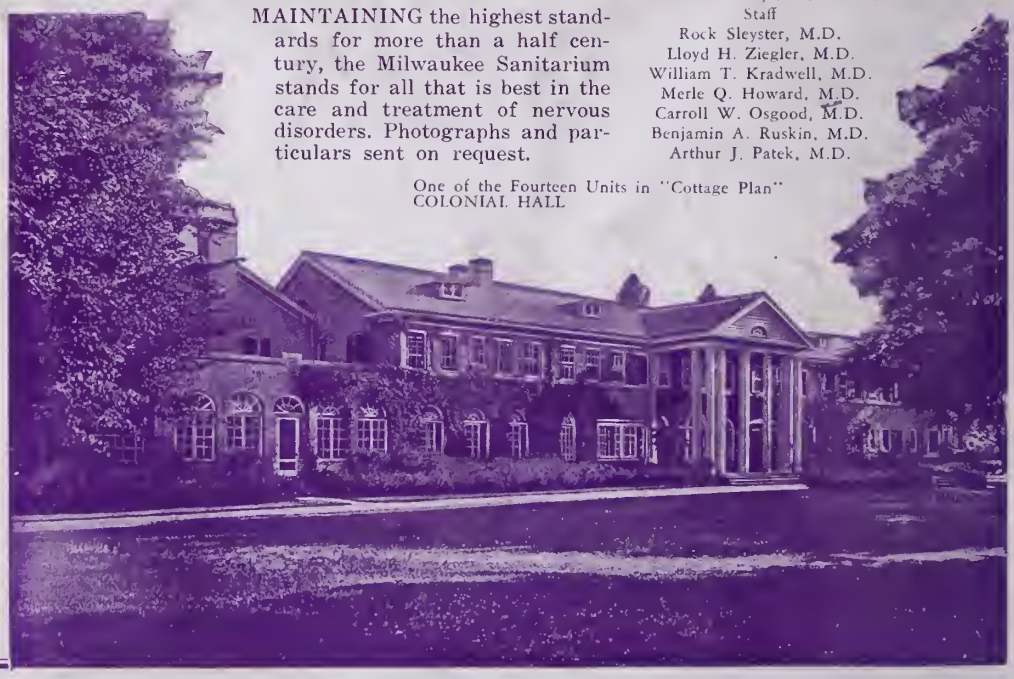
## FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

(Chicago office—1117 Marshall Field Annex. Wednesdays, 1–3 P. M.)

Staff
Rock Sleyster, M.D.
Lloyd H. Ziegler, M.D.
William T. Kradwell, M.D.
Merle Q. Howard, M.D.
Carroll W. Osgood, M.D.
Benjamin A. Ruskin, M.D.
Arthur J. Patek, M.D.

One of the Fourteen Units in "Cottage Plan"
COLONIAL HALL




DEMOCRAT PRINTING COMPANY
MADISON, WISCONSIN

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

# The Wisconsin Medical Journal

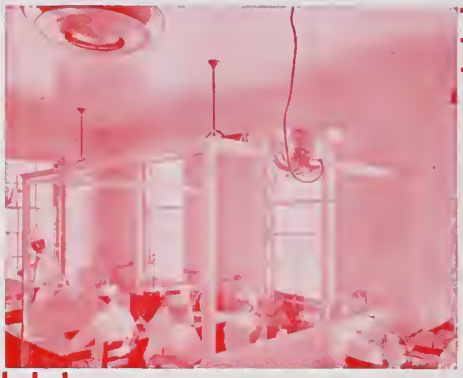
## IN THIS ISSUE

ANTHRAX IN WISCONSIN
By T. E. Wyatt, M. D., and S. Epstein, M. D.
CONTRACTION RING DYSTOCIA
By J. W. McGill, M. D.
PERIPHERAL VASOSPASM
By M. Hardgrove, M. D., and S. A. Morton, M. D.
STUDY OF DIETHYLSTILBESTROL
By A. M. Schwittay, M. D.
ENCEPHALOMENINGITIS IN MUMPS
By Max J. Fox, M. D.

COLLEGE OF PHYSICIANS
LIBRARY
FEB 14 1941
OF PHILADELPHIA

COMPLETE TABLE OF CONTENTS, PAGE 88

40, Number 2
ey Building
MADISON, WISCONSIN, FEBRUARY, 1941
Copyright, 1941, by The State Medical Society of Wisconsin
Per Year $3.50
Single Copy 50 Cents



An Ampule Filling Room

NO. 7 of a series of glimpses behind the scenes of the new Lakeside plant.

# WHY Ultra-Violet Sterilizing Lamps

Designed to control air-borne bacteria in the filling room, ultra-violet lamps which sterilize filtered air were included in the plans for the new Lakeside laboratories.

This is another of the advanced features of the enlarged Lakeside plant designed for improved service to the medical profession.

"Manufacturers to the Medical Profession EXCLUSIVELY"

The LAKESIDE Laboratories Inc.
MILWAUKEE, WISCONSIN

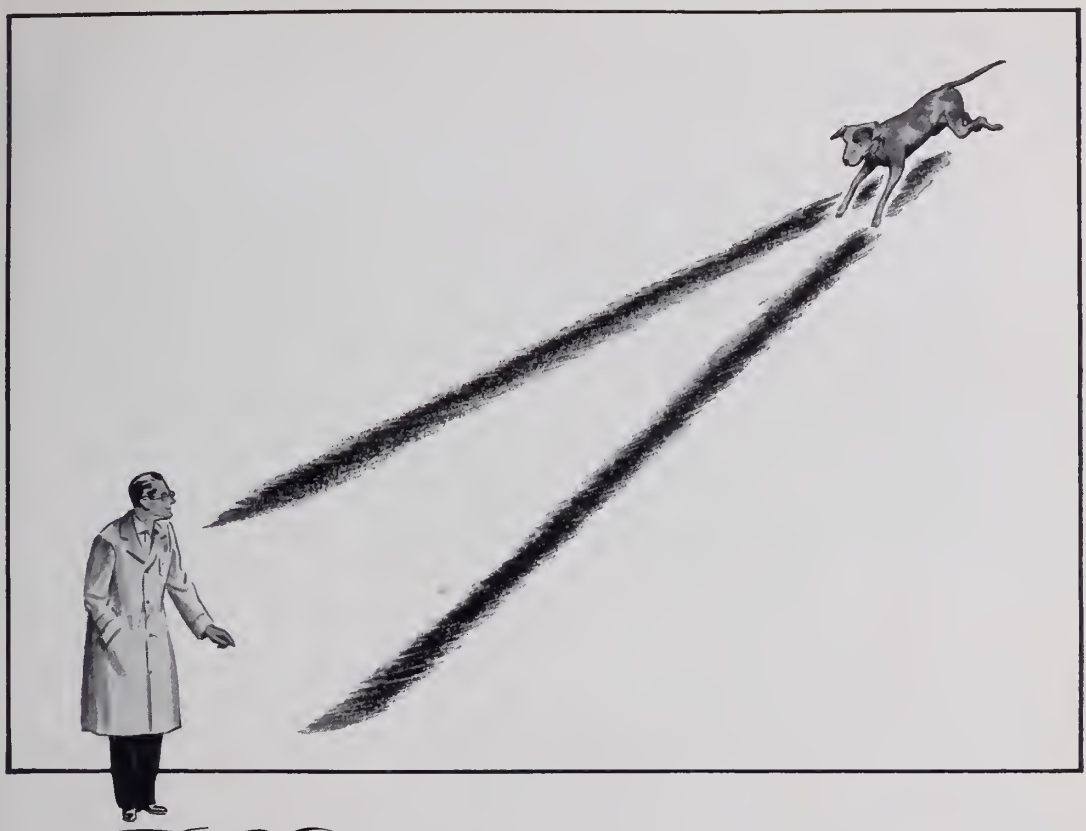
# Waukesha Springs Sanitarium

## FOR NERVOUS DISEASES

*BUILDING ABSOLUTELY FIRE-PROOF*

BYRON M. CAPLES, M. D. Medical Director. FLOYD W. APLIN, M. D.

WAUKESHA, WISCONSIN



# The Conquest of Pellagra

In the annals of medical science few discoveries have been more notable than that of the dramatic role nicotinic acid plays in the treatment of pellagra.

Although earlier research workers had devoted much effort to the problem, it was Dr. Joseph Goldberger and Dr. W. H. Sebrell who, in 1930, supplied the necessary clue by their discovery of the beneficial effect of liver therapy in this deficiency disease.

Thereafter progress was rapid on several fronts, with major credit for the final victory due largely to Dr. C. A. Elvehjem for his identification of nicotinic acid or nicotinic acid amide with the black-tongue preventive factor. It was his patient, tireless work with great batches of liver extract that narrowed the search to the few vital crystals which proved to be nicotinic acid. He and his co-workers at the University of Wisconsin—Madden, Strong, and Woolley—fed a few of these crystals to a mongrel dog suffering from blacktongue. In less than a day the symptoms had begun to disappear. Thereafter it remained for Dr. T. D. Spies in Birmingham, Alabama, and others, to apply nicotinic acid to their clinical work on humans, with what result the world knows.

•

*Nicotinic Acid (Upjohn) is available in tablet form in 20, 50, and 100 mg. size, in bottles of 100 and 1000.*

Upjohn

KALAMAZOO MICHIGAN

* Fine Pharmaceuticals Since 1886 *

# THE WISCONSIN MEDICAL JOURNAL

Volume 40
Number 2

MADISON, WISCONSIN, FEBRUARY, 1941

Per Year $3.50
Single Copy 50 Cents

## TABLE OF CONTENTS

### SCIENTIFIC ARTICLES

Page

Anthrax in Wisconsin by Thomas E. Wyatt, M.D., and Stephan Epstein, M.D., Marshfield 101
Contraction Ring Dystocia by James W. McGill, M.D., Superior 105
Use of Short Wave Diathermy in the Study of Peripheral Vasospasm by Maurice Hardgrove, M.D., and S. A. Morton, M.D., Milwaukee 108
Clinical Study of Diethylstilbestrol, a Synthetic Estrogen by A. M. Schwittay, M.D., Madison 111
Encephalomeningitis in Mumps by Max J. Fox, M.D., Milwaukee 113
Keep the Worker on the Job; Outline of Model Talk on Prevention of Colds Among Industrial Workers by Paul A. Brehm, M.D., Madison 114a-b
Comments on Treatment: Sulfanilamide and Related Compounds in Wound Infection by Arthur A. Schaefer, M.D., Milwaukee 115

### EDITORIAL

Industrial Health—Where Now? 116

### SPECIAL ARTICLES

Page

Problems in Nursing Service Today by Millard Tufts, M.D., Milwaukee 134
Centennial Article: Reminiscences of a Northern Wisconsin Doctor by Loran W. Beebe, M.D., Superior 145

### MISCELLANY

President's Page 117
Woman's Auxiliary 118
Society Proceedings 123
News Items and Personals 126
Births, Deaths 128
Society Records 129
Coming Events 130
Wisconsin Hospitals and Medical Payments Plan 132
Council Minutes; January Meeting 136
Section Meeting, American College of Surgeons 152
Book Reviews 154
Index to Advertisers 159
Physicians' Exchange Page 160

[Entered as second class matter, June 30th, 1903, at the Post Office at Milwaukee, Wis., under Act of Congress March 3rd, 1879. Transferred to Madison, Aug. 1st, 1929.]

"Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized Aug. 7, 1918."

SACRED HEART SANITARIUM

MILWAUKEE, WISCONSIN

An institution conducted for the diagnosis and treatment of mild nervous disorders and non-infectious diseases; also for rest and recuperation under medical supervision. Equipped with every modern facility for diagnostic purposes. Scientific dietetics, physiomechanotherapy, hydrotherapy, supervised occupational and recreational activities. Literature and rates sent on request.

MEDICAL STAFF

William L. Herner, M.D., Medical Director
Delparde W. Roberts, M.D. — J. Frampton Wyman, M.D.
William F. Ragan, M.D. — Hubert H. Blanchard, M.D.
Frank W. Mackoy, M.D. — L. Tennyson Peyton, M.D.
Ray C. Johnston, M.D.

When writing advertisers please mention the Journal.

## ST. CROIXDALE ON LAKE ST. CROIX

**PRESCOTT, WISCONSIN**

**MAIN BUILDING—One of the 5 Units in "Cottage Plan."**

A Modern Private Sanitarium for the Diagnosis, Care and Treatment of Nervous, Mental and Medical Cases.

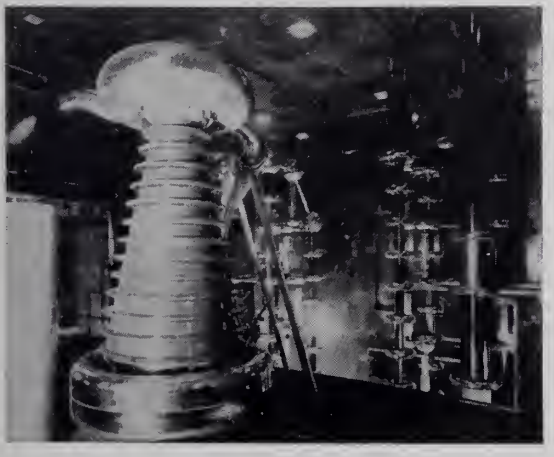
Located on beautiful Lake St. Croix, eighteen miles from the Twin Cities, it has the advantages of both City and Country. Every facility for treatment provided, including recreational activities and occupational-therapy under trained personnel. Milk, cream and butter from our own herd of Tuberculin-tested Registered Guernsey Cows. Inspection and co-operation by reputable physicians invited. Rates very reasonable. Illustrated folder on request.

CONSULTING NEURO-PSYCHIATRISTS
Hewitt B. Hannah, M. D.
Joel C. Hultkrans, M. D.
511 Medical Arts Building
Minneapolis, Minnesota
Tel. MAin 4672

RESIDENT PHYSICIAN
Howard J. Laney, M. D.
Prescott, Wisconsin
Tel. 39

SUPERINTENDENT
Frieda C. Beyrer, R. N.
Prescott, Wisconsin
Tel. 69

# Radiation Therapy Institute



Upper End of Tube and Million Volt Generator

of Saint Paul

## CHARLES T. MILLER HOSPITAL

Facilities for Radium and Roentgen Therapy, Including 1,200,000 Volt Constant Potential Installation of Most Advanced Design.

*You are cordially invited to visit the Radiation Therapy Institute and inspect its facilities.*

Edward Schons, M.D., *Director* J. P. Medelman, M.D., *Associate Director*

# ADVANCES IN CANNING TECHNOLOGY

## II. Development of the Tin Container

● Appert, discoverer of canning, did not know the reasons why his procedure for food preservation was successful. He clearly recognized, however, that his containers must be so constructed and sealed as to prevent contact of the food therein with air, after heat processing. Today we know that this is necessary to prevent re-infection of the food with air-borne, spoilage microorganisms.

As containers, Appert suggested glass containers sealed by corks: the reason given is that glass is the "matter most impenetrable by air" (1). In 1810, one year after Appert's discovery was announced, Peter Durand, an Englishman, patented a procedure very similar to Appert's, which covered the use of a variety of containers, among them "vessels of tin (tin-plated iron)." From that time forward, the use of tin-plated containers rapidly progressed.

Commercial canning began in America about 1819. In 1825, Kensett and Daggett, two pioneers of canning in this country, received an American patent covering the use of tin-plated containers. Shortly thereafter, the name "tin can" was coined from the abbreviation of the formal name, "tin cannisters."

The story of the development of the tin can in America is an absorbing one which has been related in more detail elsewhere (2, 3, 4). By the time of the war between the States, the "hole and cap" type of can had been evolved. About 1890, can-making machinery was introduced to replace the older hand-manufacturing operations whereby a skilled artisan could produce about 6 cans per hour. Modern can-manufacturing lines operate at speeds as high as 350 cans per minute.

The first three decades of the current century witnessed the development of machinery to make the modern type or "sanitary style" can now universally used for fruits, vegetables, and a wide variety of other products. The past ten years have brought vast improvements in the tin plate from which cans are made. Not long ago, almost any type of sheet steel was considered satisfactory. Today plate for cans must comply with rigid physical and chemical specifications established by the Research Laboratory of the can manufacturer.

As far as can be determined, tin containers were first introduced to avoid breakage which was experienced with the glass containers proposed by Appert. The other desirable characters of the tin container for foods were not fully appreciated at first; among these advantages should be mentioned its rapid rate of heat transfer, its low weight in relation to its capacity, and its opacity to light. Nor was the importance which the tin can has attained in our national life fully appreciated until world developments caused America to pause and take inventory. Only then was it generally realized that from its humble start 130 years ago, the tin can has risen to become an indispensable article in our modern civilization.

**AMERICAN CAN COMPANY**
**230 Park Avenue, New York, N. Y.**

REFERENCES

(1) 1811. The Art of Preserving. M. Appert, Black, Parry and Kinsbury, London.
(2) 1937. The Canning Clan. E. C. May, The Macmillan Co., New York.
(3) 1937. Appertizing. A. W. Bitting, The Trade Pressroom, San Francisco.
(4) 1940. The National Geographic Magazine, November, p. 659.

*We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-eighth in a series which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.*

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

**The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.**

# SULFATHIAZOLE-WINTHROP

## *Another important chapter*
## IN ANTIBACTERIAL CHEMOTHERAPY!

• Sulfathiazole constitutes an additional triumph of chemotherapeutic research which has already proved of great value to clinical medicine.

**PNEUMOCOCCUS INFECTIONS** . . . Thousands of cases of pneumococcus pneumonia have responded with dramatic promptness to Sulfathiazole. In comparison with its pyridine analogue, Sulfathiazole is less likely to cause serious nausea or to provoke vomiting.

**STAPHYLOCOCCUS INFECTIONS** . . . With Sulfathiazole, the mortality rate of staphylococcus septicemia has been strikingly reduced. Thus, in a series of fifteen cases recently reported, all of the patients recovered.

**GONOCOCCUS INFECTIONS** . . . Early cessation of discharge and a high percentage of cures have been reported. Success has been observed in cases resistant to other chemotherapeutic agents.

*Write for literature which discusses the indications, dosage and possible side effects of Sulfathiazole*

*Specify* **SULFATHIAZOLE-WINTHROP**

WINTHROP

HOW SUPPLIED: Sulfathiazole-Winthrop is supplied in tablets of 0.5 Gm. (7.72 grains); also (primarily for children) in tablets of 0.25 Gm. (3.86 grains).

For preparing test solutions, powder in bottles of 5 Gm.

**WINTHROP CHEMICAL COMPANY, INC.**
*Pharmaceuticals of merit for the physician* **NEW YORK, N. Y. • WINDSOR, ONT.**

743M2

# PRESENTING

## KARO SYRUP IN GLASS!!

1½ LBS. NET.

The history of Karo is inscribed in the nutrition of millions of infants. It reveals universal acceptance of Karo Syrup as an excellent source of dextrins, maltose and dextrose. Karo remains the effective milk modifier for all forms of milk and for every type of infant feeding problem.

The composition of Karo cannot be improved, so it is now introduced in superior containers—in streamlined glass bottles. Karo Syrup is processed at sterilizing temperatures and sealed hygienically in these sparkling glass containers.

The high sanitary quality of Karo can now be maintained while using the clear glass bottles in the nursery or kitchen in the preparation of infants' formulas.

The cost of 24 ounces of Karo Syrup in glass bottles is only slightly more than in cans. Karo thus yields (volume for volume) double the caloric value of powdered maltose-dextrins-dextrose at a fraction of the cost.

Karo is bacteriologically safe; devoid of laxatives or any impurities; well-tolerated by newborns, infants and children; easily digested even in difficult feeding problems; absorbed by gradations at spaced intervals in the intestinal tract; prevents flooding of the bloodstream with exogenous sugars.

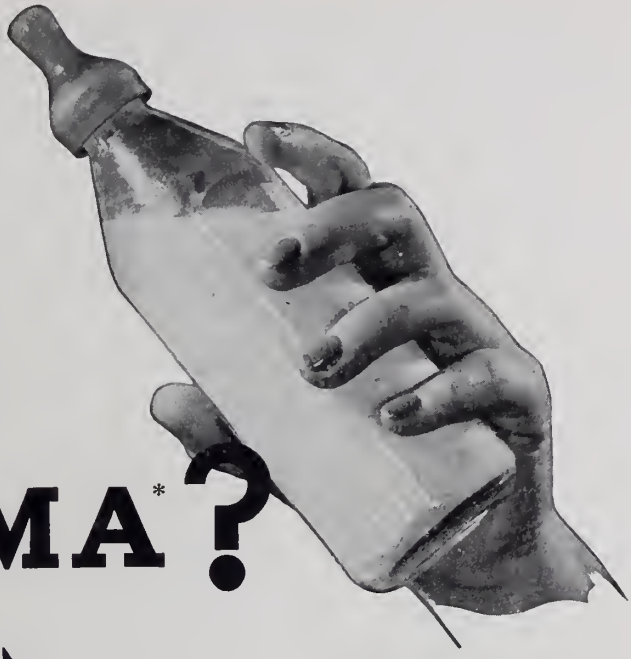
ACCEPTED AMERICAN MEDICAL ASSN

**CORN PRODUCTS SALES COMPANY**

*17 Battery Place, New York City*

KARO IS, OF COURSE, STILL AVAILABLE IN THE FAMILIAR SANITARY TINS

# EVER FEED SMA*?



When you prescribe S.M.A. for the bottle-fed infant you give an easily digested fat, a protein that provides the amino acids essential for adequate nutrition and growth and *lactose,* a physiological carbohydrate, in correct proportion to the nutritional requirements of the normal full-term infant.

In addition, when prepared according to the usual dilution for feeding, each quart of S.M.A. contains:

7500 international units vitamin A activity
200 international units vitamin $B_1$
400 international units vitamin D
10 mg. Iron and Ammonium Citrate

S.M.A. provides easily digested fat and protein of full biological value in correct proportion to the nutritional requirements of the normal full term infant. Therefore, the only carbohydrate in S.M.A. is Lactose . . .

***Normal infants relish S.M.A. . . . digest it easily and thrive on it.***
*" " "*

*S.M.A., a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and physical properties.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

FOR PREMATURE AND UNDERNOURISHED INFANTS
**A Special Product**

## PROTEIN S.M.A.
*(Acidulated)*

Protein S.M.A. (acidulated) is a modified form of S.M.A., intended to meet the special nutritional needs of the premature and undernourished infant and for infants requiring a high protein intake.

Protein S.M.A. (acidulated) is similar to both casein milk and lactic acid milk, but presents additional nutritional elements lacking in both.

S.M.A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

## 1930

Tisdall, F. F., Drake, T. G. H., and Brown, A.: A new cereal mixture containing vitamins and mineral elements, Am. J. Dis. Child. 40:791-799, Oct. 1930.

## 1931

Tisdall, F. F.: Dietary factors and health, Soc. Tr., Am. J. Dis. Child. 42:1490, Dec. 1931.

## 1932

Summerfeldt, P.: The value of an increased supply of vitamin $B_1$ and iron in the diet of children, Am. J. Dis. Child. 43:284-290, Feb. 1932.

Morse, J. L.: Fads and fancies in present day pediatrics, Pennsylvania M. J. 35:280-285, Feb. 1932.

Henricke, S. G.: The vitamin B complex: Its role in infant feeding in the light of our present knowledge, Northwest Med. 31:165-169, April 1932.

Langhorst, H. F.: Vitamins: Their role in the prevention and treatment of disease, M. J. & Rec. 135:326-329, April 6, 1932.

Crimm, P. D.: Dietary of Childhood Tuberculosis: Cereal as a source of added mineral and vitamin elements; preliminary report, J. Indiana M. A. 25:205-206, May 1932.

Troutt, L.: Quality studies of therapeutic diets: I. The ulcer diet; a committee report, J. Am. Dietet. A. 8:25-32, May 1932.

Summerfeldt, P., Tisdall, F. F., and Brown, A.: The curative effects of cereals and biscuits on experimental anaemias, Canad. M.A. J. 26:666-669, June 1932.

Sneed, W.: Ununited and delayed union of fractures, Kentucky M. J. 30:363-370, July 1932.

Silverman, A. C.: Celiac disease, New York State J. Med. 32:1055-1061, Sept. 15, 1932.

Rice, C. V.: Sauerkraut juice for the acidification of evaporated milk in infant feeding, Arch. Pediat. 51:390-395, June 1934.

Eder, H. L.: Iron therapy: A routine procedure during infancy, Arch. Pediat. 51:701-713, Nov. 1934.

Lynch, H. D.: Fundamentals of infant feeding, J. Indiana M. A. 27:571-574, Dec. 1934.

Chaney, M. S., and Ahlborn, M.: Nutrition, Houghton Mifflin Co., Boston, 1934, p. 323.

## 1935

Bailey, C. W.: Anemia in infants and young children, J. South Carolina M. A. 31:54-58, March 1935.

Kugelmass, I. N.: The recent advances in treatment of nutritional disturbances in infancy and childhood, M. Comment 17:5-13, March 1, 1935.

Ross, J. R., and Summerfeldt, P.: Value of increased supply of vitamin $B_1$ and iron in the diet of children: Paper II, Am. J. Dis. Child. 49:1185-1188, May 1935.

von Meysenbug, L.: Breast feeding with especial reference to some of its problems, New Orleans M. & S. J. 87:738-743, May 1935.

Tarr, E. M., and McNeile, O.: Relation of vitamin B deficiency to metabolic disturbances during pregnancy and lactation, Am. J. Obst. & Gynec. 29:811-818, June 1935.

Blatt, M. L., and Schapiro, I. E.: Influence of a special cereal mixture on infant development, Am. J. Dis. Child. 50:324-336, Aug. 1935.

Coward, N. B.: Infant feeding, Nova Scotia M. Bull. 14:525-532, Oct. 1935.

Tisdall, F. F.: Inadequacy of present dietary standards, Tr. Sect. Pediat., A.M.A., 1935: Canad. M. A. J. 33:624-628, Dec. 1935.

Marriott, W. McK.: Infant Nutrition, second edition, C. V. Mosby Co., St. Louis, 1935, p. 202.

Smith, C. H.: Prevention and treatment of nutritional anemia in infancy, Preventive Med. 7:115-124, Aug. 1937.

Saxl, N. T.: Pediatrics, in Dietetics for the Clinician, edited by M. A. Bridges, third edition, Lea & Febiger, Philadelphia, 1937, pp. 637-639.

Boyd, J. D.: Nutrition of the Infant and Child, National Medical Book Co., Inc., New York, 1937, p. 110.

Brennemann, J.: Practice of Pediatrics, W. F. Prior Co., Inc., Hagerstown, Md., 1937, Vol. 1, Ch. 25, p. 19.

Griffith, J. P. C., and Mitchell, A. G.: The Diseases of Infants and Children, second edition, W. B. Saunders Co., Philadelphia, 1937, pp. 106, 111.

Saxl, N. T.: Pediatric Dietetics, Lea & Febiger, Philadelphia, 1937, pp. 131-133.

## 1938

Hoffman, S. J., Greenhill, J. P., and Lundeen, E. C.: A premature infant weighing 735 grams and surviving, J.A.M.A. 110:283-285, Jan. 22, 1938.

Krasnow, F.: Nutritional influence on teeth, Am. J. Pub. Health 28:325-333, March 1938.

Ratner, B.: Round Table discussion on asthma and hay fever in children, J. Pediat. 12:399-413, March 1938.

Ratner, B.: Panel discussion on the role of allergy in pediatric practice, J. Pediat. 13: 582-604, Oct. 1938.

Snelling, C. E.: Nutritional anaemia, Bull. Acad. Med. Toronto 12:7-10, Oct. 1938.

Dauphinee, J. A.: The iron requirement in normal nutrition, Canad. M.A.J. 39:483-486, Nov. 1938.

Summerfeldt, P., and Ross, J. R.: Value of an increased supply of vitamin $B_1$ and iron in the diet of children, Paper III, Am. J. Dis. Child. 56:985-988, Nov. 1938.

Tisdall, F. F., and Drake, T. G. H.: The utilization of calcium, J. Nutrition 16:613-620, Dec. 1938.

Drake, T. G. H.: Introduction of solid foods into the diets of children, Canad. M. A. J. 39:578-580, Dec. 1938.

## 1939

Strong, R. A.: The most frequent causes of vomiting in infancy, Texas State J. Med. 34:665-676, Feb. 1939.

Ratner, B., and Gruehl, H. L.: Anaphylactogenic properties of certain cereal foods and breadstuffs: Allergenic denaturation by heat, Am. J. Dis. Child. 57:739-758, April 1939.

Monypenny, D.: Early introduction of solid foods in the infant diet, Soc. Tr., Am. J. Dis. Child. 58:1144-1145, Nov. 1939.

Brown, A., and Tisdall, F. F.: Common Procedures in the Practice of Paediatrics, third edition, McClelland & Stewart, Ltd., Toronto, 1939, pp. 77-79.

## 1940

Monypenny, D.: The early introduction of solid foods in the infant diet, Canad. M. A. J. 42:137-140, Feb. 1940.

Ratner, B.: Round Table discussion on food allergy, J. Pediat. 16:653-672, May 1940.

Rosenbaum, I., Jr.: The management of the allergic child, Kentucky M. J. 38:199-203, May 1940.

Davison, W. C.: The Compleat Pediatrician, third edition, Duke University Press, Durham, N. C., 1940, No. 216.

Kugelmass, I. N.: The Newer Nutrition in Pediatric Practice, J. B. Lippincott Co., Philadelphia, 1940, p. 372.



# SCIENTIFIC BACKGROUND

**Mead's Cereal was introduced in 1930, and Pablum in 1932, by Mead Johnson & Company. Since then, the growing literature indicates early recognition and continued acceptance of these products and the important pioneer principles they represent.**



von Meysenbug, L.: Infant feeding with especial reference to some of its problems during the first year, Texas State J. Med. 28:543-547, Dec. 1932.

## 1933

Wampler, F. J., and Forbes, J. C.: Calcium and phosphorus metabolism in a case of celiac disease, South. M. J. 26:555-558, June 1933.

Brown, A., and Tisdall, F. F.: The role of minerals and vitamins in growth and resistance to infection, Brit. M. J. 1:55-57, Jan. 14, 1933; Effect of vitamins and the inorganic elements on growth and resistance to disease in children, Ann. Int. Med. 7:342-352, Sept. 1933.

Crimm, P. D., Raphael, I. J., and Schnute, L. F.: Diet of tuberculous and non-tuberculous children: Effect of increased supply of vitamin B concentrate and minerals, Am. J. Dis. Child. 46:751-756, Oct. 1933.

Smith, A. D.: Consideration of various infants' foods, Pacific Coast J. Homeop. 44:463-465, Sept.-Dec. 1933.

## 1934

Somers, R., Rotton, G. C., and Rowntree, J. I.: Possibilities of improving dental structures, Soc. Tr., Bull. King Co. M. Soc. 13:6, Jan. 15, 1934.

Blatt, M. L.: Development of infants on a diet of a special cereal mixture, Soc. Tr., Am. J. Dis. Child. 47:918, April 1934.

Rice, C. V.: Anemia of infancy and early childhood, J. Oklahoma M. A. 27:125-129, April 1934.

Hawk, W. A.: A few of the commoner feeding problems in infancy, Univ. Toronto M. J. 11:218-229, May 1934.

Ross, J. R., and Burrill, L. M.: The effect of cooking on the digestibility of cereals, J. Pediat. 4:654-659, May 1934.

Summerfeldt, P.: Iron and its availability in foods, Tr. Sect. Pediat., A.M.A. 1935, pp. 214-220.

## 1936

Dafoe, A. R.: Further history of the care and feeding of the Dionne quintuplets, Canad. M. A. J. 34:26-32, Jan. 1936.

Conn, L. C., Vant, J. R., and Malone, M. M.: Some aspects of maternal nutrition, Surg., Gynec. & Obst. 62:377-383, Feb. 15, 1936.

Ross, J. R., and Summerfeldt, P.: Haemoglobin of normal children and certain factors influencing its formation, Canad. M. A. J. 34:155-158, Feb. 1936.

Smyth, F. S.: Allergic diseases, J. Pediat. 8:500-515, April 1936.

Lemmon, J. R.: Problems of the crying infant, Southwestern Med. 20:248-250, July 1936.

Rice, C. V.: The success of treating celiac disease from a standpoint of vitamin deficiency, Arch. Pediat. 53:626-629, Sept. 1936.

Smith, C. H.: Management of nutritional anemia in infancy, M. Clin. North America 20:933-950, Nov. 1936.

Strong, R. A., editor: Nutritional anemia of infants, Orleans Parish M. Soc. Bull., pp. 6-9, Nov. 9, 1936.

Jeans, P. C.: Specific factors in nutrition, Round Table discussion, J. Pediat. 9:693-698, Nov. 1936.

Young, J. G.: Meeting the requirements for proper nutrition in infancy, Texas State J. Med. 32:531-533, Dec. 1936.

## 1937

Stearns, G., and Stinger, D.: Iron retention in infancy, J. Nutrition 13:127-141, Feb. 1937.

Strong, R. A.: Nutritional anemia, Mississippi Doctor 15:13-16, Aug. 1937.

# THE OLD GRAY MARE

## *is just what she used to be—*

For eleven years this bulky Percheron has been producing serum for Lederle. And gained 560 lbs. in weight!

The management of horses on a serum farm is a central feature of the art—horses can thrive or languish according to the skill with which they are treated.

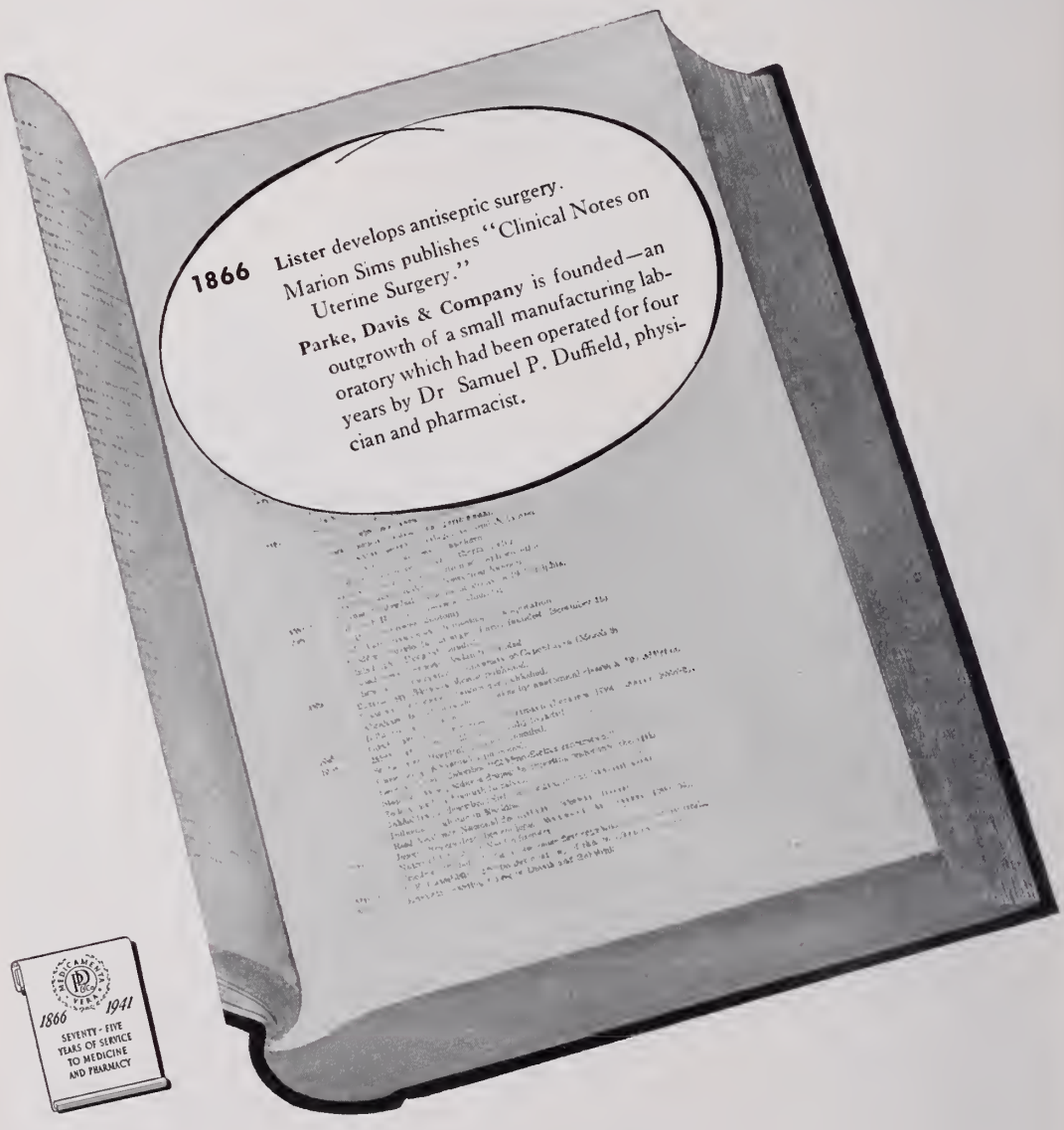
When Lederle in 1906 introduced the first commercial refined and concentrated diphtheria antitoxin, the loss of horses under treatment was a sad and supposedly inevitable feature of the costs.

But the art has never stopped advancing at these laboratories. Horse losses at Lederle's farm are amazingly low these days and this handsome veteran, one of 500 such servants of Medicine at our Pearl River, New York, farm, is one proof of ever-accumulating skill in the making of biologicals.

LEDERLE LABORATORIES, INC., NEW YORK, N. Y.

# THESE NAMES, THESE YEARS HAVE HELPED MAKE MODERN MEDICAL HISTORY

One of a series of advertisements commemorating three-quarters of a century of progress and achievement




## PARKE, DAVIS & COMPANY

PIONEERS IN RESEARCH ON MEDICINAL PRODUCTS

# To Serve You, Doctor, . . .
# . . . is Our One Thought.

Supplying the exacting pharmaceutical requirements
of the practitioner.

*Laboratory Control—Guarantees Dependability*

## KREMERS-URBAN CO.

**MILWAUKEE** **WISCONSIN**

## Cook County Graduate School of Medicine

**(IN AFFILIATION WITH COOK COUNTY HOSPITAL)**

Incorporated not for profit

*Announces Continuous Courses*

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue, starting every two weeks. General Courses One, Two, Three and Six Months; Clinical Courses; Special Courses. Rectal Surgery every week.

MEDICINE—Two Weeks Intensive Course starting June 2nd. One Month Course in Electrocardiography & Heart Disease every month, except August and December.

FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course starting March 10th and May 5th. Informal Course every week.

GYNECOLOGY — Two Weeks Intensive Course starting February 24th and April 7th. Clinical, Diagnostic and Didactic Course every week.

OBSTETRICS—Two Weeks Intensive Course starting April 21st. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Intensive Course starting April 7th. Informal and Personal Courses every week.

OPHTHALMOLOGY—Two Weeks Intensive Course starting April 21st. Informal Course every week.

ROENTGENOLOGY — Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty—Attending Staff
of Cook County Hospital

**Address: Registrar, 427 South Honore Street, Chicago, Illinois**

## Your Visit to Milwaukee

Is Made More Enjoyable by
Stopping at the SCHROEDER

*Metropolitan atmosphere . . .*
*Cocktail Lounge and Circular Bar*
*Coffee Shop with popular prices*

•

The Beautiful EMPIRE Dining Room

**Music and Dancing—At Lunch, Dinner, After Theatre**

**Music By America's Leading Bands**
**Air Conditioned**

## HOTEL SCHROEDER

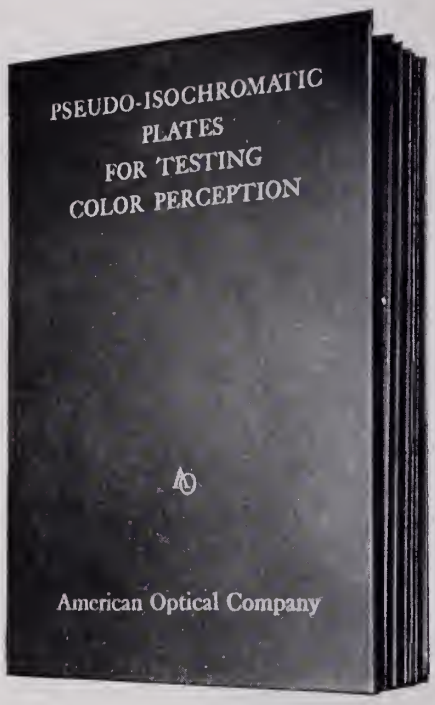
MILWAUKEE

**WALTER SCHROEDER, President**

## NEW ARMY-NAVY
# COLOR PERCEPTION TEST

*AVAILABLE TO MEDICAL MEN*

An American Edition of a color perception test, combining the best charts of the Ishihara and Stilling collections, for use by the U. S. Army and Navy, is made available to the medical profession exclusively by American Optical Company. Production of this new volume of forty six charts came after U. S. Naval personnel spent months in research which began when it became virtually impossible to obtain reliable color tests from recognized foreign sources. Addition of this new color test to our list of products is another step by American Optical Company in the interests of better vision.




**By AMERICAN OPTICAL COMPANY**

*86¢ out of each $1.00 gross income used for members benefit*

**PHYSICIANS CASUALTY ASSOCIATION**
**PHYSICIANS HEALTH ASSOCIATION**

Hospital, Accident, Sickness

# INSURANCE

**For ethical practitioners exclusively**
**(52,000 Policies in Force)**

| | |
|---|---|
| LIBERAL HOSPITAL EXPENSE COVERAGE | For $10.00 per year |
| $5,000.00 ACCIDENTAL DEATH<br>$25.00 weekly indemnity, accident and sickness | For $33.00 per year |
| $10,000.00 ACCIDENTAL DEATH<br>$50.00 weekly indemnity, accident and sickness | For $66.00 per year |
| $15,000.00 ACCIDENTAL DEATH<br>$75.00 weekly indemnity, accident and sickness | For $99.00 per year |

*38 years under the same management*

**$1,850,000 INVESTED ASSETS**
**$9,500,000 PAID FOR CLAIMS**

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

*Send for applications, Doctor, to*

**400 First National Bank Bldg. Omaha, Nebraska**

# Radium Rental Service

**By**

**THE PHYSICIANS RADIUM ASSOCIATION**

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

**The Physicians Radium Association**

**Room 1307—55 East Washington St., Pittsfield Bldg., CHICAGO, ILL.**
**Telephones: Central 2268–2269**
**Wm. L. Brown, M.D., Director**

# Lend Us 14 by 22 Inches of Desk Space–

...and you can see for yourself what a valuable addition to your diagnostic facilities the G-E Model F-3 Portable X-Ray Unit could be. Right in your own office you can operate this powerful, efficient, compact x-ray unit exactly as it will be used in your practice—on your desk or table.

The satisfactory experience of hundreds of F-3 owners is your assurance that you can rely on the F-3 for dependable performance—in your office or at the patient's bedside—wherever adequate roentgenological service is not available. Its simplified control is easy to operate, and its full flexibility provides accurate alignment with minimum patient discomfort.

If, like most value-wise medical men, you demand proof of what your money will buy before you spend it, you won't accept mere claims about the worth of any portable x-ray unit. G.E. willingly offers to furnish full proof of the F-3 unit's reliability, dependability, and economy of first cost and maintenance. Protect your investment; buy the *safe* way—sign and mail the coupon to see the *proof!*

**CLIP, SIGN, and MAIL**

☐ Have your local representative arrange with me for a "See-the-Proof" demonstration of the G-E Model F-3 in my office, at my convenience.

☐ Send me my copy of the G-E Model F-3 Catalog.

NAME_____

ADDRESS_____

_____

**GENERAL ELECTRIC X-RAY CORPORATION**

2012 JACKSON BLVD. CHICAGO, ILL., U. S. A.

C12

## The New Harmonizing

# COSMET EDGES

Cosmet Edges not only enhance the beauty of rimless glasses but possess a natural blending effect so necessary in designing glasses with cosmetic appeal.

Cosmet improved edge finishes add charm and beauty to milady's glasses and for men may be styled with masculine appeal so that the glasses themselves appear much less conspicuous.

*Browlac*

**This illustration shows only one of the many beautiful edge finishes available.**

Available through

## MILWAUKEE OPTICAL MANUFACTURING CO.

208 E. Wisconsin Avenue
MILWAUKEE, WISCONSIN

# THE SHOREWOOD HOSPITAL-SANITARIUM

MILWAUKEE, WISCONSIN

FOR NERVOUS AND ALLIED DISORDERS
ALCOHOL AND DRUG ADDICTIONS

A Modern and Thoroughly Equipped Hospital for Diagnosis, Care and Treatment.

• •

*Send for Illustrated Booklet*

• •

Open to the Medical Profession

Established for 28 years

Physiotherapy, Heliotherapy, Hydrotherapy, and Occupational Therapy Departments. X-Ray and Laboratory facilities.

WM. H. STUDLEY, M. D.
*Resident Physician*

HERBERT W. POWERS, M. D.
*Consulting Physician*

**'Phone Edgewood 0384**

THE WISCONSIN MEDICAL JOURNAL

VOLUME 40, NO. 2 Copyright, 1941, by The State Medical Society of Wisconsin FEBRUARY, 1941

# Anthrax in Wisconsin*

By THOMAS E. WYATT, M. D., and STEPHAN EPSTEIN, M. D.
*Marshfield*

ANTHRAX is an infectious disease of livestock caused by the specific spore-bearing micro-organism *Bacillus anthracis*. The disease causes an annual loss of many millions of dollars to the livestock industry and, as it is readily transmissible to man, anthrax is a menace to public health.

We have had occasion recently to observe three patients with anthrax in central Wisconsin. As there have been no cases of anthrax reported in Wisconsin for quite a number of years, neither in humans nor in animals, it was thought best to report these cases and again call attention to this disease.

The name, anthrax, is derived from the coal-colored appearance of the scab of the fully developed lesion; the disease is known by several other names, among them wool-sorters' disease, malignant pustule, and (by the French) charbon.

Although in all probability anthrax existed in very early times, its nature was unknown until 1836 when its infectiousness was established through the transfer of the disease from one animal to another by feeding of the diseased blood. The specific organism was first found in 1849 by Pollender. The bacillus was also described in 1850 by Davaine who definitely established its causal relationship to the disease. Koch discovered the spores and cultivated the bacillus upon artificial media, and Pasteur prepared a vaccine which successfully protected animals against the disease.

The micro-organism is a large gram-positive bacillus which in the vegetative state grows in air. When these bacilli invade the animal body, they enter the blood stream and produce a rapidly fatal septicemia. When released from the body, they produce elliptical bodies called spores which are highly resistant to heat, cold, drying and exposure to disinfectants. In the soil, particularly in low-lying marshy land, or areas subject to periodic inundation, they may live for years ready to reproduce the disease in susceptible animals that come in contact with them.

Practically all animals are susceptible to anthrax in some degree, herbivorous animals more so than others. Cattle, sheep, goats, horses, and wild herbivorous animals are most commonly afflicted and in these species the disease usually makes its appearance in the acute form which rapidly terminates in death. Swine may also be affected by the disease but are more resistant than other species of domestic livestock and a relatively high percentage of them recover. Dogs and other carnivorous animals may also become infected by eating from the carcass of an animal dead of anthrax.

In animals, the disease is usually contracted by way of the digestive tract through grazing in spore laden fields or through contaminated drinking water. Infection may also occur through open abrasions and through the bites of insects which have become contaminated by contact with an infected animal.

Anthrax is usually communicated to man through the handling of wool, hides and careless contact with the carcasses of animals that died of the disease. However, it has been known to have been transmitted to man through shaving brushes made from infected bristles.

In the majority of the cases in man, the skin is the site of the original infection; primary involvement of the lungs, through inhalation, and of the abdominal tract occurs relatively rarely.

* From the Marshfield Clinic.

The lesion is usually seen on the face, neck, hands or arms. Approximately two or three days after contact, a small reddish blister appears which is surrounded by an area of erythema. The center of the lesion then becomes infiltrated and dark red in color, the lesion increases rapidly in size, and the central red area becomes black. Small vesicles appear which, when ruptured, discharge a serosanguineous fluid. The initial lesion, which may vary in size up to a diameter of 4 cm., is surrounded by a wide area of edema. This area later becomes indurated and painful to touch, but there is usually very little spontaneous pain. The regional nodes are enlarged and tender. Not infrequently septicemia develops which almost invariably terminates in death. Fever and prostration frequently accompany the disease even though septicemia has not occurred. The systemic manifestations may be far out of proportion to the size of the initial lesion.

The appearance of the fully developed "malignant pustule" is so characteristic that the diagnosis is not difficult. In the early stage, however, before the appearance of the characteristic black center, the diagnosis unfortunately is frequently missed. An early diagnosis is very important to the patient; furthermore, it may mean the saving of livestock. The bacteriological findings are of great aid in establishing the diagnosis. The *Bacillus anthracis* is almost invariably to be recovered from the fluid of the vesicles and identified by means of Gram's stain. It can be easily cultured in simple beef broth.

## Case Reports

Case 1. This patient, a dairy farmer, 46 years of age, presented himself to the clinic complaining of "sores on the hands." The lesions had appeared four days before he came in for examination. Nine of his cattle had died suddenly within two weeks prior to admission to the clinic. He distinctly remembered squeezing the darkly colored blood from the spleen at the autopsy of one of the animals. His past history was not remarkable except that he had had several similar lesions fifteen years before in association with cattle which had died suddenly.

*Physical examination:* He did not appear to be ill. The temperature was 98.8 F., white blood count 6,400. He presented two lesions on the hands, one on the right thumb and another on the fifth finger of the left hand. The regional glands were not involved. The centers of the "pustules" were bluish and surrounded by some edema. Small numbers of the organisms were found in the lesions. He was treated with neoarsphenamine (0.3 gram followed by 0.45 the next day). External treatment consisted of hot applications. His temperature remained normal and he was discharged after four days with the lesions healing.

Case 2. This patient, a 25 year old white farmhand, was employed by the patient reported as case 1. He presented himself at the clinic complaining of "sores on the hands," which had started five days prior to admission. He also gave a history of having assisted at the autopsy and skinning of the dead cattle.

*Physical examination:* The temperature was 103 F., the white count 8,900. He appeared to be very ill and complained of pain in both axillae. He appeared to be much more prostrated than the size of the lesions warranted.

There was a large pustule on the dorsum of the left index finger (see fig. 1). On the right hand there were pustules on the dorsum of the third and fifth fingers (see fig. 2). These lesions were all characteristic. There was a black center with beefy-red edematous edges. *Bacillus anthracis* was recovered from all three lesions. Both epitrochlear and axillary nodes were enlarged and tender. There was moderate edema of the forearms.

The patient had a rather stormy course in the hospital. On the day of admission his temperature rose to 104 F. and he appeared to be much worse. He was given sulfapyridine in massive doses as well as anthrax vaccine on the same afternoon;

Fig. 1. Typical lesion on the finger in case 2. Here the typical black center is surrounded by edematous tissue, beefy-red in color.

Fig. 2. Hands of the patient described in case 2, showing all three lesions. The swelling around the black center is particularly noticeable.

later he received transfusions of whole blood. The hands were soaked in hot saline solution four times daily and the small vesicles containing serosanguineous fluid were opened as soon as they appeared. Blood culture was negative. His temperature fell from 104 F. to 102 F. and then regressed to normal. He made an uneventful convalescence except for serum sickness and was discharged on his fifteenth hospital day.

Case 3. The patient, a 43 year old dairy farmer, presented himself at the clinic complaining of "sores on his arm." He operated the farm adjoining that owned by the patient described as case 1. He began to lose cattle a month before coming to the clinic and several had died during the preceding week. He also had assisted the veterinarian with the autopsies and had skinned the animals. The first manifestations of his illness were several small vesicles on the dorsum of the right wrist and on the volar surface of the forearm. The patient did not feel ill and it was difficult to convince him that he should be hospitalized.

*Physical examination:* The temperature was 98.8 F., the white blood count was 9,650. The right wrist and hand were slightly swollen. On the radial side of the wrist were seen three "pustules," round lesions between 8 and 15 mm. in diameter, raised about 3 to 5 mm. and hard to the touch. They appeared to consist of vesicles surrounding a depressed center, and the skin around them was slightly red. Microscopic examination revealed the typical rods. Cultures both on plain agar and in broth were positive.

The patient was treated with neoarsphenamine for two days. The serum which was ordered by telegraph immediately, arrived only after two days. At that time the patient had become worse. The temperature rose on the fourth day and reached 102 F. on the morning of the fifth day. In the meantime, the lesions had increased in size and were

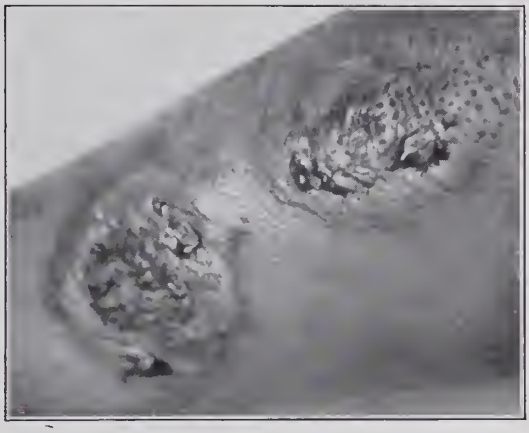


Fig. 3. Lesions on the dorsum of the forearm of the patient described in case 3 (fifth day). The central area is not coal-black but is dark. The edematous ring of beefy-red tissue surrounds them. Several vesicles containing fluid (in which organisms were present), can be seen.

surrounded by beefy-red edema covered with vesicles (see fig. 3). There was tremendous edema of the whole arm. Serum was given intramuscularly but the temperature continued to rise. The edematous arm had a bright red color. Therefore, massive doses of sulfapyridine were given (150 grains during the first twenty-four hours). The patient had several chills and became prostrated. The arm was soaked almost continuously in hot saline and the vesicles were opened as soon as they made their appearance. In spite of the above therapy and several transfusions of whole blood, his temperature continued between 102 F. and 104 F. and he became irrational. Sulfapyridine and anthrax vaccine were continued and on the sixth hospital day his temperature dropped and the edema began to subside. From this time on the tempera-

Fig. 4. Lesions in case 3 on the twelfth day. The black centers are plainly seen and have become confluent.

ture fell to normal and he made an uneventful recovery, being discharged on the fifteenth hospital day. The lesions (see fig. 4) in this instance required a much longer time for healing than those of the other patients.

## Discussion

*Diagnosis.*—In these cases the diagnosis was made in man before it was established in the cattle. The difficulty of early diagnosis, however, is shown by the fact that the diagnosis was not made by the physicians who saw them first although the patients themselves thought of anthrax. This is understandable, for anthrax in man is definitely an uncommon disease in the United States, as indicated by the cases reported to the United States Public Health Service (see table 1). There are no reports of the occurrence of anthrax in Wisconsin in recent years. As has been previously pointed out, deaths from anthrax in livestock result in a large annual monetary loss. Due to an early diagnosis, the infected hides were recovered from the tannery to which they had been sold. The carcasses of these animals were sold for use as food on local fox farms. This may lead to further infection of animals and men. Several cases of anthrax in man have been reported in the literature, resulting from the handling of minks dead of the disease after having been fed meat from infected carcasses.

TABLE 1.—*Anthrax in Man in the United States*

| State | 1938 Cases | Deaths |
|---|---|---|
| Massachusetts | 4 | 0 |
| New York | 3 | 2 |
| New Jersey | 4 | 0 |
| Pennsylvania | 4 | 0 |
| Ohio | 3 | 0 |
| Michigan | 1 | 1 |
| Wisconsin | 1 | 1 |
| Iowa | 1 | 1 |
| Missouri | 1 | 1 |
| North Dakota | 1 | 0 |
| South Dakota | 3 | 1 |
| Delaware | 2 | 0 |
| West Virginia | 1 | 0 |
| Arkansas | 4 | 0 |
| Louisiana | 3 | 0 |
| Oklahoma | 2 | 0 |
| Texas | 8 | 2 |
| Utah | 1 | 0 |
| Washington | 2 | 1 |
| California | 5 | 0 |
| Total | 54 | 10 |

| State | 1939 Cases | Deaths |
|---|---|---|
| Massachusetts | 3 | 0 |
| New York | 8 | 2 |
| New Jersey | 10 | 0 |
| Pennsylvania | 16 | 0 |
| Michigan | 1 | 0 |
| North Dakota | 2 | 1 |
| Kansas | 1 | 0 |
| Tennessee | 1 | 1 |
| Texas | 5 | 5 |
| Colorado | 1 | 0 |
| California | 4 | 0 |
| Total | 52 | 9 |

*Treatment.*—The relative value of various therapeutic agents which have been used in the treatment of anthrax is difficult to estimate since the conditions essential to satisfactory clinical trial are almost impossible to fulfill. It must be borne in mind that many cases clear up spontaneously. Case 1 herein probably belongs to this group. There is, however, a possibility, according to the history in this case that the patient had developed some immunity by a previous infection with anthrax.

The treatment of anthrax by excision or cauterization, frequently advocated in former years, is now considered contraindicated. Conservative treatment is the method of choice. The affected part of the body should be kept immobilized and local application of hot wet packs and later on dressings with indifferent ointments are advisable. Neosalvarsan has been widely used with favorable results. Specific treatment consists in the use of immune serum. Serum treatment now constitutes the most effective weapon, especially when instituted early. Besides the intramuscular and especially the intravenous injections, some authors recommend injection of the serum around the pustule. The dose and frequency of administration depend on the severity of the disease.

Sclavo reported the mortality of a series of 164 cases in man treated with immune serum to be 6.09 per cent as compared to the general mortality of 24.1 per cent for all Italy during the same period. Eurich used both serum and salvarsan in cutaneous anthrax and reported a mortality of 5 per cent in 200 cases. Our patients had 120–130 cc. of serum each, over a period of three days. The few reports concerning the use of sulfanilamide in human anthrax were not available to us, but Cruickshank's experiments on mice, as well as those of May and Buch, pointed the way to sulfapyridine. They found sulfanilamide and especially sulfapyridine, rather effective on the course of an-

thrax in mice. A considerable proportion of the mice recovered and the curative effect was complete in that the organism was not recoverable from the tissues of the mice. The serious condition of patients in cases 2 and 3 induced us to use sulfapyridine simultaneously with serum. Therefore, beyond stating that neoarsphenamine had no apparent effect in case 2, one cannot draw definite conclusions from these cases.

There is a need for effective chemotherapy. The serum—apart from its expense—it not readily available everywhere. It was necessary for us to order the serum from a distant city; it required forty-eight hours in transit, enough time to offset the advantage of an early diagnosis. It is known that the effect of serum is doubtful once septicemia has developed or in the pulmonary and abdominal types of the disease. Sulfapyridine may offer some hope for these severe cases. Isolation of all anthrax cases should be carried out, although the disease is very seldom transmitted from man to man.

### Summary

1. Three cases of anthrax in man, occurring in central Wisconsin, are reported. These patients had become infected while handling the carcasses of diseased cattle. The diagnosis in the humans was made bacteriologically and was established prior to the diagnosis in the diseased animals.

2. All three patients recovered; two had a stormy course but recovered following the use of specific serum and sulfapyridine.

3. The diagnosis of anthrax and its treatment are discussed.

#### REFERENCES

Cruickshank, J. C.: Chemotherapy of experimental anthrax infection. Lancet 2: 681–684 (Sept. 23) 1939.

Davaine, Casimir: Traité des entozaires et des maladies vermineuses de l'homme et des animaux domestiques. Paris, 1860.

Eurich, F. W.: Some notes on industrial anthrax. Brit. M. J. 2: 50–53 (July 8) 1933.

Homans, J.: Textbook of surgery, ch. 8. Ed. 4. Baltimore, Md.: Charles C. Thomas Co., 1936.

Koch, R.: Die Ätiologie der Milzbrandkrankheit. Beitr. z. Morphol. d. Pflanzen 2: 277, 1876.

May, H. B., and Buch, S. C.: Action of sulphonamides in experimental anthrax. Lancet 2: 685–686 (Sept. 23) 1939.

Pasteur, L.: Nouvelles observations sur l'etiologie et la prophylaxie du charbon. Compt. rend. Acad. d. sc. 91: 86, 455, 697. Paris, 1880.

Pijper, A.: Treatment of anthrax with arsenicals. Lancet 1: 88, 1926.

Pinkerton, H.: An outbreak of anthrax infection in minks with infection of a ranch owner. J. A. M. A. 112: 1148–1149 (Mar. 25) 1939.

Schwartz, L. and Tulipan, L.: Occupational diseases of the skin. Philadelphia: Lea & Febiger, 1939.

Sobernheim, G.: Handbuch der Haut-und Geschlechtskrkh. (J. Jadassohn) Berlin, Julius Springer, 1929.

U. S. Department of Agriculture: Anthrax. Farmers' Bulletin No. 1736.

# Contraction Ring Dystocia*

By JAMES W. McGILL, M. D.
*Superior*

IN A consideration of the subject of contraction ring dystocia, it is advisable that we have a clear-cut definition of what we mean by "contraction ring." Even casual reading of reports on the subject by the obstetrical authors will convince one that there is far from a common understanding as to just what the condition is. It has been variously called contraction ring, retraction ring, constriction ring, Bandl's ring and Braune's ring.

Regardless of the name that may be applied to it, we are all agreed, I am sure, that what we are interested in is the annular, bandlike contraction which sometimes develops in the uterus and causes obstruction to the normal progress of labor. Most authors agree as to its site, namely, that it is located at the junction of the upper contracting portion and the lower dilating portion of the uterus, or in other words, between the upper and lower uterine segments.

To understand thoroughly the mechanism of its production, we must review the physiology of labor. As the waves of contraction pass over the uterus, the contractions affect the individual muscle fibers and cause them to shorten lengthwise and to

* Read before the Chippewa County Medical Society, January, 1940.

thicken, or retract. The cervix is fixed by virtue of the attachments of the sacro-uterine ligaments behind, the cardinal portions of the broad ligaments laterally, and the uterovesical ligament in front. As the contractions occur, they tend to pull on the attachment of the contracting portion to the noncontracting portion of the uterus, or lower uterine segment. This has the effect of thinning out the lower segment, pulling the cervix open, and at the junction of the upper and lower segments, a rim or ring of muscle develops, the retraction ring, a physiological structure. Normally, the ring relaxes between pains; in the event of obstructed labor, the contractions may become so hard and so frequent as to be almost continuous. Under these circumstances the ring does not relax but remains as a contracted band of muscle and may now in itself obstruct labor.

### Various Definitions

It is probably at this point that most authors attempt to define it, because Gilliatt calls it a localized spasm of circular muscle fibers; White gives the same definition but in addition states that it occurs at a point of diminished resistance, such as a depression in the fetal outline as, for example, the neck. Titus also calls it a spasm as does De Lee, who terms it a "strictura uteri." Falls, Schumann, and Lochrane are all of the same opinion. Rudolph states that if labor is obstructed, the upper segment retracts excessively and the normal retraction ring becomes exaggerated or pathological, but that the true retraction ring rises on the uterus with gradual thinning of the lower segment. He recognizes another type of obstruction which he calls a constriction ring, which may occur at any level, but commonly occurs at the external os, the internal os, or the junction of the upper and lower segments, usually the internal os. He believes that a true Bandl's ring is a pathologic retraction ring.

Pride furnishes an explanation of Rudolph's contraction and constriction rings by pointing out that the uterus is composed of three layers of muscle, or three muscle planes; the layers are not sharply differentiated but interlace. Under the serosa is a longitudinal layer; between the longitudinal fibers are transverse fibers which are active in contraction-ring formation. The fibers of the middle muscular layer run radially; the innermost layer, under the mucosa, contains circular and oblique fibers; and just above the internal os is a thicker segment of annular fibers. This is the site of the retraction ring.

With this muscular architecture in mind, it is easy to understand that if the circular fibers at a given level contract, they may form a ring-like contraction. The mechanism seems to be much like intestinal peristalsis. In this sense the contraction rings are physiologic, they tend to propel the fetus forward. In the normally functioning uterus there are waves of contraction in which contraction rings develop, probably just above the fetus, to push it forward. As the uterus relaxes, the longitudinal fibers retract or shorten, thus by their pull loosening the circular rings. If the longitudinal fibers fail to loosen the circular contractions, especially at the site of the retraction ring, the physiologic retraction ring becomes pathologic,—the true contraction ring in which we are interested. Some authors distinguish two types of contraction rings. In one there is tonic contraction of the ring with retraction of the rest of the uterus; in this type the whole uterus, especially the lower segment, is closely contracted about the fetus, really a uterine tetany. According to Michael this is a true Bandl's ring. In the second type the ring is tonically contracted without retraction of the rest of the uterus; i. e., the ring remains contracted while the rest of the uterus contracts and relaxes. Harper calls this a true pathologic contraction ring and claims that it is harder to overcome than the former type.

The question of the true etiology and the so-called predisposing factors are so closely intermingled as to make differentiation difficult. Pride gives the following as factors: (1) malposition of the fetus; (2) early rupture of the membranes; (3) disproportion; (4) response of uterine muscle to abnormal blood chemistry. Rudolph thinks that it is due to disturbed physiology of the uterus, probably in the nature of localized irritabil-

ity of the uterus causing annular spasm of the circular muscles, and inhibition of the longitudinal fibers; he believes that it may be neurogenic or myogenic. He also believes that it may occur in nonobstructed or in obstructed labor. Lochrane believes that it is due to over-irritability of the uterus due to excessive manipulation; Loizeaux thinks that it is spasm, due to nerve control; Michael, in addition to the other factors, adds bags, oxytocics, digital dilatation and unsuccessful attempts at delivery. Rucker thinks that it is due to spasm of the bulbosacral nerves; Danforth believes that an excessively long second stage (over 3 hours) is responsible. While bags, oxytocics, manual dilatation, and attempts at delivery may very well be factors, it certainly occurs when none of these factors has been operative. In view of Pride's statements and findings, it would seem that what he calls "response of uterine muscle to abnormal blood chemistry," could well explain the disturbed physiology of which Rudolph, Lochrane, Loizeaux, Michael and Rucker speak.

### Diagnosis

Not all the writers on the subject seem to be in perfect accord as to the diagnostic criteria; however, there are a number of factors which should suggest the possible presence of a contraction ring. De Lee states that irregular crampy pains with excessively slow dilatation of the cervix are suggestive. Several authors mention as significant findings: pelvic hyperesthesia; descent of the presenting part with a pain and retraction following the pain; and atypical pain, especially pain low in front instead of in the back. Conwell states that retraction of the presenting part at the height of a contraction pain is diagnostic. Rudolph mentions laxity of the cervix during uterine contraction as being suggestive, and states that looseness of the head in the pelvic cavity in the second stage with no change in the station of the head is pathognomonic. Failure of the head to advance when the cervix is completely dilated is very suspicious, and also, Pride adds, low carbon dioxide combining power. Positive diagnosis is made, of course, by passing the hand up into the uterus and feeling the ring. That the condition merits serious consideration should be apparent from the mortality statistics. The maternal mortality rate is 15 per cent, the fetal mortality 46 per cent.

### Treatment

Under the heading of treatment, many things have been suggested. Prophylactic indications include analgesia in labor, which will tend to prevent spasm, and what is apparently the most important factor of all, conservation of the patient's strength during labor by giving rest when it is indicated, and preventing dehydration and exhaustion. If the patient appears to be tiring excessively, rest is imperative and should be secured. Morphine in proper dosage will usually accomplish the desired result, and should be given to the point of securing rest, even though it may temporarily arrest labor.

Nourishment in the form of easily assimilable foods should be given to the patient in labor, and particularly fluids. Glucose given intravenously will accomplish both purposes and is particularly valuable when the patient cannot retain food or fluids by mouth. With proper management of this sort, a patient may be safely carried for many hours.

Unless there is *positive* reason for interference, no intervention should be made until the patient has a completely dilated cervix, at least. Attention to the questions of rest and fluids, I believe, will prevent any alteration in the blood chemistry. After two hours in the second stage, if the ring is still persistent, morphine and atropine may be given. If relaxation has still not occurred, seven minims of adrenalin (½ cc.) should be given, intramuscularly, and the patient put under deep surgical anesthesia, preferably with ether. As soon as the ring has relaxed, delivery should be effected with forceps or by version, remembering in the latter instance that the lower segment is excessively thin and rupture is not impossible. Danforth emphasizes that the deep anesthesia should be *deep* and should continue for some time before delivery is attempted. Intervention too early may aggravate the spasm.

Amyl nitrite has been suggested in place of adrenalin; ephedrine would seem to be in the same category. Spinal anesthesia has been suggested in place of ether, although many feel that spinal anesthesia has serious drawbacks in delivery. Dührssen's incisions would not seem to be indicated because the obstruction is well above the cervix. Cesarean section may be considered as a last resort, but if extensive vaginal manipulation has been done it would seem to be hazardous, unless one considered doing a supravaginal hysterectomy. In the face of a persistent contraction ring, following everything above outlined, a destructive operation on the dead fetus might finally be necessary.

### Summary

(1) Annular constriction of a portion of the lower uterus is a clinical entity, by whatever name it may be known.

(2) Its etiology is complex in as much as there are usually a number of contributory factors.

(3) Prophylactic treatment is the treatment of choice and is possible if the condition be borne in mind.

(4) Active therapy, after the condition has developed, is not always effective.

(5) The formidable maternal and fetal mortality associated with this condition identify it as a serious complication of labor.

#### REFERENCES

Bakewell, B.: Contraction ring dystocia: treatment with epinephrin; report of cases. California & West. Med. 46: 109–111 (Feb.) 1937.

Conwell, H. F.: Dystocia due to uterine spasm known as Bandl's ring. J. Med. 14: 417–420 (Oct.) 1933.

De Lee, J. B.: Principles and practice of obstetrics. Ed. 7. Philadelphia: W. B. Saunders Company, 1938.

Falls, F. H.: In Curtis' Obstetrics and gynecology, vol. 2, ch. xxxiv, Dystocia due to abnormalities of the genital tract. Philadelphia: W. B. Saunders Company, 1933.

Gilliatt, W.: Delay in labor. M. J. Australia 2: 581–586 (Oct. 28) 1933.

Harper, P. T.: Bandl's ring and difficult labor. Surg., Gynec. & Obst. 35: 198–208 (Aug.) 1922.

Hicks, H. T.: Retraction of the uterine muscle associated with obstructed labour. Brit. M. J. (Lond.) 2: 515–517, 1916.

Holzberg, H. L.: A case of contraction ring dystocia. J. A. M. A. 76: 1654 (June 11) 1921.

Ivy, A. C., Hartman, C. G., and Koff, A.: Contractions of monkey uterus at term. Am. J. Obst. & Gynec. 22: 388–399 (Sept.) 1931.

Lochrane, C. D.: Significance of the position of a "contraction ring." Brit. M. J. 1: 11–12 (Jan. 3) 1920.

Loizeaux, L. S.: Cervix in labor. Am. J. Obst. & Gynec. 18: 57–68 (July) 1929.

Michael, W. A.: Bandl's ring as cause of dystocia. Am. J. Obst. & Gynec. 10: 111–119 (July) 1925.

Rucker, M. P.: Treatment of contraction ring dystocia with adrenalin. Am. J. Obst. & Gynec. 14: 609–615 (Nov.) 1927.

Rudolph, L.: Constriction ring dystocia. J. Obst. & Gynaec. Brit. Emp. 42: 992–1026 (Dec.) 1935.

Schumann, E. A.: Textbook of obstetrics. Philadelphia. W. B. Saunders Company, 1936.

Titus, Paul: Management of obstetric difficulties. St. Louis: C. V. Mosby Company, 1937.

# Use of Short Wave Diathermy in the Study of Peripheral Vasospasm*

By MAURICE HARDGROVE, M. D. and S. A. MORTON, M. D.
*Milwaukee*

MANY methods of studying peripheral arterial vasospasm have been described. These have consisted either in attempts at interruption of sympathetic impulses or inhibition of sympathetic tone. Interruption of sympathetic impulses has been accomplished by local or general anesthesia or analgesia. Inhibition of sympathetic tone has been accomplished by physical, physiological and pharmacological means. Physical heat has been utilized to inhibit sympathetic tone,—indirectly, by the use of foreign proteins given intravenously, or, directly, by increasing environmental temperatures. Increased environmental temperature has been applied to the body in general as well as locally to involved or uninvolved areas.

A common method of studying peripheral vasospasm is that of recording peripheral skin temperature readings after raising the

* From Columbia Hospital, Milwaukee. Presented in abstract at the Central Society of Clinical Research, Chicago, November, 1939.

body temperature through the intravenous use of killed typhoid bacilli. There are certain objections to this procedure. It necessitates hospitalization of the patient; the response to the dosage used is not uniform; the rise in body temperature lasts for irregular lengths of time; and there is some danger in its use in certain types of patients (e. g., those with advanced arteriosclerosis). If correctly done, however, it gives a satisfactory result in the study of the release of vasospasm with a consequent rise in peripheral skin temperatures.

Since March, 1937, we have used another means of producing a rise in body temperature, namely, short wave diathermy. Its use for this purpose has the obvious advantage that the agent producing the general rise in temperature can be more easily controlled than the pyrexia following the typhoid vaccine. It can be applied and withdrawn at will. Through the use of this method, we can study the patient in the outpatient department.

The patient generally enters the outpatient department in the early morning without breakfast. The room used for the examination is kept at approximately 80 F. No rigidly constant (warm) room temperature was available at the time of this study. Within one hour after being unclothed and resting, the peripheral skin temperature may reach a constant level. The patient is wrapped in blankets and the coil from the diathermy machine is applied on top of the coverings over the trunk or beneath the patient.

Diathermy is given until the temperature reaches about 101 F. (oral) or 102 F. (rectal). This takes approximately one-half hour. Care must be taken not to attempt skin temperature readings with any metallic lead while the diathermy apparatus is on, for burning of the skin is likely to occur. The temperature of the digits is taken after discontinuing the diathermy, and until the readings return to the normal level. The entire procedure seldom takes more than two or three hours. An electrical thermocouple is a satisfactory apparatus for studying skin temperatures.

TABLE 1.—*Temperature Elevation After Short Wave Diathermy in Cases 1, 2, 3 and 4*

| Case | Location | Basal F. | After short wave diathermy ½ hr. (maximum) F. | Rise F. |
|---|---|---|---|---|
| 1. Normal | Oral | 98.6 | 101.4 | 2.8 |
| | R. hand | 94.8 | 98.2 | 3.4 |
| | L. hand | 94.5 | 98.2 | 3.7 |
| | R. foot | 92.5 | 98.6 | 6.1 |
| | L. foot | 92.2 | 98.5 | 6.3 |
| 2. Normal | Oral | 98.6 | 100.7 | 2.1 |
| | R. hand | 93.2 | 95.8 | 2.6 |
| | L. hand | 93.0 | 96.0 | 3.0 |
| | R. foot | 85.1 | 95.0 | 9.9 |
| | L. foot | 85.0 | 95.1 | 10.1 |
| 3. Thromboangiitis obliterans | Oral | 98.6 | 100.0 | 1.4 |
| | R. hand | 92.0 | 93.9 | 1.9 |
| | L. hand | 92.2 | 95.0 | 2.8 |
| | R. foot | 89.2 | 89.2 | 0 |
| | L. foot | 89.0 | 91.6 | 2.6 |
| 4. Scleroderma; Raynaud's phenomena; sympathectomy of upper extremity | Oral | 98.6 | 102.9 | 4.3 |
| | R. hand | 88.0 | 94.0 | 6.0 |
| | L. hand | 87.2 | 93.2 | 6.0 |
| | R. foot | 85.0 | 96.5 | 11.5 |
| | L. foot | 85.0 | 95.8 | 10.8 |

## Case Reports

Case 1, table 1, shows a normal 26-year-old female's response to the application of heat to the trunk by short wave diathermy for a period of thirty minutes.

Case 2, table 1, shows a normal response in a 60-year-old male with neurosyphilis who had pain in his right foot. The arteries of the lower and upper extremities all pulsated. No calcification of arteries was noted on roentgenological examination. (Fig. 1.)

Case 3, table 1, shows the result of study in an early case of thromboangiitis obliterans in a 40-year-old male. A trophic ulcer was present under the right big toe. (Fig. 2.)

Case 4, table 1, shows results in the study of a patient with Raynaud's phenomena complicated by scleroderma. The patient, a woman 38 years of age, had had an upper sympathetic ganglionectomy performed five years previously. The patient's disease did not involve the lower extremities.

Case 5, table 2, is one of advanced thromboangiitis obliterans with multiple digital amputations. It would appear that satisfactory vasodilation has been secured by diathermy. The responses are not identical with those following vaccine. A

TABLE 2.—*Comparison of Short Wave Diathermy and Typhoid Vaccine Elevation of Temperature in Case 5*

| Case | Diathermy | | Typhoid vaccine | |
|---|---|---|---|---|
| 5. Thromboangiitis obliterans | Basal F. | ½ hr. short wave F. | Basal F. | 3 hrs. after typhoid vaccine F. |
| Oral | 98.7 | 100.4 | 99.0 | 101.5 |
| R. 3 finger | 91.4 | 94.2 | 93.3 | 90.9 |
| L. index finger | 91.9 | 94.2 | 91.9 | 91.4 |
| R. 2 toe | 92.6 | 95.1 | 86.2 | 94.7 |
| L. 2 toe | 91.5 | 95.2 | 89.3 | 92.8 |

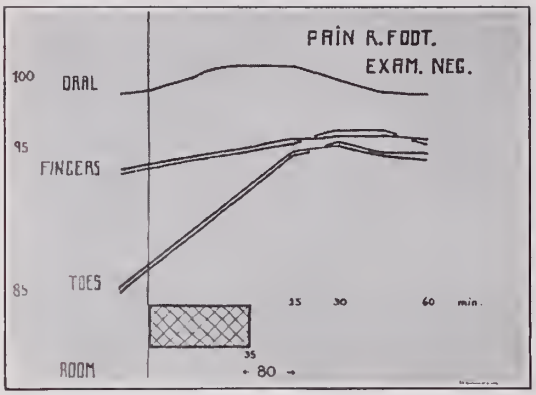



Fig. 1. Normal response, case 2.

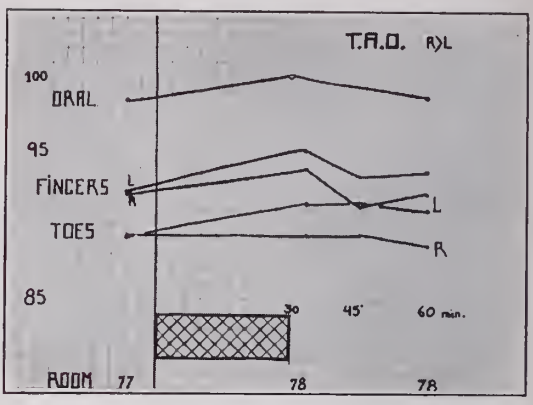



Fig. 2. Abnormal response in case 3.

higher peripheral temperature was reached in each instance by diathermy even though the oral temperature was not as high. It is to be remembered that the coils were applied to the trunk and not to the extremities.

Case 6, table 3, shows results in a study of slowly progressing thromboangiitis obliterans of seven years duration in a man 41 years of age. No elevation of the skin temperature of the right foot appeared after typhoid vaccine or short wave diathermy, indicating an organic arterial disease without evidence of vasospasm.

TABLE 3.—*Comparison of Short Wave Diathermy and Typhoid Vaccine Elevation of Temperature in Case 6*

| Case | Diathermy | | Typhoid vaccine | |
|---|---|---|---|---|
| 6. Thromboangiitis obliterans | Basal F. | ½ hr. short wave F. | Basal F. | 4 hrs. after typhoid vaccine F. |
| Oral | 97.2 | 101.3 | 97.0 | 101.3 |
| R. 2 finger | 90.6 | 95.3 | 89.2 | 96.3 |
| L. 2 finger | 91.0 | 93.0 | 87.8 | 94.6 |
| R. 1 toe | below 85.0 | below 85.0 | 86.3 | 86.9 |
| L. 1 toe | below 85.0 | 88.6 | below 85.0 | 91.9 |

## Discussion

Prolonged use of short wave diathermy may not be practical in the treatment of arterial disorders where vasodilation is indicated. However, trial should be given to this method. Typhoid vaccine, given intravenously, is still the less expensive method of producing vasodilation when one wishes to do it frequently and for long periods of time.

Additional attempts at this method of studying peripheral vasospasm are to be encouraged by others who have large clinical material, as well as a constant (warm) temperature room. Further comparisons of this method with other common methods are to be encouraged. Oscillometric, plethysmographic, and vascular visualization studies have not been performed on our patients.

However, it would appear to us from this preliminary experiment that this is a simple and satisfactory method, which does not entail hospitalization of the patient and in which control of the body temperature is an easy problem.

## Conclusion

Inhibition of sympathetic tone by raising body temperature through use of short wave diathermy yields a simple procedure for the study of vasospasm in diseases of the peripheral arteries.

### REFERENCES

1. Ochsner, A., and DeBakey, M.: Rational consideration of peripheral vascular disease. J.A.M.A. 112: 230–236 (Jan. 21) 1939.
2. de Takats, G., Reynolds, J.: Amputation for peripheral vascular disease. Arch. Surg. 40: 253–270 (Feb.) 1940.

## "WAR MEDICINE"

A bimonthly periodical, "War Medicine," is now being published by the American Medical Association, Chicago, in cooperation with the National Research Council, Washington, D. C. The new journal is being offered as a means of making an adequate record of the contribution of the medical profession to the nation's defense, according to an editorial in the first issue of the publication.

# Clinical Study of Diethylstilbestrol, a Synthetic Estrogen*

By A. M. SCHWITTAY, M. D.
*Madison*

SINCE August, 1939, my co-workers and I have used diethylstilbestrol, a synthetic estrogen, for the relief of menopausal symptoms, with highly satisfactory results. To date, sixty women have been under treatment. The preliminary results in forty of them have been tabulated and will be considered in this paper.

We have been interested primarily in the subjective responses. It is for relief of distressing symptoms that the patient seeks the physician. We have used almost entirely the oral method of giving the drug because of the ease of administration and because the rather wide geographical distribution of our patients makes the injection method a hardship.

In 1939, Dodds and his associates in England introduced this new synthetic preparation for which the name diethylstilbestrol was used,—later to be abbreviated to stilbestrol. Reports on studies covering at least five years indicated that this preparation possessed estrogenic activity fully comparable, and in some cases superior, to those biologic estrogens to which we have been accustomed in this country.

## Experience in Forty Cases

Thirty-nine of the forty women in our series complained of one or more of the usual symptoms of spontaneous menopause —irregular bleeding, headaches, lassitude, nervousness, fatigability, and joint pains. One of the forty had had a spontaneous menopause accelerated by the use of radium.

*Dosage.*—With a completely new preparation whose dosage was computed in the vernacular of milligrams instead of units, we had to "feel our way" as to the amount given. The product used in the study had been standardized by the Allen–Doisy method and 1 mg. of stilbestrol was found to have the same activity as 25,000 I. U. of estrone. Dodds and his co-workers had found it to be approximately two and one-half times as potent as estrone in producing vaginal estrus in ovariectomized rats. After some experimentation with dosage, we felt that we received the most uniformly good results with 1 mg. daily throughout the first month of treatment. After that, 0.5 mg. sufficed in most cases. In three cases, relief was maintained on a dosage of 1 mg. twice weekly. One patient reported satisfactory results with 0.1 mg. daily.

*Results.*—Of the forty patients, thirty-five had good or excellent response in the alleviation of their symptoms. Five were unimproved, (one of whom we feel certain will cherish and enjoy her ill health until the day she dies). Hot flashes disappeared within ten days of treatment. Lassitude, nervousness, fatigability and joint pains tended to disappear quite promptly. From half of these women came the spontaneous remark that there was a feeling of general and marked well-being, which they attributed entirely to the effect of the drug. In four who had previously used the biological estrogens, the results were felt to be superior to the former medication.

*Toxicity.*—We have found a comparatively low incidence of toxic symptoms. In the doses which we finally established as adequate for control of symptoms only four complained of any discomfort, an incidence of 10 per cent. Their complaints were either of nausea or vomiting. In our opinion, these are the most desirable reactions. They are the most quickly apprehended by the patient and serve to deter her from further therapy. To the physician they are a signal to diminish the dose or stop it entirely. At a lower level of dosage, all of the patients were able to continue with the drug.

## Case Reports

A few case histories are significant.

Case 1. Mrs. H. F., age 46, complaining of fatigue, hot flashes, and nervousness, took 1 mg. daily. After a month she declared herself markedly improved.

* From the Jackson Clinic.

Her comments were: "Less nervous, more like myself again." Symptoms recurred when she withheld the drug; they were controlled when she resumed it.

Case 2. Mrs. E. W., age 41, after one month of treatment had complete relief from the backache and joint pains,—the so-called "arthralgias of menopause."

Case 3. (Surgical menopause following radium.) Mrs. O. I., 45 years old, complained of severe hot flashes, fatigue, headache. After fifteen days of treatment on 1 mg. daily, she declared herself completely relieved, but was beginning to feel some nausea.

Case 4. Mrs. R. L., age 52, still menstruating regularly, complained of moroseness, unwillingness to meet people and emotional instability. After one month's treatment, her mental depression was quite definitely lifted. She enjoyed movies again, tended much more to mingle with her friends.

## Evaluation

*Use in relieving menopausal symptoms.*—This research was directed mainly toward determining the efficacy of a new, easily synthesized, relatively cheap drug in relieving the distressing symptoms which seem inevitable in a large proportion of women in the fifth and sixth decades of life. It was surprisingly satisfactory in this respect. As for toxic symptoms perceived by the patient, they were relatively few—and easily obviated on smaller doses. Collateral chemical and physiological studies were not undertaken on the same scale in this study. They have been done elsewhere in experiments with animals and on human beings. These are, to be sure, important phases of the research. So far, there is a wide divergence in impressions. Most investigators, in the literature, are apparently enthusiastic about the advent of a drug which is cheaper, easily synthesized and acceptable for oral use.

*Other uses.*—We have not included in this study our experience with other uses for the drug, dependent on its estrogenic properties. We should, however, like to mention four younger women complaining of lassitude, menstrual pain and fatigue, with a rather low basal metabolism rate and a tendency to secondary anemia whom we have felt might be designated as the hypo-ovarian or, better, hypo-estrous type of individual. These women, (given 1 mg. daily), to our surprise, also improved in weight, in a sense of subjective well-being, and even in total red blood count.

One child, 8 years old, with an acute Neisserian vaginitis, was treated with vaginal suppositories of diethylstilbestrol. After ten days of treatment, smear tests were negative and continued so for two months thereafter.

## Conclusions

1. A new synthetic estrogen, stilbestrol, has been demonstrated in our series of forty patients to relieve the subjective symptoms of menopause in as large a proportion of patients as will respond to the biological preparation. In a few cases, it seems to give better results.

2. The toxic symptoms have been mild and limited to nausea or vomiting. On withdrawal, these symptoms promptly subsided. We have felt rather a sense of security that it was this type of toxic symptom which was first to appear since such symptoms act as their own governor in modifying treatment. Patients will usually withhold treatment spontaneously when such symptoms occur.

3. Oral administration is entirely satisfactory.

4. The drug gives promise of a true innovation in therapy. It is easily synthesized, cheap, and easy of administration.

---

*Author's note.*—We appreciate very much the courtesy of the Division of Medical Research, Winthrop Chemical Company, in supplying us with the necessary drugs to make this study.

### REFERENCES

Bishop, P. M. F., Boycott, M., and Zuckerman, S.: Œstrogenic properties of "stilboestrol" (diethylstilboestrol); clinical and experimental investigation. Lancet 1: 5–11 (Jan. 7) 1939.

Dodds, E. C., Goldberg, L., Lawson, W., and Robinson R.: Œstrogenic activity of certain synthetic compounds. Nature (Lond.) 141: 247–248 (Feb. 5) 1938

Dodds, E. C., Lawson, W., and Noble, R. L.: Biological effects of synthetic oestrogenic substance. Lancet 1: 1389–1391 (June 18) 1938.

Engelhart, E.: Der Aufbau der Proliferationsschleimhaut bei der kastrierten Frau durch einen synthetischen östrogenen Wirkstoff. Wien. klin Wchnschr. 51: 1356–1358 (Dec. 23) 1938.

Kellar, R. J., and Sutherland, J. K.: Clinical experiences with new synthetic oestrogen—Stilboestrol (diethyl stilboestrol); report to Therapeutic Trial Committee of Medical Research Council. J. Obst. & Gynaec. Brit. Emp. 46: 1–7 (Feb.) 1939.

Loeser, A. A.: Therapeutic trials of diethyl-stilboestrol. Brit. M. J. 1: 13 (Jan. 7) 1939.

Noble, R. L. Effect of synthetic oestrogenic substance on body-growth and endocrine organs of rat Lancet 2: 192–195 (July 23) 1938.

Parkes, A. S., Dodds, E. C., and Noble, R. L.: Interruption of early pregnancy by means of orally active oestrogens. Brit. M. J. 2: 557–559 (Sept. 10) 1938

# Encephalomeningitis in Mumps

By MAX J. FOX, M. D.
*Milwaukee*

IT IS well known that complications occur during mumps, among which is the infrequent occurrence of neurologic changes suggesting nervous system involvement.

It is the purpose of this communication to present four cases of encephalomeningitis complicating mumps and to stress the importance of the early recognition of this complication. The symptom range of this virus infection of the central nervous system is much wider than that of encephalitis in other communicable diseases. Ofttimes the symptoms are so mild that "unless one resorts to spinal punctures at the slightest indication the diagnosis will not be made in many cases" (Finkelstein[1]).

It is generally considered that this complication is caused by the virus of mumps. (Neal,[2] Wegelin,[3] and Birnberg.[4]) Lavergne and his collaborators[5] proved that the cause of encephalomeningitis is the virus of mumps, by inoculating eight rabbits suboccipitally with 1 cc. of cerebrospinal fluid from eight patients with simple parotitis. The spinal fluid was studied at four-day intervals for five weeks. Microscopic studies of the brain were made at the termination of the experiment. Seven rabbits reacted during the first ten days with persistent hyperlymphocytosis which diminished during the course of the experiment and showed a late recrudescence in five animals. The authors concluded that the cerebrospinal fluid from patients who experienced simple parotitis is virulent to rabbits in almost all cases. The spinal fluid is infective although the patients may not have shown clinical symptoms of meningitis. The fluid need not show any alterations. Therefore, the absence of symptoms or signs of meningitis in mumps does not indicate the absence of the virus in the central nervous tissues.

The pathology of mumps encephalitis and mumps meningitis is best covered by the term "mumps encephalomeningitis." Clinically the syndrome resembles meningitis rather than predominant encephalitis.

## Case Reports

In the four cases herein presented as encephalomeningitis there was some degree of parotid gland swelling during the course of the illness. In two, the complication was manifested by convulsions. Three patients complained of headache. Gastroenteritis, especially with vomiting, was noted in three of the four. Neck rigidity was observed to a marked degree in all four. Spinal puncture disclosed increased intracranial pressure and all four patients had a marked hyperlymphocytosis. The cell counts ranged from 775 to 1440. The spinal fluid sugars were below normal in the three patients tested.

TABLE 1.—*Symptoms, Signs and Outcome in 4 Cases of Encephalomeningitis in Mumps*

| Case No. | Sex | Age | Onset No. days after mumps | Admitted No. days after onset | Rectal temperature on admission | Symptoms | Signs | Outcome |
|---|---|---|---|---|---|---|---|---|
| 1 | M | 5 | 3 | 1 | 103.4 F. | Headache Emesis | Rigidity of neck. Pain on flexion. Brudzinski. Swelling and tenderness of parotids. | Complete recovery. |
| 2 | M | 7½ | 4 | 1 | 101.4 F. | Nausea Vomiting Low back pain. | Swelling of parotids. Lumbar pain when head flexed. Tenderness along spine and in legs. | Complete recovery. |
| 3 | F | 7 | -- | 2 | 104 F. | Headache Convulsion | Lethargic. Neck rigid. Swollen right parotid. Hypoactive reflexes | Complete recovery. |
| 4 | F | 4½ | 7 | 1 | 102 F. | Headache Emesis Convulsion | Neck rigid. Hyperactive knee jerk. Abdominal reflexes absent. Swollen left parotid. | Complete recovery. |

TABLE 2.—*Laboratory Findings in 4 Cases of Encephalomeningitis in Mumps*

| Case No. | Blood Leukocytes | Spinal Fluid | | | | |
|---|---|---|---|---|---|---|
| | | Pressure | Cells | Protein | Sugar | Chloride |
| 1 | 9,850 | Marked | 775 Lymphocytes 100% | | | |
| 2 | 12,350 | Marked increase | 1105 Lymphocytes 100% | 35 | 33 | 601 |
| 3 | 9,300 | Marked increase | 990 Lymphocytes 100% | 106 | 13 | 683 |
| 4 | 15,550 | Marked increase | 1440 Lymphocytes 100% | 28 | 30 | 700 |

Three of these four patients were extremely ill when admitted to the hospital. All made uneventful recoveries and up to the present writing no sequelae have been reported. The etiology of the encephalomeningitis in mumps appears to be the virus of mumps as shown by the virulency test of Lavergne. Neal also believes that the mumps virus itself is the cause of the encephalomeningitis since that virus has a tendency to invade tissue other than the parotid gland and also because the symptoms are more constant than in the other forms of encephalitis. Wegelin stated that the nature of the virus of mumps is still to be explored but the filterable nature seems to have been established. Wegelin's series has been verified and intracerebral injection of filtered material caused a meningoencephalitis.

The neurological picture in these four cases is quite distinctive of a meningitis and the uniformity of the symptoms seems characteristic. The leading symptom in three patients in this series was headache, and fever was common to all. Emesis occurred in three cases. Two of the patients had convulsions. Tenderness and pain along the spine and extremities were present in one case. Neurologic examination disclosed neck rigidity, without other distinct findings. Lumbar puncture released fluid under pressure. All specimens contained large numbers of lymphocytes.

## Summary

1. The apparent cause of encephalomeningitis in mumps is the "parotid" virus.

2. The incidence of this complication is not as infrequent as medical literature indicates.

3. Encephalomeningitis of mumps is usually characterized by evidence of intracranial pressure.

4. The prognosis is more favorable than in encephalitis of other communicable diseases.

### BIBLIOGRAPHY

1. Finkelstein, Herman: Meningo-encephalitis in mumps. J.A.M.A. 111: 17–19 (July 2) 1938.
2. Neal, Josephine: Personal communication to Herman Finkelstein, supra.
3. Wegelin, C.: Ueber meningoencephalitis bei mumps. Schweiz. med. Wchnschr. 65: 249–252 (March 16) 1935.
4. Birnberg, T. L.: Mumps meningo-encephalitis. Minnesota Med. 22: 173–177 (March) 1939.
5. Lavergne, de V., Kissel, P., and Accoyer, H.: Sur la virulence du liquide cephalo-rachidien au cours des oreillons simples. Bull. et mém. Soc. méd. d. hôp. de Paris. 53: 1275–1332 (Nov. 15) 1937, at p. 1276.

## "HEALTH ACHIEVEMENTS IN WISCONSIN" DRAWS J. A. M. A. COMMENT

*J. A. M. A.* (Jan. 25, 1941, p. 312): "The State Medical Society of Wisconsin has published a graphic pamphlet entitled 'Health Achievements in Wisconsin.' The typography and numerous illustrations make the statement especially attractive. The first picture is a map of the United States in which North Dakota, South Dakota and Wisconsin are numbered 1, 2 and 3 in solid black against a white background. Wisconsin was rated by the National Resources Board as the third healthiest state in the United States. The picture of a girl reading comfortably in a hospital bed calls attention to the fact that hospitals are as available in Wisconsin as they are in the state of New York. Pictures of water works, private wells, tourists' cabins, summer resorts, rivers, lakes and packing plants emphasize that Wisconsin protects the public health through the sanitary regulation of hotels, restaurants and barber shops and makes vacationing safe. There are fewer typhoid deaths in Wisconsin than in any other state in the United States. The second section of the pamphlet depicts 'Medical Education and Training.' Various phases in the life of a medical student are shown in a series of pictures. The third section points out the 'Problems on Which Medicine Is Now Working.' The state medical society, the state board of health and the industrial commission have done well in bringing so vividly to the front the health achievements in Wisconsin. A brochure of this type will no doubt indicate to the legislators of the state that conditions of health and medical care in Wisconsin are not so abysmally deficient as some proponents of a new order have depicted them."

# Keep the Worker on the Job

By PAUL A. BREHM, M. D.
*State Board of Health, Madison*

THE success of our national defense program depends upon industrial production.

The manufacture of defense equipment of every kind depends upon our manpower in the factories.

Anything that hinders the skill, efficiency or productive capacity of the worker will retard industrial output.

Common illnesses are the greatest causes for keeping men off their jobs. These illnesses are, in effect, a constant source of sabotage to our industrial production. Sabotage that can be reduced by the physician!

A study of absences from work was made in certain Wisconsin industries during 1939. It was found that Wisconsin workers lost fewer days per year due to illness than those workers covered by similar studies in other sections of this country.*

The average time loss per year per man due to nonindustrial illnesses during 1939 was two and a quarter days.

In spite of this excellent record, much can be accomplished to improve this situation. Consider some of the economic factors involved in this two and a quarter days lost per man during 1939 in Wisconsin:

1. Ordinary illnesses accounted for over ten times as much time loss as that due to industrial accidents.
2. Nonindustrial illnesses of all kinds accounted for an estimated $5,000,000 wage loss among 400,000 industrial employes.
3. Respiratory illness, particularly the common cold, resulted in an estimated $3,000,000 wage loss alone!
4. That the estimated monetary loss to industry occasioned by time loss due to illnesses is at *least* equal to the wages lost by the employes.
5. In the present national defense emergency the problem in all likelihood will increase in seriousness and importance. The speeding up of production, increased payrolls and overcrowding are but a few of the factors which we can expect will raise the incidence of sickness.

* See "Health Achievements in Wisconsin," supplement to Jan., 1941, issue of The Journal.

The physician should realize his responsibility in keeping the man on the job. The most important approach is a program to reduce the incidence of colds. The role of the physician in an industrial health program is to conduct regular health meetings with the foremen of each industrial establishment or with employe groups. It is suggested that these meetings be held at least at monthly intervals. The physicians should give short talks on health facts in words understandable by the lay person. Physicians having full-time or part-time industrial connections can make arrangements for such foremen meetings with the plant management. Physicians not having industrial connections can, if they are sufficiently aware of their responsibility to their community and its industries, approach the management of local plants and enlist their support in this program. Industry is very willing to cooperate in any beneficial enterprise. All industries should receive this service,—the small plants particularly, because they are without benefit of health supervision of any kind.

Since colds cause the greatest amount of wage and time loss they should receive first consideration for discussion before the monthly foremen meetings. Suggestions for such a talk appear on the opposite side of this page.

A health program in industry does not presume to eliminate colds or any other disease; our general population will still have its share of these afflictions. From statistical evidence, however, it is known that some diseases of mankind are preventable, and with proper precautionary measures many afflictions can be reduced.

If absenteeism in industry can be reduced by only a fraction of its present incidence, our industrial workers and industry itself will certainly benefit, and the medical profession will not have missed an opportunity to render *a real service* to our adult population.

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

# Outline of Model Talk on Cold Prevention Among Industrial Workers

IMPRESS the worker with the loss to *him* occasioned by colds. Quote the statistics herein contained or any others available. A talk containing health information alone will not impress the average individual, but he *will* pay some attention when this one fact is first driven home: *That it is to his advantage to stay well and on the job rather than to be sick*!

The foremen should be made to realize that they are responsible for transmitting health information to the employes under them, as well as to supervise the conduct of those employes in preventing any unhealthful acts. The physician cannot emphasize too strongly the advantages of employes taking a shower before leaving the plant where these facilities are available. The foremen should inspect their departments for unnecessary drafts and should insist that a worker be properly dressed before leaving the building on some errand even for a few minutes. It is just as important to be dressed properly for sudden changes in temperature as it is to wear protective goggles on a job where eye injuries are apt to occur.

In this connection, is it not sensible for the physician to sell the management the idea to display prominent signs over exits, cautioning against going outdoors without dressing properly, just as it has been sold on the safety campaign to the extent of labeling the interior walls with safety slogans?

It is not the intent here to imply that colds originate in the plant—any place of public gathering has received its share of blame. It should be pointed out that unnecessary dusts, fumes, or gases, however potentially harmless they may be, can predispose to upper respiratory infections. Foremen can, with vigilance, eliminate slovenly practices as well as insist upon hygienic housekeeping procedures.

Physicians can justifiably stress the importance of control of environmental influences on the health of the workers to management, because some of the responsibility of the maintenance of health is vital to the employer and rests in his hands. In this respect the physician should not be an alarmist but a counselor and an informer.

A health talk to any employer–employe group is not complete without the fundamental medical health precautions. Physicians know, without suggestion, the fundamental health rules as practiced in a cold prevention program. It should not be neglected, however, to outline in detail the suggestions for the maintenance of good general health and the prevention of colds in particular. Such advice should include:

1. **Rest.** Dwell upon the bodily needs for adequate sleep and rehabilitation.
2. **Food.** Stress the value of a balanced diet including the needs of vitamins in ordinary foods.
3. **Personal hygiene.** This includes cleanliness, elimination and prevention of spread of infection to others by means of coughing, sneezing and spitting.
4. **"Horse sense."** Emphasize the need for "horse sense" about recreation, habits, and the fact that the proper medical supervision early in the course of a disease can avert more serious consequences.

# COMMENTS ON TREATMENT

EDITORS
A. J. Quick M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

## Sulfanilamide and Related Compounds in Wound Infection

Since the popularity of chemotherapy in the past few years, additional uses have been found for sulfanilamide and related compounds. They have been used rather extensively in local applications in various types of wounds. The simplest method for the use of these compounds in open wounds is to dust the powder directly into the wound. Sulfanilamide powder is frequently used in lacerated wounds which are either potentially or actually infected. It is desirable to take cultures from the wound to determine the type of infecting organism. If the streptococcus is the dominating organism, sulfanilamide powder should be used. If the staphylococcus predominates, sulfathiazole powder is indicated. In some cases where there is a mixture of organisms it is sometimes desirable to change from one to the other to get the desired results. This method is also useful in compound fractures after a debridement and thorough cleansing of the surrounding tissues. The results in compound fractures are very encouraging.

Sulfanilamide and sulfathiazole powder are also valuable in the treatment of osteomyelitis following operation and drainage. The powder is dusted into the wound, then the wound is packed with vaseline and the part immobilized as in the routine Orr treatment.

Sulfapyridine powder has been used to some extent in the treatment of empyema by dusting it into the empyema cavity following rib resection for open drainage. There is some question of the efficiency of this method in the treatment of empyema. Sulfanilamide and sulfathiazole powder are excellent therapeutic aids in the treatment of large infected granulating areas such as one encounters following severe burns. In some clinics powdered sulfanilamide is introduced directly into the peritoneal cavity following operations on the bowel. Reports seem to indicate that the procedure has some value in the prophylaxis of peritonitis. The sulfanilamide compounds can also be used with moist packs on the infected wounds or granulating areas with beneficial effect. This method of application is particularly useful when hot compresses are being used for the treatment of some inflammatory process combined with an open wound.

Probably the most convenient form in which to use these compounds is in an ointment base. Almost any ointment base can be used for this purpose. The usual concentrations are from 3 to 5 per cent of the drug, but occasionally 10 per cent is used. This ointment is particularly valuable in large, open, infected wounds when used with pressure dressings. The ointment has been used frequently in the treatment of impetigo and secondary infections of the skin following infantile eczema with encouraging results. Multiple furunculosis usually responds readily to treatment with sulfathiazole ointment. There is some evidence that both the sulfathiazole and sulfanilamide ointment control exuberant granulation tissue. Therefore, they are useful in the treatment of large denuded areas. However, it is also fairly certain that these drugs inhibit epithelialization so that after the wound becomes clean from the action of the sulfanilamide and sulfathiazole ointment an epithelial stimulant must be used. The exact place for topical application of sulfanilamide, sulfathiazole and sulfapyridine in our therapeutic armamentarium is not yet known. Newer uses for the drugs present themselves daily but it will take careful observation over a period of time and many types of cases to evaluate truthfully the worth of these compounds.—ARTHUR A. SCHAEFER, M. D., Milwaukee.

# THE WISCONSIN MEDICAL JOURNAL



**The Council on Scientific Work**

E. R. SCHMIDT, Madison — EBEN J. CAREY, Milwaukee, *Chairman* — C. J. SMILES, Ashland
G. W. KRAHN, Oconto Falls — KARL H. DOEGE, Marshfield — W. S. MIDDLETON, Madison *(ex officio)*

**Editorial Staff**

KARL H. DOEGE, Marshfield, Medical Editor — MR. J. G. CROWNHART, Madison, Managing Editor
MISS DOROTHY CRIDLAND, Madison
Assistant Editor

**Collaborators**

THE COUNCIL

H. P. BOWEN ---------- Watertown
C. E. PECHOUS ---------- Kenosha
W. T. CLARK ---------- Janesville
B. I. PIPPIN ---------- Richland Center
A. H. HEIDNER ---------- West Bend
S. E. GAVIN ---------- Fond du Lac
H. A. JEGI ---------- Galesville
G. W. KRAHN ---------- Oconto Falls
H. H. CHRISTOFFERSON ---------- Colby
F. E. BUTLER ---------- Menomonie
F. G. JOHNSON ---------- Iron River
H. J. GRAMLING ---------- Milwaukee
R. E. FITZGERALD ---------- Milwaukee
ROBERT W. BLUMENTHAL ---------- Milwaukee
J. W. LAMBERT ---------- Antigo
R. G. ARVESON ---------- Frederic
(Past President)



**Annual Subscription ---------- Three Dollars-Fifty Cents** **Single Copies ---------- Fifty Cents**

Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Ill.

**Address all communications to THE WISCONSIN MEDICAL JOURNAL, Madison**

Volume 40 — FEBRUARY, 1941 — Number 2

OFFICIAL PUBLICATION OF THE STATE MEDICAL SOCIETY OF WISCONSIN



Copyright by the Society, 1941


## Industrial Health—Where Now?

WHAT part shall the general membership of the State Medical Society of Wisconsin play in the effort further to advance the health of workers in industry? Shall their role be a static one of waiting for an opportunity to serve or should we reverse this position and knock on the door of opportunity?

On page 139 of this issue under the minutes of the Council appears in substantial part a reprint of the report of the Society's Committee on Industrial Health adopted by the 1940 House of Delegates. Later in the same minutes will be found the budget for the work of this Committee in 1941,—a budget that alone accounts for the $5 increase in current dues.

This effort is going forward rapidly. The membership has been re-canvassed to ascertain the names of those who wish to be listed on the compensation act panels. The county by county panels have been typed and, as this issue appears, will just be coming from the printer. Four assistants are working in the office of the Industrial Commission to address the mailing envelopes to the 35,000 employers of the state, each of whom will receive a panel appropriate to their county plant location. A message will go forward with these under supervision of the Commission. It is hoped that by March 1 the entire mailing may be complete. It has been a tremendous task but its value will be recognized by every member.

Now the Committee approaches the major portion of its great effort. A physician director must be searched out whose opportunity it will be to match the needs of the employer, employe and national defense for the healthiest possible employe group, with the hundreds of physician members who stand ready to serve in their professional capacities.

Wisconsin's record in the attainment of health for industrial workers is unsurpassed in the world. Data from the field, compiled by the State Bureau of Industrial Hygiene, set forth graphically in the "Health Achievements in Wisconsin" supplement to the January Journal indicate a record five times better than that in the nation as a whole. Yet it is also significant that 50 per cent of the illnesses reported fell in the fields of upper respiratory or intestinal tract disturbances. These are not socalled "industrial diseases" though conditions of employment may, in some instances, have a part in an estimation of the causative factors. The Physical Examination Program of the Wisconsin Industrial Commission has a decided role for the general practitioner of medicine.

Wisconsin has embarked upon a program wherein the effect will be noted sooner or later by every member. It is a forward looking program and we are fortunate indeed that its supervisory force is a committee whose chairman is as well the Chairman of the Council on Industrial Health of the American Medical Association and a past president of our own State Society,—Dr. Stanley J. Seeger of Milwaukee.

# . . . . THE PRESIDENT'S PAGE . . . .

## "The Trial of a Century"

BY THE time you cast your eyes on this page a historic event as far as medicine is concerned will be in progress, namely the trial of the American Medical Association in Washington, D. C. From an organization point of view it is the most significant in its history.

During colonial days physicians gathered for scientific meetings as now. Problems of public health were discussed then, but in a much more embryonic way. Sources of infection were not established and the subject of communicable diseases was undeveloped. Early in the nineteenth century these scientific bodies became organized along government territorial lines as county and state societies. The advent of the American Medical Association marked the coordination of all these units into the splendid organization it is today.

An American hardware association or a national canners' group is important to their respective membership. So is the "A. M. A." but it has an added responsibility. It deals with the commodity *man* and his environment. Historically, public welfare has proved its main theme.

For many years the leaders of national medicine have given unselfishly of their time and energy to the great profit of our citizens. Witness the health of our people, the educational standards of our medical schools, the quality of our hospitals. The leadership which has brought this splendid situation about has been in the hands of "generals" in later life. In many cases these men physically have assumed unwarranted loads in an unselfish manner to further some public health enterprise.

It is to be hoped that all the fine things for which organized medicine stands will be recapitulated by those who challenge the American Medical Association's standing. The value of its leadership during the development of this country cannot be questioned. May it merge from the haze of the present legal tangle a stronger and more vital force for the common man than ever before. May its long chain of achievements for society remain unbroken.

Ralph P. Sproule

# THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Donne F. Gosin, Green Bay, President
Mrs. J. S. Supernaw, Madison, President-Elect
Mrs. Samuel A. Montgomery, LaCrosse, Vice-President
Mrs. Harry A. Keenan, Stoughton, Recording Secretary
Mrs. Robert W. Kispert, Green Bay, Corresponding Secretary
Mrs. Edwin P. Bickler, Milwaukee, Treasurer

COMMITTEE CHAIRMEN

Archives—
Mrs. D. B. Dana, Kewaunee
Convention—
Mrs. Arnold S. Jackson, Madison
Finance—
Mrs. Robert E. Fitzgerald, Wauwatosa
Hygeia—
Mrs. Gerald H. Friedman, Milwaukee
Organization—
Mrs. Ernest S. Schmidt, Green Bay
Philanthropic—
Mrs. Henry E. Twohig, Fond du Lac
Press and Publicity—
Mrs. Arnold H. Barr, Port Washington
Program—
Mrs. Maynard H. Fuller, Green Bay
Public Re'ations—
Mrs. Reuben H. Bitter, Oshkosh
National Exhibit (special committee)—
Mrs. E. Lee Lochen, Waukesha
Circulation of Bulletin (special committee)—
Mrs. Robert E. McDonald, Milwaukee

## A Letter from the Chairman of Exhibits

*Dear Members of the Auxiliary:*

Shortly after our state convention in Milwaukee, my husband was ordered to active duty as he is a captain in the Medical Reserve Corps of the United States Army. He is detailed to surgery at the Station Hospital, Chanute Field, Rantoul, Illinois. Of course, this necessitated a change of residence. However, our state president, Mrs. Donne F. Gosin, asked me to continue as chairman of the national exhibit. The work has given me great pleasure, and Mrs. J. B. Noble has consented to aid me in part of my duties. We are both hoping this will be a banner year as far as exhibits are concerned.

Some of you have asked for suggestions for exhibits. This year it probably would be best to stress the following: Individual histories of physicians and surgeons; composite histories of physicians in a county during first twenty-five years, second twenty-five years, and so forth, including education, that is, the college of medicine from which professional degrees were received; method of travel used in the various periods, and diseases most prevalent. An exhibit of this type was submitted by Mrs. J. B. Noble of the Waukesha County Auxiliary and was shown at the state convention in Milwaukee last September. No doubt many of you saw it there. Mrs. Noble used heavy white cardboard with black paint for lettering, placing the first two twenty-five year periods on the upper half of the cardboard and the second two periods on the lower half. I should judge the size of the poster to be about two and a half feet high and two feet wide.

Speaking of materials to be used in posters, I have found that beaver board is highly satisfactory. It has enough body to stand alone, and the pigment maintains its original color and remains on the surface without running.

Another of the exhibits worthy of mention was that of Rock County. It portrayed the life of one of the early doctors of that community. The outstanding events of his life were depicted around his portrait sketched in the center. It might be well to have this for a yearly project for each group, that is, to depict the life of one of the early doctors. This would help with the histories and enliven interest so that more histories would be submitted. This work is particularly in point this year due to the fact that the State Medical Society is celebrating the hundredth anniversary of its inception.

We are intending to use the same large exhibit for the national convention which we used at the state convention (Fig. 1.) However, it will be necessary to make some changes on this, as some additional counties have entered the Auxiliary and there are changes in others. I should like to receive information on the following:

1. Number of members of your county auxiliary
2. Number of subscriptions to Hygeia sponsored by your auxiliary
3. Whether an educational lecture has been sponsored
4. Whether philanthropic work has been accomplished

Would the president of each county auxiliary be so kind as to forward this material to me? I should appreciate a prompt answer, so that the necessary changes can be made on the poster and it will be in readiness to send to the national convention.

With kindest regards to you all, and with hopes of receiving letters from all the county auxiliary presidents,

Sincerely yours,
MARY ELISABETH LOCHEN.
(Mrs. E. Lee)

801 South Vine Street
Urbana, Illinois

## BOARD MEETING TO BE HELD IN FEBRUARY

Cards have been sent out by the corresponding secretary, Mrs. Robert W. Kispert of Green Bay, announcing a meeting of the Board of Directors on February 20 at 1:00 p.m. at Hotel Schroeder, Milwaukee. State officers and committee chairmen, and county presidents and presidents-elect are invited to this meeting. Short reports are requested of all except presidents-elect.

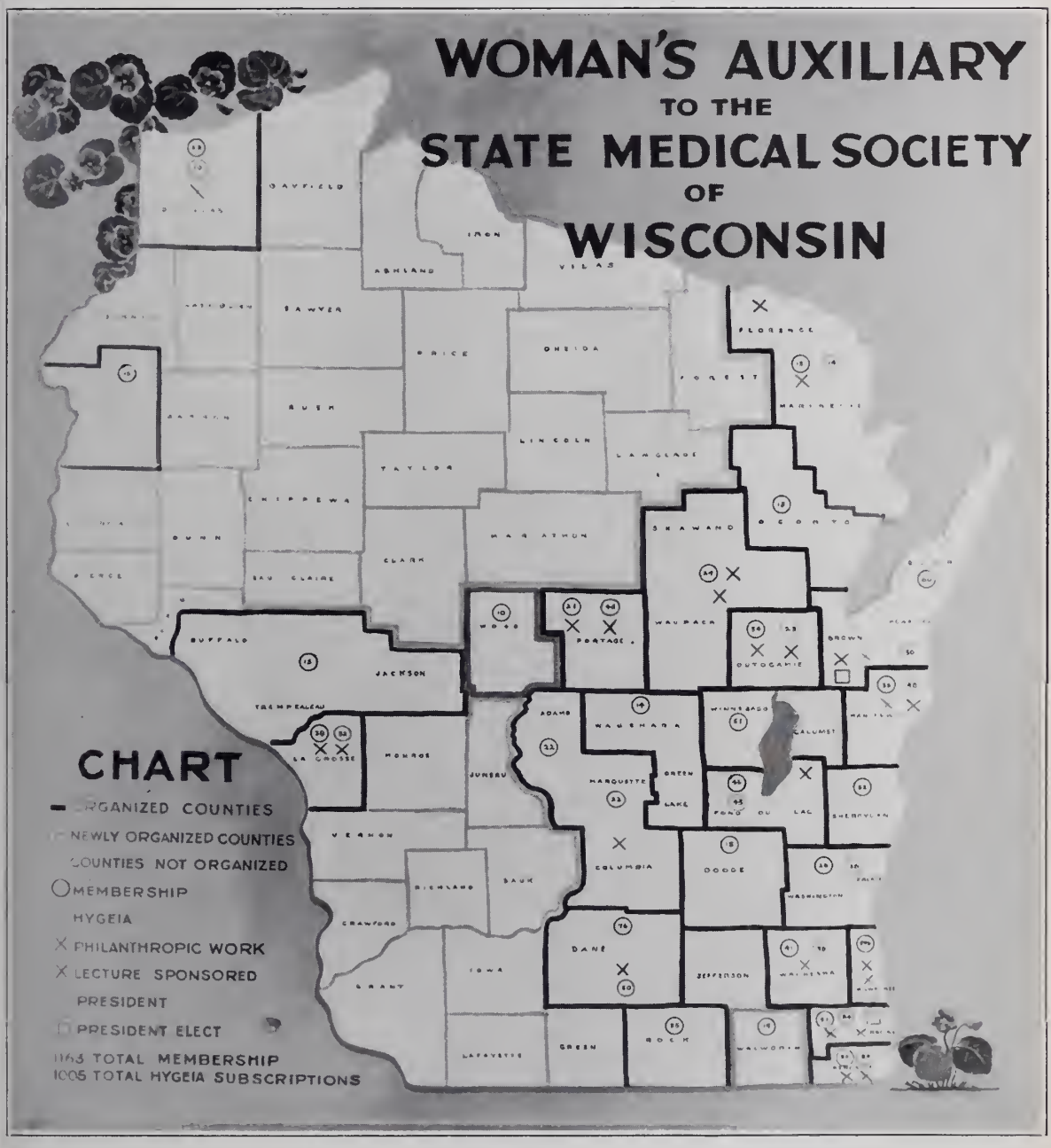



Fig. 1
Achievements of Woman's Auxiliary to the State Medical Society (chart exhibited at meeting of Woman's Auxiliary to the American Medical Association, 1940).

*WOMAN'S AUXILIARY—Continued*

# Archives

By MRS. D. B. DANA
*Kewaunee*

THIS year, 1941, is an extraordinary year for the State Medical Society of Wisconsin,—the Society's Centennial,—and in this year the archives and history work of the Auxiliary should have special attention. Because we are passing through, and are part of, a tremendous history-making period, it is important that we keep an accurate record of our undertakings and accomplishments. With 1941 we start the task of keeping the annals of a new period, and I trust we shall not fail to meet the standard of Mrs. Harper's work on archives.

Our history project continues, although about 700 biographies of pioneer practitioners are already on file in the State Historical Library at Madison. By annual meeting time there will also be a special showing of interesting relics of early medical practice in Wisconsin.

These histories of pioneer physicians are a solid possession. We owe the first physicians of Wisconsin a great debt, and it is fitting that we should "keep their memory green." I do not commend this compiling of histories as a wistful, nostalgic reviewing of the past. Amidst the strain and stress of today, when medicine is endeavoring to adjust itself to the swift changes of modern life, we may rediscover in the biographies of old doctors simple virtues prized by pioneers—courage, vision, and faith—the unspoken philosophy of service that is peculiar to this profession.

At this time when each one of us wishes to be a helpful wife and to have a part in solving her husband's problems, it seems to me that no project transcends in value the extension of acquaintance and the growth of genuine friendliness among physicians' wives.

Plan to come to the centennial meeting where there are sure to be a wealth of fascinating historical displays and a warm welcome awaiting you.

## COUNTY AUXILIARY NEWS

### Dane

The Woman's Auxiliary to the Dane County Medical Society met December 9 at the home of Mrs. W. S. Middleton, Madison. A one o'clock luncheon was served, the assisting hostesses being Mrs. S. A. McCormick, Mrs. J. G. Crownhart, Mrs. S. J. Briggs, Mrs. D. L. Williams, and Mrs. K. L. Puestow.

A short business meeting was presided over by Mrs. H. W. Virgin, Jr. The appointments of Mrs. L. V. Sprague as program chairman and Mrs. K. E. Lemmer as chairman of legislation were approved. The resignation of Mrs. H. W. Virgin, Jr., as president-elect was read. It was moved, seconded, and carried that this resignation be accepted with regret. The president announced the executive board appointment of Mrs. C. N. Neupert to fill the unexpired term of the president-elect.

A musicale of Christmas carols was given by the Glee Club of which Mrs. Virgin is a member. Toys were brought by the members of the auxiliary to be distributed by the county nurse.

The January meeting of the Dane County Auxiliary was held on January 13 at the home of Mrs. E. L. Sevringhaus, Madison. Assisting hostesses were Mrs. J. A. Hurlbut, Mrs. C. K. Schubert, Mrs. P. H. Brehm, Mrs. G. A. Cooper, and Mrs. E. H. Grumke.

The business meeting was presided over by Mrs. C. N. Neupert of Madison. The selection of Mrs. W. A. Werrell by the nominating committee for the position of president-elect was approved by the members. Mrs. J. C. Doolittle gave a summary of the Red Cross report in the current Hygeia magazine. Mrs. G. H. Ewell, editor of the official publication of the Woman's Auxiliary to the American Medical Association, gave a summary of important articles contained in the bulletin and emphasized the importance of subscribing. Mrs. A. H. Jackson moved that the auxiliary subscribe to the magazine for Mrs. C. N. Neupert, president, and the motion was carried. Mrs. Jackson also gave detailed plans for the annual convention to the various committee members. The meeting then adjourned, forty-five members having been present.

### Dodge

Although the Dodge County Auxiliary group is small in comparison with others, it does not want for interest, activity, or accomplishment. The mem-

bers are at present working on two layettes, one to be given to the county nurse and the other to the city nurse. In addition, the Hygeia chairman is extremely active in securing subscriptions to this helpful magazine. The two Beaver Dam hospitals were presented with huge Christmas baskets of homemade preserves, pickles, and other good things. The auxiliary has also supplied the hospitals with magazines, books, and other reading matter. The committee on philanthropy is collecting playing cards, games and so forth for the Dodge County infirmary.

The new slate of officers follows:

President—Mrs. A. W. Hammond, Beaver Dam
Vice-president—Mrs. R. E. Schoen, Beaver Dam
President-elect—Mrs. J. M. Welsch, Beaver Dam
Secretary—Mrs. M. M. Temkin, Beaver Dam
Treasurer—Mrs. G. H. Hoyer, Beaver Dam
Parliamentarian—Mrs. E. P. Webb, Beaver Dam

## Kenosha

Mrs. L. H. Lokvam will be the 1941 president of the Woman's Auxiliary to the Kenosha County Medical Society as a result of the election held on December 4 at the regular meeting of the group at the home of Mrs. C. F. Ulrich. Mrs. Ulrich was assisted by Mrs. Alexander Schlapik, Mrs. G. C. Schulte, Mrs. H. M. Ripley, and Dr. Helen Binnie.

Other officers for the year are as follows: President-elect, Mrs. A. M. Rauch; secretary, Mrs. W. C. Kleinpell, and treasurer, Mrs. J. P. Graves. The various chairmen of standing committees are as follows: Program, Miss Nora Belle Binnie; public relations, Mrs. C. E. Pechous; publicity, Mrs. E. F. Andre; archives, Mrs. A. L. Mayfield; philanthropy, Mrs. A. J. Randall; social, Mrs. B. S. Hill; ways and means, Mrs. Alexander Schlapik; membership, Mrs. A. F. Ruffolo; telephone, Miss Eva Randall, and hostesses, Dr. Helen Binnie and Mrs. H. L. Schwartz.

It was voted to change the date of election to coincide with that of the State Auxiliary. It was also decided to give a Christmas gift equivalent to the amount of $10 and a year's subscription to Hygeia to each of the following institutions: Kenosha Hospital, Isolation Hospital, St. Catherine's Hospital, and Willowbrook Sanatorium. A year's subscription to Hygeia was also sent to the Orthopedic School. A Christmas party followed the meeting; cards were played and refreshments served from a table decorated in a holiday motif. Twenty members were present.

On December 14 the members of the Kenosha County Auxiliary entertained their husbands at a party at the American Legion Club Rooms. Mixed bowling was followed by dinner, bridge, and dancing. There were fifty present. The committee in charge consisted of Mrs. B. S. Hill, Mrs. J. P. Graves, and Mrs. C. G. Richards.

## La Crosse

### October Meeting

The Woman's Auxiliary to the La Crosse County Medical Society had its first meeting of the year in the model apartment of the La Crosse Vocational School. At the program which followed the business meeting Mrs. Friend Sniter gave an interesting and enjoyable talk on a trip to Japan. Mrs. Katherine Schultz, instructor in charge of the Homemaking Department of the Vocational School, explained the work of that department, and Auxiliary members were permitted to inspect the fully equipped apartment. The members enjoyed the opportunity to see the work of this school which is second largest in the State.

The new officers, Mrs. F. A. Douglas, president; Mrs. Gunnar Gundersen, president-elect; and Mrs. J. C. Fox, secretary and treasurer, assumed their duties at this meeting. The president announced the appointment of new committees and outlined general plans for the year.

### November Meeting

The members of the La Crosse County Medical Society were entertained by the Woman's Auxiliary in November at a dinner held in one of the city clubs. The social committee consisting of Mrs. E. H. Townsend, Mrs. W. J. Jones, Mrs. E. S. Carlsson, and Mrs. N. P. Anderson took charge of the dinner, and Mrs. Paul Gatterdam and Mrs. F. H. Wolf arranged the table decorations.

Mrs. F. A. Douglas, president, presided and presented Dr. Martin Sivertson as toastmaster of the evening. Under the sponsorship of the program committee consisting of Mrs. S. A. Montgomery, Mrs. R. C. Johnston, Mrs. R. H. Gray, and Mrs. P. T. Walters a program of entertainment was arranged. The program took the form of a quiz called "Truth and Trouble." Dr. A. H. Gundersen appeared as Professor Quiz, and after the appointment as judges of Dr. B. W. Mast, Dr. F. A. Douglas, and Dr. H. E. Wolf, the program proceeded. All members took part in the quiz, and a penalty was imposed upon failure to answer a question correctly. Community singing interspersed the program, and since the evening was so much enjoyed it was suggested that it be made an annual occasion.

## Manitowoc

The Woman's Auxiliary to the Manitowoc County Medical Society held its December meeting on the eighteenth at Dill's Tea Room. There were eleven members and one guest present. After the short business meeting, at which Mrs. T. A. Teitgen, president, presided, the entertainment chairman, Mrs. L. W. Gregory, took charge of the program. She had arranged Christmas games, the winners in which were Mrs. T. A. Teitgen, Mrs. J. W. Steckbauer, and Mrs. E. W. Huth. Then came the exchange of gifts and luncheon. The hostesses were Mrs. A. F. Stueck, Mrs. R. G. Strong, and Mrs. F. E. Turgasen.

## SUBSCRIBE TO THE BULLETIN

- 6,000 subscribers is the national goal for this year.
- 255 subscribers is Wisconsin's goal.
- ¼ of your members subscribing is your county's quota.

Send $1.00 for one year's subscription to:

Mrs. R. E. McDonald
4960 North Ardmore Ave.
Milwaukee, Wisconsin

or

Mrs. H. E. Christenberry
Highland Drive
Knoxville, Tennessee


In place of their regular meeting in January, the Manitowoc Auxiliary presented their public relations project which had been arranged by the 1939–1940 officers. Dr. W. W. Bauer of Chicago, director of the Bureau of Health Education of the American Medical Association, delivered three addresses in Manitowoc on January 13.

In the morning he spoke to the student assembly at Lincoln High School on the subject of normal eating habits. He stated that persons in normal health gain sufficient vitamins in a properly balanced diet without resorting to additional capsules of concentrated vitamins. The exception, he said, is found in persons who are ill or run-down and require additional vitamins to build up their bodies. While eating rich foods to excess has its dangers, he pointed out that if a person uses the proper proportions there is no need to eliminate these items from the daily meals. He called attention to the fact that the tired business man often tries to crowd into a two weeks' vacation in the summer the outdoor exercise he neglects the rest of the year. This practice is bad, he warned, particularly when the strenuous activities wear down resistance. The best plan, he advised, is for those confined to office and other indoor work to take daily exercise in moderate doses and maintain their health standards at the same peak throughout the year. Dr. Bauer said his bureau receives thousands of letters a year, mostly concerning health and diet, and he devoted part of his time to reading some of the typical letters. Dr. Bauer has written several books on the subjects of health and diet, the latest being "Americans Live Longer."

In the evening Dr. Bauer addressed the Manitowoc Rotary Club at a dinner meeting at the Manitowoc Hotel, his subject being "A Thousand and One Health Questions."

The Manitowoc Federation of Women's Clubs met in the afternoon in Fellowship Hall to hear Dr. Bauer on the subject of "How Deep Is Beauty?" The Federation includes the women's clubs of Two Rivers, Kiel, Reedsville and Manitowoc. There were 135 women present, including seventeen members of the Medical Auxiliary. The title of his talk, Dr. Bauer explained, was merely a new variation of "Beauty is only skin deep." "Good old-fashioned soap is the fundamental cosmetic of all," he said. "You must reconcile yourself to the fact that if you use a soap that floats it has been pumped full of air. If you use a brand that is clear, it contains either sugar or rosin. You must remember that inferior soaps are bleached or dyed, and that a good castile soap does not stay white." In the course of his talk Dr. Bauer exploded false theories regarding face creams, skin food creams, massage creams, deep pore cleansers, skin bracers, freckle creams, and all expensive cosmetics. He gave advice on the use of perfumes, vanishing cream, deodorants, bathing, and cold showers.

There were many favorable comments on all three lectures, and the auxiliary members were pleased to be able to place such an able speaker before three groups, thus reaching so many persons.

Preceding the women's program, a one o'clock luncheon was held in Fellowship Hall of the Presbyterian Church. The hostess committee consisted of Mrs. George Fechter, Mrs. Frank Berg, Mrs. Walter Bugenhagen, Mrs. H. C. Burger, and Mrs. Walter Gerbinsky.

### Milwaukee

The first meeting of 1941 of the Woman's Auxiliary to the Medical Society of Milwaukee County was held Friday, January 10, at the Y. W. C. A. Wintry decorations in the form of igloos and eskimos decorated the luncheon tables, at which ninety members and guests were seated.

In the absence of the president, Mrs. C. D. Partridge, Mrs. R. D. Bergen, vice-president, presided. Preceding the speech by Dr. Sara G. Geiger of the Milwaukee County Guidance Clinic, a short business meeting was held. "Emotion, Your Master or Your Servant" was the subject of Dr. Geiger's talk which was educational and entertaining as it was based on her invaluable experiences in Milwaukee as well as in the Institute of Juvenile Research in Chicago.

Members are looking forward to the next meeting of the study group to be held February 14 at 11:00 a. m. A member of the speakers' bureau will discuss "Telephone Technique for a Doctor's Wife." Mr. J. G. Crownhart, secretary of the State Medical Society of Wisconsin, will also speak at this meeting.

### Racine

Thirty-eight members of the Woman's Auxiliary to the Racine County Medical Society attended a Christmas luncheon at the Woman's Club, and enjoyed an afternoon of bridge at the home of Mrs. H. B. Keland. Hostesses included Mmes. C. O. Schaefer, J. C. Docter, W. C. Roth, and Keland. After a short business meeting Christmas songs were sung by Miss Gertrude Mielke, accompanied by

Miss Stauss, and Miss Lillian Jorgenson accompanied the group in the singing of carols.

A musical program by Miss Margaret Maxon entertained members of the Racine Auxiliary at their January meeting at the home of Mrs. W. E. Buckley. Miss Maxon, pianist, played "Submerged Cathedral" (Debussy), "Rhapsodie" (Dohnanyi), and "Lotus Land" (Scott). After a short business meeting, Miss K. Feiker gave a short talk on juvenile delinquency. Assisting hostesses were Mmes. J. H. Hogan, J. F. Henken, W. F. Konnak, C. L. Kline, R. W. Kreul, and C. F. Browne. Tea was served, with Mrs. E. W. Schacht and Mrs. A. L. Nelson pouring.

### Rock

The Christmas party of the Woman's Auxiliary to the Rock County Medical Society was held on December 17 at the Woman's Club in Janesville. Sixteen members and one guest were present. A festive atmosphere was provided by a ceiling-high tree in the lounge, the holiday greens, pine cones, and red tapers on the table. Mrs. H. E. Kasten of Beloit, president, presided. Christmas gifts were exchanged by matching place cards. Each member displayed a souvenir from some trip which she had taken and told of the circumstances under which it was acquired. Dolls from Poland, a picture made from wood taken out of Dicken's Old Curiosity Shop, baskets and bracelets from Mexico, and a token from the Passion Play furnished inspiration for the anecdotes. Mrs. W. T. Clark was social chairman.

Mrs. V. W. Koch and Mrs. C. R. Gilbertsen were in charge of the program. Nearly 150 gifts were brought for the patients at Pinehurst, as well as jams and jellies for each room. Place cards and tray favors were displayed which were made by Girl Scout Troops 11 and 12 of Beloit for the patients at the sanatorium. Miss Iva Louise Hartman, superintendent at the sanatorium, was guest of the auxiliary at this meeting.

### Trempealeau—Jackson—Buffalo

Following is the list of new officers of the Woman's Auxiliary to the Trempealeau–Jackson–Buffalo County Medical Society:

President—Mrs. E. A. Meili, Cochrane
Vice-president—Mrs. Robert Krohn, Black River Falls
Secretary—Mrs. R. R. Richards, Blair
Treasurer—Mrs. I. K. Krohn, Black River Falls

### Washington—Ozaukee

The Woman's Auxiliary to the Washington–Ozaukee County Medical Society met at Slinger on Thursday, December 12, with sixteen members present. A luncheon at Roth's Hotel was followed by the business and social meeting at the home of Mrs. K. F. Prefontaine.

Completed Red Cross projects were turned in and additional material obtained from the Ozaukee County Chapter of the Red Cross was distributed among the various members.

Mrs. M. E. Monroe presented information contained in the State Board of Health rules in regard to infantile paralysis.

The chairman of the Hygeia Committee, Mrs. F. W. Lehmann, called in subscriptions to Hygeia, which will be distributed free of charge to schools in Washington and Ozaukee Counties by the auxiliary.

Due to uncertain road conditions during January and February, it was decided to postpone meetings until March.

# Society Proceedings

### Brown—Kewaunee—Door

The Brown–Kewaunee–Door County Medical Society met at the Beaumont Hotel, Green Bay, January 9. Forty attended the meeting at which Mr. E. W. Erikson of the American Hospital Supply Corporation spoke on some recent advances in the administration of fluids and blood transfusions, and in blood and plasma banking.

### Chippewa

The Chippewa County Medical Society met at the Hotel Northern in Chippewa Falls, January 21. Dr. R. L. Parker of the Mayo Clinic spoke on "Cardiac Neurosis; Its Diagnosis and Management." And Dr. H. W. Schmidt, also of the Mayo Clinic, gave an address on "Value of Bronchoscopy in Pulmonary Diagnosis." Twenty-five attended.

### Columbia—Marquette—Adams

The Columbia–Marquette–Adams County Medical Society met at the St. Savior's Hospital, Portage, January 21, at 8 p. m. Dr. Francis D. Murphy, Milwaukee, was the guest speaker. His subject was "Heart Disease and the Interpretation of Electrocardiograms." Eighteen were present.

### Dane

At the Dane County Medical Society meeting, January 14, Dr. L. W. Peterson, Sun Prairie, relinquished his office as president; he has been called to army duty at Camp Shelby, Mississippi. Dr. S. J. Briggs, Madison, vice-president, automatically succeeded to the presidency.

Dr. W. S. Middleton, dean of University of Wisconsin Medical School, was the guest speaker at the

meeting. He spoke on "Therapeutic Experiences." New members voted into the society at the meeting were Dr. Eugenia S. Cameron and Dr. R. H. Jackson.

## Dodge

The Dodge County Medical Society secretary, Dr. A. G. Hough, gave members of the group the following "Food for Meditation" in his January meeting notice: "If our speaker can drive sixty-five miles we can each manage to drive from one to twenty miles. How about it???" The speaker of the evening was Dr. John L. Garvey, Milwaukee, who discussed "Interpretation of Spinal Fluid Findings."

## Eau Claire—Dunn—Pepin

The Eau Claire–Dunn–Pepin County Medical Society met on January 27 to hear two lectures. One was given by Dr. L. P. Howell, Mayo Clinic, on "Endocrine Therapy," and another by Dr. S. B. Lovelady of the same clinic on "Treatment of Leukorrhea." Forty attended.

## Fond du Lac

The Fond du Lac County Medical Society met at the Retlaw Hotel, Fond du Lac, January 23. Dr. Byron Hughes, superintendent of Winnebago State Hospital, Winnebago, discussed "Modern Treatment of Mental Disease." Forty-six physicians were present.

## Jefferson

Slippery roads interfered with the attendance at the Jefferson County Medical Society meeting on January 16, held at the Carlton Hotel, Watertown. However, sixteen physicians got to the meeting, which featured motion pictures of surgical operations being performed by Dr. Arnold Jackson, Madison, and Dr. Frank Lahey, Boston.

## Kenosha

Officers of the Kenosha County Medical Society, elected at a recent meeting, are:

President—Dr. Edgar F. Andre, Kenosha
President-elect—Dr. Paul E. Pifer, Kenosha
Secretary–treasurer—Dr. Leonard M. Rauen, Kenosha

Committees to direct society activities in 1941 were appointed as follows:

Program Committee—Dr. G. J. Schwartz, Dr. C. G. Richards, and Dr. B. S. Hill.

Public Relations Committee—Dr. G. W. McCarthy, Dr. G. C. Schulte, Dr. A. L. Mayfield, Dr. C. E. Pechous, Dr. Paul Pifer, Dr. W. C. Kleinpell, and Dr. J. H. Cleary.

Crippled Children's Committee—Dr. W. C. Stewart, Dr. W. H. Bennett, Dr. A. Schlapik, and Dr. S. F. DeFazio.

Delegates to Civic Council—Dr. C. G. Richards and Dr. H. M. Ripley.

Mental Hygiene Committee—Dr. M. V. Pirsch and Dr. Helen Binnie.

Social Activities Committee—Dr. J. P. Graves and Dr. Leonard Rauen.

Publicity Committee—Dr. Leif H. Lokvam.

In the business session that followed the dinner, officers submitted reports covering the twelve months of 1940. A scientific discussion session was also conducted.

## La Crosse

The La Crosse County Medical Society met on January 14 at the Stoddard Hotel, La Crosse. Dr. S. E. Gavin, Fond du Lac, spoke on "Gas Bacillus Infection and Treatment." Forty-two members attended the meeting.

## Milwaukee

More than 200 physicians attended the January 10 meeting of the Medical Society of Milwaukee County in the Milwaukee Athletic Club. On the program were Dr. Walter M. Kearns, Milwaukee, who discussed "Testosterone in Prostatic Enlargement and Testicular Deficiency;" Dr. R. A. Toepfer, chairman, medical business bureau committee, West Allis, who spoke on the work of the bureau; and Dr. N. F. Ockerblad, professor of clinical surgery, University of Kansas School of Medicine, Kansas City, whose subject was "Urology in Children."

A banquet, a minstrel show staged by several leading Milwaukee surgeons, comic skits by the medical staffs of Milwaukee hospitals, and music, featured the 4th annual gridiron banquet of the society on January 23. Over 300 members of the society attended.

## Outagamie

The Outagamie County Medical Society heard a talk at its January 23 meeting in Oshkosh, by Dr. F. Gregory Connell, Oshkosh. Dr. Connell presented a paper on peptic ulcer.

## Polk

Members of the Polk County Medical Society were guests in December of Dr. and Mrs. A. N. Nelson at a dinner in Clear Lake. Dr. H. B. Sweetzer, Minneapolis, was the guest speaker on a scientific program. He discussed allergy.

## Portage

A joint meeting of the Portage County Medical Society, its auxiliary, and the Portage County Dental Society was held January 15 in the Hotel Whiting, Portage. Mrs. Mary Shea Gilbert of Appleton, the guest speaker of the evening, spoke on "Life Before Birth." Mrs. Gilbert is the author of the book "Biography of the Unborn." After her talk, the Mead Johnson movie "When Bobby Goes to School" was shown.

## Racine

—Courtesy Racine Journal-Times.

Pictured above (left to right) are Dr. Ralph M. Waters and Dr. W. S. Middleton of the University of Wisconsin Medical School, Madison, as they appeared on the annual clinic day program of the Racine County Medical Society, January 15. Dr. Middleton discussed pneumonia and its treatment and Dr. Waters presented a paper on "Anoxia in Relation to Non-volatile Pain-relieving Drugs and Anesthesia."

Dr. N. C. Gilbert of Northwestern University School of Medicine, Chicago, another featured speaker, discussed reflex vaso-constriction of the coronary arteries; he said elderly persons should be warned against sudden exertions, heated arguments, heavy meals and undue excitement. Dr. Charles Slocum, Mayo Clinic, spoke on the diagnosis of arthritis and Dr. E. Uhlman, director of the tumor clinic at Michael Reese Hospital, Chicago, on "Tumors of the Female Organs." Drs. Slocum and Uhlman also gave lectures on these subjects at an evening meeting, held following a 7 p. m. steak dinner.

Sixty attended the event, the group including several physician-guests from Walworth and Kenosha counties.

## Rock

The Rock County Medical Society met on January 28 at the Hotel Hilton, Beloit, for dinner and a scientific session. The guest speaker of the evening was the nationally known obstetrician, Dr. J. P. Greenhill of Loyola University. Dr. Greenhill's subject was "Office Gynecology."

## Trempealeau—Jackson—Buffalo

The Trempealeau-Jackson-Buffalo County Medical Society held a meeting on January 23 at the MacCornack Clinic, Whitehall. Movies on experimental allergy were shown by Dr. R. L. MacCornack. Thirteen attended.

## Ninth Councilor District

The Ninth Councilor District Medical Society held its winter meeting in Wisconsin Rapids, January 9, with about sixty physicians from Clark, Green Lake, Waushara, Lincoln, Marathon, Portage, Waupaca and Wood counties in attendance. Drs. Ovid Meyer, Robert Bennett, and Herman Wirka of the University of Wisconsin Medical School were guest speakers.

## MILWAUKEE SPECIALTY SOCIETIES

The *Milwaukee Neuropsychiatric Society* met on January 30 in the Main Hospital of the Veterans' Administration Facility, South 52nd Street and West National Avenue, Milwaukee.

Scientific addresses were given as follows:

1. Role of the Veterans Administration in National Defense—Dr. W. C. Liefert
2. Myotonia Atrophica—Dr. W. T. Drysdale
3. Use of Benzedrine in Encephalitis Lethargica —Dr. A. M. Gottlieb
4. Residuals of Crushing Injury to the Spinal Cord—Dr. M. J. Primakow

The *Milwaukee Oto-Ophthalmic Society* met on January 16 at the University Club of Milwaukee. Dinner was served at 6 p. m., after which the group was addressed by Dr. Hedwig Kuhn, Hammond, Indiana, on "Visual Testing in Industry."

The following program was presented by the *Milwaukee Society of Clinical Surgery*, at a dinner meeting at the University Club, 6:30 p. m., Tuesday, January 28, 1941.

Physiology of Rest and Motion. Dr. L. D. Smith, Milwaukee

History of Ectopic Pregnancy. Dr. R. W. Roethke, Milwaukee

The *Milwaukee Academy of Medicine* held its annual meeting January 21. Dr. N. W. Bourne was installed as president and the following officers elected:

President-elect—Dr. John J. Pink
Vice-president—Dr. T. L. Squier
Secretary—Dr. Elwood W. Mason
Treasurer—Dr. F. W. Madison
Librarian—Dr. Maurice Hardgrove
Councilors—Drs. W. P. Blount, J. L. Garvey, O. R. Lillie, C. W. Eberbach, Ernest W. Miller and A. A. Schaefer

The guest speaker at the meeting was Major N. A. Imre, newspaperman of Columbus, Ohio, who discussed "What's Wrong with this Bedeviled World." Honorary memberships were awarded to three laymen for valuable service to the academy: Robert E. Friend, president of the Nordberg Manufacturing Company; Carl B. Rix, past president of the Wisconsin and Milwaukee Bar associations; and Harold S. Falk, president of the Falk Corporation. All three have been members of the academy's board of trustees since 1927.

# News Items and Personals

*Dr. James C. Sargent,* Milwaukee urologist, and former president of the State Medical Society of Wisconsin, will be one of the featured speakers at the Dallas Southern Clinical Society's meeting on March 17–20 in Dallas. Dr. Sargent will conduct a urologic clinic and give four addresses, as follows: "Common Accidents Involving the Urinary Tract;" "Conservative Management of Urinary Tract Stones;" "Intravenous Urography;" and "Conservative Management of Hydronephrosis."

—△—

Dr. Lee E. Farr, Wilmington, Delaware, gave the 6th annual Lippitt Memorial Lecture on January 17, at Marquette University School of Medicine. His subject was "Protein Factors in Nephritis." Dr. Farr is director of research at the Alfred I. DuPont Institute in Wilmington. The lecture is sponsored each year in honor of the late Dr. Herman Lippitt.

—△—

"Bile Acid Metabolism and Therapy," was the topic discussed by Dr. A. C. Ivy, professor of physiology, Northwestern University Medical School, at a meeting of the University of Wisconsin Medical Society, January 17.

—△—

*Dr. R. S. Grant* has given up his Racine practice and moved to California. *Dr. A. W. Adamski,* Racine, has taken over Dr. Grant's practice.

—△—

*Dr. L. M. Morse,* Neillsville, addressed the Wausau Business and Professional Women's Club on cancer, January 9.

—△—

At the *Wisconsin General Hospital* staff meeting on January 7 six lectures on tuberculosis were given. Those taking part in the program were: Drs. W. Kammer, L. W. Paul, Eugene Adashek, Marie L. Carns and W. H. Oatway, Jr. At the staff meeting, January 21, Drs. S. B. Pessin, Walter Jaeschke and William D. Stovall presented a program on clinical pathology.

—△—

*Dr. Ralph P. Sproule,* president of the State Society was the main speaker at the evening session of a "Legal Clinic" sponsored January 11 in Platteville by the State Bar Association and the Grant County Bar Association. Members of the medical profession were invited to hear his talk, which dealt with "Considerations in the Field of Medical Expert Testimony."

—△—

*Dr. Ralph M. Carter,* Green Bay orthopedist and a past president of the State Medical Society, has announced his association in practice with Dr. S. S. Houkom. Dr. Houkom was formerly on the fellowship staff of the New York Orthopedic Hospital.

*Dr. M. G. Peterman,* Milwaukee, addressed the McLane County Medical Society of Bloomington, Illinois, on December 10; his subject was "Cerebral Birth Injury." Dr. Peterman was also a guest speaker at the annual meeting of the Columbia Medical Society, Columbia, South Carolina, January 13; he discussed "Convulsions in Childhood."

—△—

*Dr. Ira Sisk,* Madison, professor of urology at the University of Wisconsin Medical School, will address the southeastern section of the American Urological Association at its annual convention in Jacksonville, Florida, February 21–22.

—△—

"Obsessions and Phobias" were discussed by *Dr. Hubert H. Blanchard,* member of the medical staff of Sacred Heart Sanitarium, Milwaukee, before the Whitefish Bay Club, January 16.

—△—

*Dr. J. K. Trumbo,* Wausau, in a talk before forty-five members of the Eighth District State Nurses' Association, told "What Is New in Eye, Ear, Nose and Throat Treatment."

—△—

*Dr. Herman C. Schumm,* Milwaukee, was elected vice-president of the American Academy of Orthopedic Surgeons at the Academy's recent annual convention in New Orleans, La.

—△—

"People should be cancer conscious, without developing a cancer phobia," *Dr. H. J. Dvorak* declared in a talk before the Washington Park Lions Club, Milwaukee, January 27.

—△—

*Dr. Walter G. Sexton* has been elected president of the Marshfield Clinic, Marshfield. He is one of six physicians who founded the clinic in 1916; there are now fifteen stockholder members and two associate members on the medical staff. Thirty-three nurses, technicians and clerical workers are employed at the institution.

—△—

"The patient is the prime health hazard in the hospital just as gunpowder is the chief hazard in a munition factory," Dr. E. T. Thompson, superintendent of Mt. Sinai Hospital, Milwaukee, asserted in an address on hospital problems at the midwinter conference of the *Wisconsin Hospital Association.* Dr. Thompson was reelected secretary–treasurer of the Association at the conference; Rev. Herman Fritschel, superintendent of Milwaukee Hospital, was elected president.

—△—

Dr. W. W. Bauer, Chicago, urged normal eating habits in a series of lectures on health topics in Manitowoc, January 13. He told of the thousands of letters about health questions he receives as direc-

tor of the Bureau of Health Education of the American Medical Association, and read a few of them to his audiences. Dr. Bauer's most recent book is "Americans Live Longer."

—△—

*Dr. L. D. Sobush,* Manitowoc, discussed "Heart Disease" at a meeting of the Catholic Woman's Club, January 9.

—△—

*Drs. Margaret V. Pirsch, E. F. Andre, A. J. Randall,* and *P. Herzog,* Kenosha, and *Gilbert J. Rich,* Milwaukee, were among those taking part in a "Parent's Institute," conducted in Kenosha on January 15 by the Kenosha Civic Council, in cooperation with local health and welfare agencies.

—△—

"Socialized Medicine as I Saw It Practiced in Europe," was the subject of an address given by *Dr. Joseph V. Herzog,* Milwaukee, January 9, before the Lions Club of West Milwaukee. Dr. Herzog also discussed this subject at a meeting at the Wauwatosa Town Hall, January 16.

—△—

*Dr. Elmer L. Sevringhaus,* Madison, was the keynote speaker at the annual conference of representatives of Lakeside Laboratories, Inc., held in Milwaukee, December 27-28. He addressed company representatives at a luncheon meeting at the Milwaukee Athletic Club to mark the inauguration of a new laboratory building in Lakeside's expansion program. His subject was "Clinical Endocrinology."

—△—

Officers of the State Board of Health were reelected at an annual meeting of the board held January 17. They are: *Dr. W. W. Kelly,* Green Bay, president; *Dr. Stephen Cahana,* Milwaukee, vice-president; and *Cornelius A. Harper,* Madison, secretary. Dr. Glenn V. Hough, Milwaukee, and Dr. A. R. Zintek were named at the meeting to fill vacancies in the ranks of state deputy and district health officers.

—△—

*Dr. Eben J. Carey,* dean of Marquette University School of Medicine, in an address at the biennial national convention of Phi Chi in Louisville, Kentucky, called attention to the need for turning doctors "back to strategic rural areas and away from cities where they are creating an over-abundance of medical service and suffering economically."

—△—

*Luther Hospital, Eau Claire,* held "open house" on January 6 to give the public an opportunity to inspect its new $100,000 addition. A feature of the beds in the addition is an overbed table which contains a mirror and space for cosmetics, and is especially adaptable for reading. In the new air-conditioned, sound-proof maternity pavilion, an "expectant fathers' room" has been provided.

The following is a list of men who have gone into active army service according to reports received by the Journal:

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Bleckwenn, W. J.. | Madison .... | 135th Medical Regiment, Camp Shelby, Mississippi |
| Heiden, H. H..... | Sheboygan .. | Medical Detachment, 107th Q. M. Regiment, Camp Beauregard, Alexandria, Louisiana |
| Huth, M. F. .... | Baraboo .... | Carlisle Barracks, Pennsylvania |
| Keck, E. B. ..... | Madison .... | Post Hospital, Marine Barracks, Quantico, Virginia |
| Kuehn, F. A. .... | Green Bay .. | Fort Knox, Kentucky |
| Lochen, E. L. .... | Waukesha ... | Chanute Field, Rantoul, Illinois |
| Millard, A. L. ... | Marshfield ... | Fort Custer, Battle Creek, Michigan |
| Moran, C. J. .... | La Crosse ... | Camp Beauregard, Alexandria, Louisiana |
| Nowack, L. W. .. | Watertown .. | 127th Infantry, 32nd Division, Camp Beauregard, Alexandria, Louisiana |
| Peterson, L. W.... | Sun Prairie .. | 135th Medical Regiment, Camp Shelby, Mississippi |
| Talbot, J. R..... | Marshfield ... | Fort Riley, Kansas |
| Vetter, E. W..... | Randolph ... | 135th Medical Regiment, Camp Shelby, Mississippi |
| Wagner, A. J..... | Brillion ..... | Induction School, Fort Sheridan, Illinois |
| Weissmiller, L. L.. | Madison .... | 135th Medical Regiment, Camp Shelby, Mississippi |
| Wyatt, T. E..... | Marshfield ... | Station Hospital, Camp Beauregard, Alexandria, Louisiana |

—△—

*Dr. O. A. Sander,* Milwaukee, spoke on the silicosis problem at the winter meeting of the Central States Society of Industrial Medicine and Surgery, held at St. Luke's Hospital, Milwaukee, December 6.

—△—

*Dr. R. C. Strand,* Eau Claire, spoke on socialized medicine at a meeting of the Exchange Club of Eau Claire, January 6.

—△—

*Drs. Eugene Smith, C. H. Stoddard and A. M. Bodden,* who recently retired at the age of 70 years from positions on medical staffs of the Milwaukee County Institutions, were honored by more than 150 physicians, nurses and technicians of the Institutions at a dinner dance, held at the Pfister Hotel, January 16. *Dr. T. L. Aylward,* Milwaukee, was toastmaster. The principal speakers of the evening were *Dr. H. W. Sargeant* and Mr. W. L. Coffey, Milwaukee.

—△—

*Dr. Samuel Higgins,* Milwaukee, showed colored motion pictures which he took in India at a meeting at the George Scott Methodist Church, Milwaukee, January 10.

—△—

*Dr. G. A. Steele,* Oshkosh, spoke on the duties of coroner at a recent meeting of the Rotary Club of Oshkosh.

## DO YOU KNOW ANY OLD "BADGERS"?

If you know any former Wisconsin physicians who might enjoy returning to the state for the centennial anniversary meeting of the State Medical Society, send their names and present addresses to the Society and special invitations will be extended to them to attend the centennial session.

## BIRTHS

A daughter, Pamela, to Dr. and Mrs. M. H. Seevers, Madison, on January 15.

A son to Dr. and Mrs. William Mauermann, Beloit, on January 19.

A daughter to Dr. and Mrs. Norman G. Thomas, Madison, in December.

Twin daughters to Dr. and Mrs. J. D. Steele, Milwaukee, on December 27.

A son, Clement Leonard, to Dr. and Mrs. Clement L. Budny, Milwaukee, on December 29.

A daughter to Dr. and Mrs. W. J. Houghton, Milwaukee, on January 4.

A son, Frank Herbert, to Dr. and Mrs. Clifford H. Kalb, Grafton, on January 2.

A son, Lance Robert, to Dr. and Mrs. L. W. Kaufman, Milwaukee, on January 4.

A son to Dr. and Mrs. Chester Kurtz, Milwaukee, on January 24.

A son, Richard Allen, to Dr. and Mrs. Frank Drew, Milwaukee, in January.

A daughter to Dr. and Mrs. C. A. H. Fortier, Milwaukee, November 30.

A son to Dr. and Mrs. John P. Schelble, Milwaukee, December 18.

A son to Dr. and Mrs. Eugene J. Ackermann, Milwaukee, on December 27.

## DEATHS

**Dr. Arnold E. Erling,** Milwaukee, died December 26 after an illness of several weeks. He received his medical education at the German Medical College, Chicago. He practiced in La Crosse for several years, moving to Milwaukee in 1911.

Surviving the doctor are his widow, a daughter and two sons.

**Dr. Y. J. Fencil,** Casco, died suddenly on December 26, 1940, of a heart attack.

The doctor was born in 1883 in Casco. He was graduated from the Wisconsin College of Physicians and Surgeons in 1912 and immediately thereafter established his Casco practice. He was made president of the village of Casco when it was incorporated in 1920 and served in that capacity until his death. The *Algoma Record–Herald* in an obituary article said of him: "Dr. Fencil was a bulwark of community progress and much of the headway this centrally located village has made is due in a large degree to his leadership."

Dr. Fencil was a member of the Brown–Kewaunee–Door County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow, two daughters, and a son who is now a medical student at Marquette University School of Medicine.

**Dr. C. V. Lynch,** Milwaukee, died January 19, at the age of 40 years. He was graduated from Marquette University Medical School in 1926. Choosing urology for his specialty, Dr. Lynch took postgraduate work at the University of Minnesota Medical School, the Royal College of Surgeons at Edinburgh, and the University of Vienna, Austria.

Dr. Lynch was interested in conservation activities and in the welfare of boys. He was medical attendant for the Boy Scout camp at the Indian Mound reservation near Oconomowoc and for the Red Arrow Boys' Camp near Woodruff. He was an enthusiastic sportsman; his illness began about a year ago while he was on a hunting trip near Oconto.

The doctor was a former member of the Medical Society of Milwaukee County, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his mother and two sisters.

**Dr. D. S. MacArthur,** La Crosse, died on January 3 after an illness of about seven weeks. He was born in La Crosse in 1859. In 1881 he completed a course at the University of Wisconsin and in 1884 he was graduated from Rush Medical College, being valedictorian of his class at the latter institution. He then returned to La Crosse and for several years was associated with his father in practice. In 1888 he engaged in postgraduate study in New York City in diseases of the nose, throat and ear. On returning to La Crosse permanently, however, he became a general practitioner, working with his father until the latter's death.

Dr. MacArthur was a member of several historical and fraternal groups. He was a member of the American Archaelogical Association, and at one time served the association as vice-president. He was a member of the La Crosse County Medical Society, and held the offices of secretary and treasurer of the society for several years. He was an honorary member of the State Medical Society of Wisconsin and a member of the American Medical Association.

The doctor is survived by one son and two daughters.

**Dr. Samuel C. McCorkle,** West Allis, died on January 4 of cerebral hemorrhage. He was 68 years of age.

Dr. McCorkle, said to be the first health commissioner of West Allis, was graduated in 1898 from Milwaukee Medical College. He practiced two years in Cazenovia, Wisconsin, before opening his West Allis office. The doctor, a native of Richland Center, Wisconsin, had been retired from active practice for about five years previous to his death.

**Dr. John J. McGovern,** Milwaukee, former president of the State Medical Society of Wisconsin, died on January 14 after a long illness. Perhaps no better outline of his life and work can be written than that presented by Dr. A. W. Rogers, Oconomowoc, in giving Dr. McGovern the Council Award in 1931. Speaking for the Council, the late Dr. Rogers said:

"A son of Wisconsin, practitioner of medicine in Milwaukee since 1893, educator from 1894 to 1899,

chairman and member of county and state committees on public policy and legislation, president of the Medical Society of Milwaukee County in 1912 and president of our Society in 1928; for your indomitable courage and efforts to which we owe our first legislation of 1897 governing the practice of medicine in this state, for your untiring interest in its constant perfection culminating in your work that so largely made possible the passage of the Basic Science Act of 1925, for your great contributions in time and interest at a period when our Society was without its cohesive whole of today, and for your visions of proper health legislation which you made true by persistent effort, we, your fellow members, give you this seal of our Society as a token of your achievements and of our esteem and affection."

Dr. McGovern, in addition to membership in the Medical Society of Milwaukee County, the State Medical Society of Wisconsin and the American Medical Association, held membership in the American College of Physicians, the Milwaukee Academy of Medicine, and other medical groups. He is survived by his widow, two daughters and three sons.

**Dr. J. R. Minahan**, Green Bay surgeon, died December 22 of pneumonia. He was 78 years of age.

Dr. Minahan was graduated from Rush Medical College in 1889. Two years later he began the practice of medicine in Green Bay in partnership with his brother, the late R. E. Minahan. He remained in active practice in Green Bay until a few months before his death.

Dr. Minahan was a former member of the Brown–Kewaunee–Door County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow.

**Dr. Frank J. Phipps**, Benton, died in Dubuque, Iowa, November 7 after a long illness. He was 80 years of age.

Dr. Phipps was graduated from the Milwaukee Medical College in 1893 and spent most of his life in Milwaukee, where he specialized in eye, ear, nose and throat practice.

He is survived by his widow.

**Dr. C. J. Schoenfeld**, La Crosse, died in January of a heart attack. He was 63 years of age. He was graduated in 1899 from Northwestern University Medical School, and had been retired from active practice for several years at the time of his death. During the World War, Dr. Schoenfeld served in the army medical corps.

## SOCIETY RECORDS

### New Members

J. S. Huebner, 39 South Main Street, Fond du Lac.

J. C. McCarter, 408 North Charter Street, Madison.

F. E. Mohs, 1300 University Avenue, Madison.

Helen P. Davis, 1300 University Avenue, Madison.

H. P. Pankow, Suring.

W. P. Wendt, 1410 North Twenty-seventh Street, Milwaukee.

Kenneth Seifert, Washburn.

T. A. Heller, 2622 West National Avenue, Milwaukee.

G. F. Savage, 5030 West Burleigh Street, Milwaukee.

F. L. O'Keefe, 601 Walworth Avenue, Delavan.

D. P. Cupery, Markesan.

K. J. Denys, Wrightstown.

Mary Allen, 409 East Walnut Street, Green Bay.

J. G. Halser, 266 East Erie Street, Milwaukee.

### Changes in Address

L. C. Day, Mauston, to Grayslake, Illinois.

L. W. Peterson, Sun Prairie, to 135th Medical Regiment, Camp Shelby, Mississippi.

W. J. Bleckwenn, Madison, to 135th Medical Regiment, Camp Shelby, Mississippi.

L. L. Weissmiller, Madison, to 135th Medical Regiment, Camp Shelby, Mississippi.

E. W. Vetter, Randolph, to 135th Medical Regiment, Camp Shelby, Mississippi.

P. L. Eisele, Statesan, to 3963 North Teutonia Avenue, Apt. 306, Milwaukee.

G. S. Reynolds, Eau Claire, to St. Elizabeth's Hospital, Danville, Illinois.

H. W. Virgin, Jr., Madison, to 415 Blount Building, 3 West Garden, Pensacola, Florida.

H. H. Heiden, Sheboygan, to Medical Detachment, 107th Q. M. Regiment, Camp Beauregard, Louisiana.

A. L. Millard, Marshfield, to Fort Custer, Battle Creek, Michigan.

M. F. Huth, Baraboo, to Carlisle Barracks, Pennsylvania.

J. R. Talbot, Marshfield, to Fort Riley, Kansas.

## STATUS OF MEAD JOHNSON VITAMIN A AWARD

The Mead Johnson $15,000 award for clinical investigation is to remain in escrow with the Continental Illinois National Bank and Trust Company, Chicago, until the judges can come to a definite decision concerning it. The judges met in Memphis, November 19, 1940, and stated that "considerable progress in research with vitamin A has been made, principally along two main lines of endeavor. The fields showing most promise are those involving dark adaptation and blood serum studies. The judges feel that there is still too much uncertainty about the relative merits of several investigations to warrant making the award at this time. It was, therefore, agreed that the giving of the award be postponed until clear resolution of various factors is achieved." The judges are: Isaac A. Abt, Northwestern University Medical School, Chicago; K. D. Blackfan, Harvard University Medical School, Boston; Alan Brown, University of Toronto, Toronto, Canada; Horton R. Casparis, Vanderbilt University, Nashville; S. W. Clausen, University of Rochester, Rochester, N. Y.; H. F. Helmholz, Mayo Clinic, Rochester, Minn.; E. V. McCollum, Johns Hopkins University, Baltimore; L. T. Royster, University of Virginia, University, Virginia; Robert A. Strong, Tulane University, New Orleans, La.

# COMING EVENTS

## Symposium on Industrial Public Health Nursing Services

A symposium on industrial public health nursing services, sponsored by the State Board of Health and the industrial nurses of Wisconsin, will be held February 20, 21 and 22 in the Hotel Wisconsin, Milwaukee. Agencies cooperating in the symposium include:

Wisconsin State Nurses Association
State Medical Society of Wisconsin
University of Wisconsin
Wisconsin Industrial Commission
Wisconsin Association of Manufacturers
Marquette University
Wisconsin Anti-Tuberculosis Association
Milwaukee City Health Department
Milwaukee Association of Commerce
Industrial Relations Association
Employers Mutuals Liability Insurance Company of Wausau

Dr. Paul A. Brehm, supervisor of the industrial hygiene unit, State Board of Health, Madison, as general chairman of the symposium, has arranged the three-day program, which appears in full below:

THURSDAY MORNING, FEBRUARY 20, 1941

a.m.

9:00—10:00—Registration (no fee). Hotel Wisconsin, Milwaukee.

10:00—Address of Welcome. Mayor Carl F. Zeidler, Milwaukee

10:15—Relationship of the Nurse in Industry to the Physician. Dr. Stanley J. Seeger, Milwaukee.

10:40—The Responsibility of the Industrial Nurse in the Efficient Administration of a Compensation Law. B. E. Kuechle, Vice President, Employers Mutual Liability Insurance Company, Wausau, Wisconsin.

11:00—The Responsibility of the Nursing Profession in Industrial Hygiene. J. J. Bloomfield, Sanitary Engineer, United States Public Health Service, Washington, D. C.
DISCUSSION—30 minutes

p.m.

12:30—LUNCHEON, Hotel Wisconsin

THURSDAY AFTERNOON

Presiding Chairman—Harry A. Nelson, Director of Workmen's Compensation, Industrial Commission, Madison.

p.m.

2:00—PANEL DISCUSSION. After the injury—What?
Participants:
Physician—Dr. Merritt Jones, Wausau.
Rehabilitation—Miss Marjory Taylor, Director Curative Workshop, Milwaukee.
Nurse—Mrs. Omilee D. Bradford, R.N. Beloit Iron Works, Beloit.
Industrial Relations—J. J. Plzak, Director Industrial Relations, Consolidated Water Power & Paper Co., Wisconsin Rapids.

3:30—Dental Program in Industry. Dr. Ernest W. Miller. The Milwaukee Electric Railway and Light Co., Milwaukee.

4:00—DISCUSSION—30 minutes.

6:30—DINNER—Dr. C. Copeland Smith, National Association of Manufacturers, New York, Guest Speaker. Badger Room, Hotel Wisconsin.

FRIDAY MORNING, FEBRUARY 21, 1941

a.m.

9:00—PLANT VISITATION—The Milwaukee Electric Railway and Light Company, Medical Department.
Curative Workshop
Globe-Union Manufacturing Company. Discussion, Dr. E. L. Belknap, Medical Consultant.

FRIDAY AFTERNOON

Presiding Chairman—Dr. Wm. S. Middleton, Dean, The Medical School, University of Wisconsin, Madison.

p.m.

1:30—The National Defense Program and the Industrial Worker. Harry Guilbert, Director, Bureau of Safety and Compensation, The Pullman Company, Chicago.

2:00—Relationship of Cardio-Vascular Diseases to Accidents. Dr. Norbert Enzer, Milwaukee.

2:45—Dermatitis Control in Industry.
Medical Control—Dr. M. J. Reuter, Milwaukee.
Engineering Control—E. G. Meiter, Ph.D., Employers Mutual Liability Insurance Company, Milwaukee.

3:30—Cancer control. Dr. M. Fernan-Nunez, Professor of Pathology, Marquette University, School of Medicine, Milwaukee.

4:00—DISCUSSION.

7:30—Refreshments and entertainment—Pabst Brewery. Pabst Blue Ribbon Hall, 9th and Juneau Avenues.

SATURDAY MORNING, FEBRUARY 22, 1941

Presiding Chairman—Dr. J. A. Carswell, Associate Executive Secretary. Wisconsin Anti-Tuberculosis Association, Milwaukee.

a.m.

9:00—PANEL DISCUSSION. Community Resources as They Concern the Nurse in Industry.
Participants:
Miss Cornelia van Kooy, R.N., Supervisor Public Health Nursing, State Board of Health, Madison.
Dr. E. R. Krumbiegel, Commissioner, City Health Department, Milwaukee.
Miss Caroline Di Donato, Instructor Public Health Nursing, College of Nursing, Marquette University, Milwaukee.
Miss Clara B. Rue, Associate Director, Visiting Nurses Association, Milwaukee.
Miss Meta Bean, Wisconsin Anti-Tuberculosis Association, Milwaukee.
Miss Louise Root, Executive Secretary, Council of Social Agencies, Milwaukee.

10:30—Absenteeism in Industry. Dr. R. D. Mudd, Medical Director, Chevrolet-Grey Iron Foundry, Saginaw, Michigan.
W. G. Hazard, Personnel Division, Owens-Illinois Glass Co., Toledo, Ohio.

11:15—The Challenge to the Nurse. Miss Phoebe Brown, R.N., Chairman Industrial Nurses Section of the 4th & 5th District. Employers Mutual Liability Insurance Company, Milwaukee.
DISCUSSION—30 minutes.

### Coming Events—continued

**Clinics of the University of Wisconsin Medical School.**—Physicians are invited to attend clinics held on Saturdays from 11 a. m. to 12:30 p. m., in the sixth floor lecture room of Wisconsin General Hospital, Madison, and also to attend ward rounds, operating clinics, conferences and seminars, a detailed schedule of which may be obtained from Dr. W. S. Middleton, dean of University of Wisconsin Medical School.

Clinics for the remainder of February and for March are as follows:

February 15:
Surgery: Diagnosis and methods of treatment of diseases of the breast—Dr. K. E. Lemmer and associates

February 22:
Obstetrics and gynecology: Menopausal bleeding; diagnosis and treatment—Dr. R. E. Campbell and associates

March 1:
Medicine: Gastroscopic and radiologic correlation in diagnosis and treatment of gastric disorders—Dr. K. L. Puestow and associates

March 8:
Orthopedics: Traumatic backache—Dr. R. E. Burns and associates

March 15:
Otolaryngology: Office treatment of the ear, nose and throat patient—Dr. Wellwood Nesbit and associates

March 22:
Obstetrics and gynecology: Vomiting of pregnancy; prevention and treatment—Dr. Madeline J. Thornton and associates

March 29:
Medicine: Clinical approaches to the diagnosis of early pulmonary tuberculosis—Dr. R. H. Stiehm and associates

**Postgraduate Courses at the University of Wisconsin, April 20–25.**—Enrollment for these courses in medicine, pediatrics, surgery, obstetrics and gynecology is still possible, for a few vacancies still exist. Physicians interested in them should write at once to Dr. R. C. Buerki, superintendent, State of Wisconsin General Hospital, Madison.

**Clinics of Marquette School of Medicine.**—Physicians are cordially invited to attend the weekly clinics, conducted by Dr. Francis D. Murphy and Dr. Joseph King, at the Milwaukee County Hospital on Fridays at 10:30 a. m. Subjects of clinics for the remainder of February and for March are:

February 14:
Coronary thrombosis and its management.
Malignant tumors of the breast.

February 21:
Newer aspects in the treatment of diabetes.
Surgery in diabetes.

February 28:
Cerebrospinal fluid; the biochemical aspects. (To be discussed by Dr. Joseph Bock, professor of biochemistry, Marquette University.)
Carcinoma of the lip, mouth and tongue.

March 7:
Fever; the unusual and obscure types.
Lung abscesses and lung tumors.

March 14:
Coma; differential diagnosis and treatment.
Treatment of back injuries.

March 21:
Pneumonia; chemotherapy.
Principles underlying modern treatment of empyema.

March 28:
Peripheral vascular diseases.
Treatment of gangrene of the extremities.

**Clinics of Milwaukee Children's Hospital.**—The staff of the Milwaukee Children's Hospital has arranged a schedule of clinical presentations for the coming winter and spring months. Surgical clinics will be conducted on Mondays, orthopedic clinics and clinics of the fracture service will be conducted on alternate Tuesdays, and pediatric clinics will be conducted on Fridays. Dr. Stanley J. Seeger will direct the surgical clinics. Dr. Walter P. Blount will direct the orthopedic and fracture service clinics, and Dr. A. L. Kastner will direct the pediatric clinics. These men will be assisted in the presentations by staff members of the hospital. A tentative program for February and March follows. The time of the clinical presentations will be from 12:30 to 1:30 p. m. with the exception of the clinics conducted on the second Friday of each month. On that day a special clinic will be arranged in cooperation with the Medical Society of Milwaukee County. The time of this special clinic will be from 1 to 3 p. m.

Surgical Clinic, Monday, February 10:
Presentation of cases. Discussion of tendon injuries and other soft part trauma.

Fracture Service Clinic, Tuesday, February 11:
Fractures of the femur in children. Discussion by A. A. Schaefer, M. D., Milwaukee.

Pediatric Clinic, Friday, February 14:
Special Clinic. 1 to 3 p. m.

Surgical Clinic, Monday, February 17:
Presentation of cases. Discussion of appendicitis.

Orthopedic Clinic, Tuesday, February 18:
Subject open. Discussion by Vernon C. Turner, M. D., Milwaukee.

Pediatric Clinic, Friday, February 21:
The value of various market milks as foods. Discussion by E. R. Krumbiegel, M. D., Milwaukee.

Surgical Clinic, Monday, February 24:
Presentation of cases. Discussion of appendicitis and mesenteric adenitis.

Fracture Service Clinic, Tuesday, February 25:
Miscellaneous fractures in children. Discussion by Dr. A. A. Schaefer, M. D., Milwaukee.

Pediatric Clinic, Friday, February 28:
The thymus gland. Discussion by G. H. Hansmann, M. D., H. W. Hefke, M. D., and A. L. Kastner, M. D., Milwaukee.

Surgical Clinic, Monday, March 3:
Presentation of cases. Discussion of appendicitis and its complications.

Orthopedic Clinic, Tuesday, March 4:
Bone changes in von Recklinghausen's disease. Discussion by John O'D McCabe, M. D., Milwaukee.

Pediatric Clinic, Friday, March 7:
Subject open. Discussion by Ralph D. Bergen, M. D., Milwaukee.

Surgical Clinic, Monday, March 10:
Presentation of cases. Discussion of septicemia.

Fracture Service Clinic, Tuesday, March 11:
Fractures of the leg in children. Discussion by R. P. Montgomery, M. D., Milwaukee.

Pediatric Clinic, Friday, March 14:
Special Clinic. 1 to 3 p. m.

Surgical Clinic, Monday, March 17:
Presentation of cases. Discussion of lung abscess.

Orthopedic Clinic, Tuesday, March 18:
Acute poliomyelitis. Discussion by W. P. Blount, M. D., Milwaukee.
Pediatric Clinic, Friday, March 21:
The evaluation of childhood tuberculosis. Discussion by Karl Kassowitz, M. D., Milwaukee.
Surgical Clinic, Monday, March 24:
Presentation of cases. Discussion of pericarditis—suppurative and adhesive.
Fracture Service Clinic, Tuesday, March 25:
Miscellaneous fractures in children. Discussion by G. W. Fox, M. D., Milwaukee.
Pediatric Clinic, Friday, March 28:
Immunization. Discussion by F. R. Janney, M. D., Milwaukee.
Surgical Clinic, Monday, March 31:
Presentation of cases. Discussion of empyema.

**Sectional Meeting of the American College of Surgeons.**—A sectional meeting of the College will be held March 10, 11 and 12 in Minneapolis. More about the program as announced by the Wisconsin State Executive Committee of the College appears on page 152 of this issue.

**Continuation Hospital and Medical Courses University of Minnesota**

The University of Minnesota announces the winter schedule of continuation hospital and medical courses, as follows:

February 13–15—Medical Social Service
February 20–22—Dietetics (for dietitians)
March 3–5—Internal Medicine
March 6–8—Obstetric and Pediatric Nursing

The sessions will be conducted at the Center for Continuation Study which also provides living accommodations for those who attend the courses at an average rate of $1.25 a day for room and $1.50 a day for meals. Tuition varies from $5 to $10 for hospital courses and $15 to $25 for medical courses. For further information address Director, Center for Continuation Study, University of Minnesota, Minneapolis, Minnesota.

# Wisconsin Hospitals and Medical Payments Plan

FOLLOWING the consideration of a bill in the 1939 session of the Wisconsin legislature to provide for a lien for physicians and hospitals against damages that may be paid by insurance companies arising out of automobile accidents, the two major insurance company associations* suggested that a voluntary agreement be tried by the State Medical Society of Wisconsin and the insurance companies selling liability insurance in Wisconsin. After a period of some two years' study by hospital, insurance and Society representatives, the Society advised both the hospitals and the physicians that agreement had been reached whereby hospitals and physicians were more definitely assured of payment for their services to individuals who were injured in accidents and who, because of their injuries, were indemnified by an insurance company.

This voluntary agreement arose out of the recognition that large numbers of individuals who were reimbursed in whole or in part for personal damages, dissipated their funds in one manner or another and the hospital and physician remained unpaid, despite the fact that settlement of the damages was predicated, often in its entirety, upon the medical and hospital expenses incurred by the injured party.

Nearly every recognized insurance company licensed to sell liability insurance in Wisconsin is a member either of the American Mutual Alliance or the Association of Casualty and Surety Executives, which are the two insurance company associations that made this agreement and assisted in placing it in operation. The names of the insurance companies which are members of these two associations appeared in the May, 1939, issue of the WISCONSIN MEDICAL JOURNAL on page 410.

The officers and the Council of the Society understood from the outset that this agreement was not a panacea for the several problems of physicians and hospitals in automobile accident cases. They did feel, however, that if the plan operated successfully a great assistance could be rendered members of the Society and the hospitals. It covers only those cases in which the injured party is indemnified by an insurance company, whether hospitalized or not, or where the insurance companies, in accordance with their standard clause, pay expenses incurred by the insured in the event of bodily injury, for such immediate (first aid) medical and surgical relief to others as shall be imperative at the time of the accident. This provides for reimbursement to the insured driver for expense "incurred by the insured" for first aid rendered to others.

**Under the Wisconsin Hospitals and Medical Payments Plan it is to be emphasized that the fundamental confidential relationship between the physician or the hospital and the patient shall be maintained under the agreement as it has been in the past.** Information relative to the injuries sustained by a patient as a result of an accident should be supplied to the insurance company *only* when the physician or hospital has on file the signed form which gives the hospital or physician the privilege to so inform the insurance company. Specifically the agreement provides "In so far as possible the insurance company representatives will cooperate with the hospital and the physician in securing such orders."

Standard forms have been prepared for use in the operation of this agreement. Three forms are avail-

* The American Mutual Alliance (association of mutual insurance companies).
The Association of Casualty and Surety Executives (association of stock insurance companies).

able for purchase at the rate of 35 cents per pad. One form is entitled "Order for Payment—Medical, Surgical and Hospital Bill;" there is a similar form for a minor or an incompetent person and a third form entitled "Information Authorization." This last form authorizes the physician to supply the insurance carrier with a complete report of the injuries and disabilities arising out of the accident. These forms were prepared with great care and should always be used in automobile liability cases. They may be secured from the State Society office.

As soon as the payment form (number one or two) has been signed by the patient, the original copy of this form should be sent to the insurance company, or companies, affected. Failure to obtain payment from the insurance company, due to the fact that it has no liability in the case, does not preclude the physician or hospital from obtaining payment from the patient. Likewise, if the settlement for the injuries is not sufficient to cover the hospital and medical care, the physician and hospital may obtain the unpaid balance direct from the patient.

A conference committee is established under the agreement, the function of which is to receive and adjudicate if possible any claims, complaints or differences that may arise under the operation of the plan itself. The method of placing a question before the conference is simple and direct. Any member of the Society may submit a question for review by the conference committee simply by forwarding to the State Society a narrative account of the incident. This information will be brought before the conference committee at its next meeting and if it appears to be warranted, the member referring the matter and a representative of the insurance company will be invited to meet with the committee. The committee is established to review such differences *before* litigation is entered upon. Failure to arrive at a satisfactory settlement through the conference committee does not preclude subsequent instigation of suit by the physician, the hospital or the insurance company.

The full agreement as approved by the Wisconsin Hospital Association, the Wisconsin Conference of Catholic Hospitals, the State Medical Society of Wisconsin, the American Mutual Alliance and the Association of Casualty and Surety Executives, in 1939, appears below:

### Wisconsin Hospitals and Medical Payments Plan

Doctors and hospitals have in the past experienced difficulties in securing the payment of charges from patients who have collected damages from persons causing their injuries despite the fact that in such cases a part of the patient's financial recovery actually was based on hospital, medical, and surgical expense.

These principles are therefore enunciated in an effort to protect in so far as possible the interests of hospitals, medical and allied professions, insurance companies, the community and general public:

1. **Except as the patient or his lawful representative may otherwise direct, the fundamental confidential relationship between the physician or hospital and patient shall be maintained.** It is recognized that in order properly to submit a claim not only the early details of the injuries suffered must be disclosed, but also the expense which the injured party has incurred. In event of law suit or settlement, disclosure of this information is unavoidable, but the election so to disclose is that of the injured patient, and is his to be exercised. Therefore, when so authorized by the patient, the physician and hospital will supply to the interested insurance company or companies complete information concerning the injuries and prognosis.

2. The obligation incurred by the injured party for necessary medical, surgical and hospital care is one primarily owing to either the physician or hospital. Payments by the insurance company by way of indemnifying the patient therefor should be applied toward the liquidation of such obligation to the extent such funds are available, and to assist therein, the insurance companies will recognize orders on proper forms for reasonable charges upon such funds which ultimately may become payable to the patient or his personal representative. Insofar as possible, the insurance company representatives will cooperate with the hospital and the physician in securing such orders. Where the payment is insufficient to afford satisfaction to all parties concerned, the insurance company will endeavor to pay physicians' and hospital bills on an equitable basis.

3. In order that the insurance companies may furnish the fullest cooperation (and for the hospital's or physician's own proper protection) the physician and hospital shall notify insurance companies promptly of any claim upon which an order has been or may be issued.

4. In event of settlement with a patient who refuses or has failed to sign an order, the insurance company will endeavor to carry out the principles set forth in paragraph two and when this cannot be done will notify the hospital and physician before settlement or if such advance notice is not possible, then as soon thereafter as can be done.

5. The company shall pay any expense incurred by the insured, in the event of bodily injury, for such immediate medical and surgical relief to others as shall be imperative at the time of accident.

6. A Conference Committee of eight, consisting of four insurance company representatives, and four representing the medical and hospital interests is created to mediate disputes and to further cooperation.

## HOSPITAL SUPERINTENDENTS ADVISED

On January 17, 1941, advance proof of the accompanying article on the Wisconsin Hospitals and Medical Payments Plan was sent to all hospital superintendents in the state. The article, which appeared in the 1939 Wisconsin Medical Blue Book, is being reprinted here because there is evidence that some physicians are unaware of this plan, designed to reduce unnecessary loss to hospitals and physicians arising out of care given in automobile cases. The material is as timely now as when first issued. Every member should be conversant with it.

# Problems in Nursing Service Today

By MILLARD TUFTS, M. D.
*Milwaukee*

TODAY, in our state and in our nation, and more than ever before in our own community there is an urgent demand for diversified nursing service. Demands of various groups for registered nurses have in recent years caused the graduate to be attracted to special fields. Examples of this are seen in industry, public health, and aeronautics, and more recently in certain phases of government service. Marriage still is the heaviest single influence to take the registered nurse out of the immediate public benefits of her profession.

### Is the Number of Nurses Adequate?

In this country in 1918 there were 66,017 registered nurses. Today the membership of the American Nurses' Association alone numbers 161,000. In Wisconsin twenty-five accredited schools of nursing education now graduate about 450 students annually. *Yet with all this emphasis upon volume of graduates there appears to be a widening gap between specialized group nursing service today and registered nursing service readily obtainable outside of the hospital.* Particularly does this seem apparent to those who need good nursing service twenty-four hours a day in the home. Is this shortage real or is this need being absorbed at least to a degree by other types of nursing service? In larger cities in our state, post-operative nursing care, obstetrical service and general hourly duty services are available through specially trained nurses. An example of this is the Visiting Nurses' Association of which there are about sixty graduate nurses in the Milwaukee area alone.

These trends create more than challenges to nurses and their profession. They are also of genuine interest to the physician and the citizen and apparently the concern of our government as well. However the purpose of this paper will have been accomplished if questions in nursing may be made more familiar to the reader, if something of what is being done is made known to him and if constructive help be forthcoming from any one who is willing to give the subject some thought.

Let us view the situation from the position of some who are a vital part in the various phases of nursing interests.

### Vital Parts

*Schools of nursing education.*—Constantly increasing demands in higher standards of nursing education require more careful selection of students and a faculty of graduate nurses or others specifically trained as instructors. Eighty schools of nursing throughout the country now associated with colleges and universities offer a combined undergraduate program leading to a diploma in nursing and a college degree. These same schools find the overhead increasing, student service more restricted and supervisory service more difficult to maintain.

*The registered nurse.*—High standards have been reached in the nursing profession today. A need for well prepared nurses exists. But in meeting these needs standards must be maintained. Demands by physicians in hospitals and in the specialized nursing fields require them to have a knowledge, for example, of bacteriology, pathology, chemistry and therapeutics or even to use the stethoscope or to take blood pressure determinations. The nurse is now called upon to give anesthesia, to supervise intravenous therapy or provide medical first aid in an industrial plant. Records show that the graduate nurse is anxious to prepare for and enter these special nursing fields.

Eight and twelve hour duty service has replaced fatigue and drudgery with more

**Editor's note.**—Dr. Tufts' interest in problems of nursing dates to his work as former chairman of the Committee on Nursing of the Medical Society of Milwaukee County. He is now a member of the Medical Advisory Board of the Visiting Nurses' Association of Milwaukee and of the State Board of Nursing Education.

efficiency in private duty. Better appreciation of nursing standards has taught the public the wisdom of occupying the professional nurse in her service rather than in general servant duty.

*The public.*—The public is quick to challenge the nurse in results. There is no question that especially in hospitals there is a tendency for the public in the emotional environment of illness to over-subscribe or to expect too much in nursing help. Public demand in nursing, especially at home, frequently takes the form of a vision of the "old fashioned" nurse who made the extreme sacrifice in long hours of service and variety of chores and saved the life of the patient. The hourly duty nurse and the obstetrical nurse in homes, the plant nurse in industry, the county and public health nurses are eagerly sought.

As to our national defense program today in relation to nursing it is significant that war is now a total struggle in which civilians suffer even more than military forces. (In Britain for every soldier killed, forty civilians die or are injured). Along with 1,200,000 young men being sent to camps, we are told the United States army is calling therefor, through the Red Cross organization, for a total of 4,000 nurses in the service by June, 1941.

*The physician.*—Every physician in our community sees in the call for graduate nurses through many new channels a depletion of the general nursing waiting list supplying the needs of his own patients in his private practice. He may therefore feel that the nursing profession is being taken away from him. The physician must realize that the spread of nursing service has been increased by greater diversification with new demands in recent years. For example the army service call will produce a shortage of local nursing which will tend to become an oversupply by the time these nurses return.

This fluctuation in the various nursing interests produces a changing problem in adaptation by nursing organizations as to volume and educational standards for their profession. Physicians have begun to recognize as a group the need for study of nursing problems.

## COMMITTEE APPOINTED

A Special Committee on Nursing Education, as provided in the resolution adopted by the House of Delegates of the State Medical Society of Wisconsin, has been appointed by Dr. R. M. Kurten of Racine, speaker of the House. The members of this committee are: Dr. W. A. Munn, Janesville, chairman; Dr. H. M. Stang, Eau Claire; Dr. Burton Clark, Oshkosh; Dr. F. A. Stratton, Milwaukee; and Dr. J. W. Gale, Madison.

The committee met in Madison on January 9. Subsequent meetings will be held during the winter and spring.

The following resolution was adopted by the 1940 House of Delegates at the annual session of the State Medical Society of Wisconsin, September 19, 1940:

WHEREAS, The educational requirements for entrance into nursing are becoming higher year after year, and

WHEREAS, Many of these requirements are not essential for the nursing care of patients, regardless of their desirability as a cultural background, and

WHEREAS, The amount of education acts as a basis for the increased cost of nursing for patients, and

WHEREAS, This increased cost works a great hardship on many patients, and in fact, deprives the service of a nurse from the less well-to-do, and

WHEREAS, As only nurses having the educational requirements specified by the American Association for Registered Nurses can be employed in recognized hospitals, and

WHEREAS, There is a great need for nurses whose training has emphasized the vocational rather than the more cultural phase of their training,

*Therefore, be it resolved,* That a committee be appointed to make a study of this problem and report to the House of Delegates what further action should be taken.

### The Solution

The solution to current nursing problems is apparently one of careful study and cooperative effort, particularly between the active nurses, the physicians and hospital leaders. Undoubtedly large numbers of graduate nurses now inactive in nursing could be called upon for advice and direction while many in their profession are called into service. It is significant that already through government planning the N. Y. A. has introduced a program in Wisconsin for the training of an estimated 500 nursing

aids for hospital service. Is this a trend towards socialized nursing and if developed would it be better for the patient and for the hospital than the present regime? Would it affect the future of schools of nursing education or the present form of the practice of medicine?

Nursing organizations in Wisconsin, however, have selected a committee for 1941 which is already working on the answer to local nursing problems. It would appear logical that any solution should take into consideration readjustment upon the return of thousands of nurses now about to enter government service. It is encouraging to know that our State Nursing Association is active in the study of its problems. Its success is vital to the successful practice of medicine. This association will be glad to receive constructive suggestions from our physicians in the field at this time.

Those who would carefully evaluate and offer aid in nursing problems today will find that the officers and committees in four national organizations have been alert, particularly during 1940, in securing reliable nursing statistics, in supervising nursing education and in directing careful leadership for the nursing profession in our country. These organizations are: The American Nurses Association, The League of Nursing Education, the National Organization of Public Health Nurses and the Department of Nurses of the American Red Cross.

# Minutes of the Council; Milwaukee, January 3 and 4, 1941

**1. Call to Order**

The Council convened at 6:00 p. m., Friday, January 3, 1941, for a dinner meeting in the library of the University Club of Milwaukee. The chairman called the meeting to order for transaction of business at 8:10 p. m.

**2. Roll Call**

The following were present, constituting a quorum: Councilors Gavin, Christofferson, Blumenthal, Johnson, Henry Gramling, Heidner, Lambert, Butler, Fitzgerald, Clark, Jegi, Bowen and Pippin; President Sproule; Past President Arveson; President-elect Gundersen; Treasurer Sisk; Speaker Kurten; Vice-speaker Fidler; Delegate to the American Medical Association, J. C. Sargent; S. J. Seeger, chairman of the Committee on Industrial Health; C. A. Dawson, chairman of the Committee on Public Policy; T. J. O'Leary, member, Conference Committee on Open Panels; Secretary Crownhart; Assistant Secretary Larson; Dr. T. J. Howard, president, and Mr. James O. Kelley, executive secretary, of the Medical Society of Milwaukee County; Messrs. R. B. Murphy and C. H. Crownhart, legal counsel. Absent: Councilors Pechous (absent from state) and Krahn (ill).

**3. Approval of Minutes of September, 1940, Meeting**

Upon motion by Blumenthal–Clark, the minutes of the September meeting of the Council, as published in the December issue of the Wisconsin Medical Journal, were approved.

**4. Approval of Mail Ballots**

a. Authorizing the purchase at $350 of a used automatic typewriter.

b. Authorizing the M–Day Committee to act for the Society in the matter of preparing a cost-of-material fee schedule for the Wisconsin Selective Service Administration.

Upon motion by Johnson–Butler, these mail ballots were approved without discussion.

**5. Election of a Chairman of the Council for 1941**

Upon motion by Councilor Johnson, (President-elect Gundersen presiding) variously seconded, Dr. S. E. Gavin was nominated to succeed himself as chairman of the Council for the year 1941. There being no further nominations, the secretary was instructed to cast a unanimous ballot for Dr. Gavin and the ballot was so cast.

**6. Election of a Treasurer of the Society and of the Council for 1941**

Upon motion by Christofferson–Arveson, Dr. Ira Sisk was nominated to succeed himself as treasurer of the Society and of the Council for the year 1941. There being no further nominations, Secretary Crownhart was instructed to cast a unanimous ballot for Dr. Sisk and the ballot was so cast.

**7. Election of a Secretary of the Society and of the Council for 1941**

Upon motion by Jegi–Christofferson, Mr. J. G. Crownhart was nominated as secretary of the Society and of the Council for the year 1941. There being no other nominations, the chairman cast a unanimous ballot for Mr. Crownhart.

**8. Life Memberships**

Upon motion by Fitzgerald–Butler, the following were approved as recipients of life memberships in

the State Medical Society of Wisconsin: Dr. J. S. Reeve, Appleton; Dr. J. F. Mauermann, Monroe; Dr. H. P. Haushalter, Milwaukee.

### 9. Approval of Sections of the Society Pursuant to By-Laws Adopted by the 1940 House of Delegates

After discussion by Councilors Fitzgerald, Gramling, and Heidner; Past President Arveson, President-elect Gundersen, Dr. Fidler, and the secretary, upon motion by Clark–Jegi, the following sections were approved: (a) Section on Radiology; (b) Section on Eye, Ear, Nose and Throat; (c) Section on Orthopedic Surgery; (d) Section on Cardiology.

### 10. Report of the Treasurer

Dr. Ira Sisk, treasurer, presented his report for the calendar year 1940 as follows:

**STATE MEDICAL SOCIETY OF WISCONSIN**

**REPORT OF DR. IRA R. SISK, TREASURER**

**For the Year Ended December 31, 1940**

| | General Fund | Medical Defense Fund | Combined Funds |
|---|---|---|---|
| Cash on hand, January 1, 1940 | $ 3,257.23 | $ 2,609.17 | $ 5,866.40 |
| **Receipts** | | | |
| Membership dues | 37,337.20 | | 37,337.20 |
| Special assessment dues | 12,641.90 | | 12,641.90 |
| Annual meeting revenues | 5,671.70 | | 5,671.70 |
| Interest on investments | 427.50 | 285.00 | 712.50 |
| Graduate center fees | 2,102.10 | | 2,102.10 |
| Share of social security taxes, Wisconsin Medical Journal | 54.00 | | 54.00 |
| Sale of books | 36.05 | | 36.05 |
| Refund of federal social security taxes | 521.21 | | 521.21 |
| Proceeds from sale of securities | | 2,137.50 | 2,137.50 |
| Miscellaneous receipts (refunds of expense) | 203.86 | | 203.86 |
| Cancellation of Medical Defense Fund check | | 4.00 | 4.00 |
| Total receipts | $58,995.52 | $ 2,426.50 | $61,422.02 |
| Total to be accounted for | $62,252.75 | $ 5,035.67 | $67,288.42 |
| **Disbursements** | | | |
| President's travel | $ 500.00 | | $ 500.00 |
| Council and committees | 2,767.36 | | 2,767.36 |
| Books and periodicals | 284.98 | | 284.98 |
| Delegates to American Medical Association | 401.05 | | 401.05 |
| Auxiliary | 110.61 | | 110.61 |
| Secretary's salary | 8,970.00 | | 8,970.00 |
| Secretary's travel expense | 1,329.95 | | 1,329.95 |
| Travel expense of president-elect | 175.00 | | 175.00 |
| Salaries of staff | 9,188.80 | | 9,188.80 |
| Assistant secretary's normal travel | 157.50 | | 157.50 |
| Accounting and insurance | 725.09 | | 725.09 |
| Social security taxes | 617.43 | | 617.43 |
| Insurance on secretary | 244.50 | | 244.50 |
| Rent | 1,800.00 | | 1,800.00 |
| Telephone and telegraph | 1,108.83 | | 1,108.83 |
| Supplies and light | 856.06 | | 856.06 |
| Postage and printing | 2,180.27 | | 2,180.27 |
| Fixtures and upkeep | 503.28 | | 503.28 |
| Miscellaneous | 609.02 | | 609.02 |
| Legal | 2,863.93 | | 2,863.93 |
| Special bulletins to members | 1,088.99 | | 1,088.99 |
| Blue Book issue | 600.00 | | 600.00 |
| Annual meeting | 7,146.32 | | 7,146.32 |
| Graduate centers | 2,511.27 | | 2,511.27 |
| Wisconsin Medical Journal | 1,800.00 | | 1,800.00 |
| Legal services, 1939 | 388.75 | | 388.75 |
| Hygeia | 257.50 | | 257.50 |
| Press | 407.15 | | 407.15 |
| Lay publications | 40.00 | | 40.00 |
| Services, general counsel | 1,227.24 | | 1,227.24 |
| Voluntary sickness insurance trials | 2,643.77 | | 2,643.77 |
| Investment securities purchased | 3,130.75 | 2,087.83 | 5,218.58 |
| Dues refunded | 15.00 | | 15.00 |
| Total disbursements | $56,650.40 | $ 2,087.83 | $58,738.23 |
| Cash on hand, December 31, 1940 | $ 5,602.35 | $ 2,947.84 | $ 8,550.19 |
| General fund appropriation carry-over | $ 2,132.76 | | |
| General fund free cash balance | 3,469.59 | | |
| Total as above | $ 5,602.35 | | |

**Summary of Funds December 31, 1940**

| | General Fund | Medical Defense Fund | Combined Funds |
|---|---|---|---|
| *Summary of cash on hand* | | | |
| Treasurer's cash (First National Bank) | $ 5,602.35 | $ 2,947.84 | $ 8,550.19 |
| Secretary's petty cash (American Exchange Bank) | 300.00 | | 300.00 |
| Secretary's residuary balance, (American Exchange Bank) | 100.00 | | 100.00 |
| Secretary's 1941 advance dues, (American Exchange Bank) | 1,200.00 | | 1,200.00 |
| Total available cash | $ 7,202.35 | $ 2,947.84 | $10,150.19 |
| *Summary of securities on hand (face value)* | $12,000.00 | $ 9,000.00 | $21,000.00 |
| Fund totals | $19,202.35 | $11,947.84 | $31,150.19 |

**Securities on Hand December 31, 1940**

| | Interest Rate | Maturity | Face Value |
|---|---|---|---|
| **General Fund** | | | |
| Dominion of Canada | 2½% | 8–15–1945 | $ 2,000.00 |
| Dominion of Canada | 3¼% | 1–15–1961 | 2,000.00 |
| Pacific Telephone and Telegraph Company | 3¼% | 12– 1–1966 | 1,000.00 |
| Milwaukee Gas Light Company | 4½% | 3– 1–1967 | 2,000.00 |
| Canadian National Railway Co. | 5 % | 10– 1–1969 | 2,000.00 |
| Dayton Power and Light Company | 3 % | 1– 1–1970 | 3,000.00 |
| Total general fund securities | | | $12,000.00 |
| **Medical Defense Fund** | | | |
| Milwaukee County Metropolitan Sewerage bond of 1925 | 4½% | 3–18–1944 | 1,000.00 |
| United States Treasury bonds | 3¼% | 4–15–1944/46 | 2,000.00 |
| Pennsylvania Power & Light Co. | 3½% | 8– 1–1969 | 2,000.00 |
| Wisconsin Gas & Electric Company | 3½% | 4– 1–1966 | 1,000.00 |
| Pacific Telephone & Telegraph Co. | 3¼% | 12– 1–1966 | 1,000.00 |
| Southern California Edison Co. (new issue) | 3 % | 9– 1–1965 | 2,000.00 |
| Total Medical Defense Fund securities | | | $ 9,000.00 |

Discussion followed by Councilors Christofferson and Butler; Past President Arveson; and Secretary Crownhart. Upon motion by Pippin–Christofferson the report was unanimously adopted.

### 11. Report of the Secretary

Secretary Crownhart supplemented his interim report as presented to the Council in mimeographed form prior to the meeting. The report follows:

## INTERIM REPORT OF THE SECRETARY–MANAGING EDITOR

Dec. 24, 1940.

TO THE COUNCIL:

### Membership

As of December 24, 1940, our membership for 1940 reached 2,506—forty-three over the end of December a year ago. In addition we carry on the membership rolls twenty-seven life members, nine honorary members, and seventeen members whose temporary but serious incapacity left them without earnings for the year and whose dues were remitted upon recommendation of their respective county societies. Some forty-seven physicians who had been members in 1939 had not paid 1940 dues by December 24, but of this number of delinquents seven had left the state permanently. This is the smallest number ever reported in arrears, and several have indicated that payments will be made prior to January 1.

### County Secretaries

Early in the year a booklet of mimeographed instructions for the county secretaries was sent from the central office. This was welcomed as answering many questions as to procedure that repeatedly arise in the conduct of a county society's affairs.

Your secretary is deeply impressed by the amount of effort expended by the county secretaries in performing with the necessary exactness the duties of their office. No more important office in the structure of our Society is to be found than that of the county secretary. With the exception of the large society in Milwaukee county, all county secretaries are physicians who serve without compensation. A grateful acknowledgment is made of their key service within their respective societies and to your State Society that very literally could not live and make its accomplishments without these men who give so much of themselves.

### Journal

A full discussion of the financial side and problems of the *Journal* was presented to the Council a year ago. A preliminary statement for the current year is here inserted. Several improvements have been made in the *Journal* during the year and its size continuously increased. The high scientific content of the *Journal* is due to the discernment of its medical editor and to the faithful revision work of the one full-time employe in the central office—Miss Cridland. It is believed that our *Wisconsin Medical Journal* ranks with the foremost state journals and in consequence is being read today more nearly on a cover-to-cover basis. Numbers of letters from members and officers of the American Medical Association have commended our annual Blue Book issue of December. Such an issue is unique to Wisconsin and it is believed that its value as a reference volume amply warrants the considerable additional cost of its preparation, which must be a matter in which great care is exercised, and the additional costs of its actual publication and mailing. Some members have indicated to your Secretary that information contained in this one publication pointed the way to savings that were considerably in excess of their entire annual dues.

**WISCONSIN MEDICAL JOURNAL**
**Madison, Wisconsin**

**ESTIMATED INCOME AND PROFIT AND LOSS STATEMENT**
**For the Year Ended December 31, 1940***

| | | |
|---|---|---|
| **Income** | | |
| Advertising | | $8,725.81 |
| Subscriptions | | 107.28 |
| | | $8,833.09 |
| **Expenses** | | |
| Printing | $7,067.54 | |
| Salaries | 1,800.00 | |
| Rent | 540.00 | |
| Mailing | 492.28 | |
| Cuts | 436.74 | |
| Accounting service | 180.00 | |
| Editorial expense | 50.00 | |
| Supplies | 41.29 | |
| Miscellaneous expense | 35.75 | |
| Old age benefit tax | 18.00 | |
| State unemployment tax | 18.00 | |
| Collection expense | 14.94 | |
| Depreciation | 12.42 | |
| Discounts allowed | 5.60 | |
| Total expenses | | 10,712.56 |
| Publication (loss) | | $(1,879.47) |
| Less: State Medical Society appropriation | | 1,800.00 |
| Net (loss) for the year | | $( 79.47) |

**Balance Sheet* December 31, 1940**

| | |
|---|---|
| **Assets** | |
| American Exchange Bank | $1,199.97 |
| Accounts receivable | 755.17 |
| Mailing envelopes inventory | 216.05 |
| Postage deposit | 1.31 |
| Office equipment (depreciated value) | 89.43 |
| Total assets | $2,261.93 |
| **Liabilities and Surplus** | |
| Copyright deposit (overdrawn) | $ 2.00 |
| Surplus | 2,259.93 |
| Total liabilities and surplus | $2,261.93 |

* Owing to the fact that these statements were prepared several days prior to December 31, 1940, estimates were necessary as to certain items of income and expense; therefore, these statements are subject to later corrections.

### Budget

When the Council meets a report of the treasurer will be available as of December 31, 1940. The secretary reports at this time, however, that while certain budget estimates proved insufficient and had to be raised by Council action during the year, in other respects we were able to make savings so that the sum total of the budget was not exceeded. It is probable that after subtracting from cash on hand certain carry-over appropriations amounting to $2,132.76 there will also be a cash surplus of $3,000 as compared with $1,500 a year ago.

The budget that follows is based on our actual 1940 experience as tabulated through December 26 except that all figures remain under, rather than over, 1940 expenditures.

As of the end of the calendar year we will have something in excess of 2,500 dues-paying members. For some fifty of these, however, who joined after July 1, dues were pro-rated. In normal times we might safely compute our 1941 income on the basis of 2,450 members with every expectation that this figure would be considerably exceeded. As was pointed out in the House of Delegates, however, some fifty of our members hold National Guard commissions and another 250 hold reserve commissions. Lacking declaration of war, few of these members will permit their membership to lapse. Should war

eventuate, however, or the national emergency become one closely approaching war, the Delegate body was advised that our total membership for the year might not exceed 2,150 and might conceivably, depending on still other circumstances, be less.

Your secretary suggests that the Council plan the year on the basis of 2,200 members. The budget may then be expanded or contracted at the spring meeting, as the membership report at that time warrants.

The delegates increased the dues from $20 to $25 to care for the proposals of Dr. Dawson, chairman of the Committee on Public Policy, and of the Committee on Industrial Health. These proposals are outlined in careful detail in this report following our normal budget set forth at this point.

It will be noted that this normal budget totals $46,655. The income from 2,200 members would be $55,000 providing a total for expansion at this point of $7,845. As previously stated, this will be expanded in all likelihood by the time of the spring meeting, but for the present it may seem wise to the Council to keep appropriations over and above the normal budget within this $7,845 indicated surplus until the further income is better assured.

The budget as submitted totals $2,565 over the 1940 budget, but of the additional amount $1,800 is accounted for as an increased appropriation for the Centennial meeting and $750 as an increase for the travel expense of our continuously more active committees. Other figures have been increased or decreased as indicated by the 1940 budget experience, but the sum total is not varied thereby.

### Health Education

Appearing before the House of Delegates in his personal capacity, Dr. C. A. Dawson, River Falls, chairman of our Committee on Public Policy, advocated that substantial additional amounts be expended in revivifying and extending our public educational program. Dr. Dawson felt that $5,000 a year wisely and effectively could be expended in such effort.

The appropriate reference committee of the House commended Dr. Dawson's position for adoption which action the House voted without dissent.

Since that time your secretary has had two conferences with Dr. Dawson for the purpose of placing concrete proposals before the Council that this subject matter might have the clear consideration that its obvious importance warrants. In the recommendations that follow a lesser sum than that approved by the House will be found, and your secretary joins Dr. Dawson in his thought that the funds and projects outlined are worthy. The total involved amounts to $2,500. This is exactly one-half the amount that was approved by the House of Delegates and the chairman of the committee commends this program to the Council in the conviction that it is most worthy.

### Committee on Industrial Health

One of the more active committees of the Society is its Committee on Industrial Health whose chairman, Dr. Seeger, is also chairman of the Council on Industrial Health of the American Medical Association.

In its supplementary report to the House of Delegates, the committee declared:

"Nearly a year ago, with the endorsement of both labor and management, as well as of the Industrial Hygiene Unit of the State Board of Health, the Industrial Commission of Wisconsin gave its full and hearty stamp of approval to a carefully prepared and well thought out program looking toward the eventual universal use of pre-employment physical examinations and periodic health examinations annually for all employes in Wisconsin industry. While the Industrial Commission felt it undoubtedly had authority to give this program the effect of law inasmuch as its accomplishment depended upon employer financing, the Commission was of the opinion that this program should go forward by a slow and steady educational program until it reached such a point that a majority of the employes were covered, at which time its furtherance by rule would be most seriously considered.

"The report of your committee as published (Wisconsin Medical Journal, August, 1940, pages 651–653) carried to you in some detail the consistent efforts of your committee to shape, mold and assist in furthering this program throughout the last year.

"Subsequent to the publication of that report, however, the director of the Industrial Hygiene Unit of the State Board of Health, in a conference with your committee, presented a second program to be carried out simultaneously with the first, namely, one looking toward a further reduction of non-industrial disease incidence among the employes in industry. Particularly is it hoped that the percentage of day and wage loss due to respiratory infections may be very materially decreased.

"In both of these ambitious but well envisioned undertakings, your committee is of the conviction that the Society must now make a decision which for years will determine the extent to which the practicing physician will participate in the work as it develops.

"Will this tremendous undertaking in the field of industrial health and hygiene be allowed to follow the natural pattern into which it gradually will gravitate if there be no directing force,—the old and discarded program of the company physician, undoubtedly supplemented by select panels of insurance physicians, if not, indeed, insurance company employed clinic teams traveling the state? Or will we have a program in which the profession of Wisconsin is committed to the same open panel principle which now prevails under our agreement with the old line and mutual insurance companies in the compensation field and in which the practicing physician will be an important factor?

"Your committee is of the conviction that the best health service both to employer and employe will be secured by the utilization in both of these programs of all physician members of the Society who are capable and willing to undertake this effort. But your committee is equally certain that this will not come about if left to chance.

"The gradual but steady adoption of the Society's approved open panel procedure has, in its final terms, meant little more in total income to the profession but rather has afforded the injured an opportunity to have the physician of his choice attend him. This new program will involve upwards of from $3,500,000 to $5,000,000 per year when it reaches its ultimate development. The question is whether it shall be given to the profession as a whole as part of a cooperative effort in this field or whether it shall be funnelled into narrow channels with an accompanying percentage of loss to the program itself.

"Your committee believes that a concrete effort should be made to permit all members to participate in such a state-wide program of physical examination and industrial health.

"Your committee submits as a basic program for action the following procedures:

1. Circularization of the members of the State Medical Society of Wisconsin with data on the periodic examination program and, specifically, to learn what members are anxious to participate in it, if given an opportunity.

2. Compilation of a combined panel for each county of the state, listing the physicians who are members of the Society who are ready to undertake the care of industrial injuries and to participate in the periodic health examination program when adopted by the several employers.
3. Printing of these panel lists by the Society annually (33,000 copies).
4. Mailing of these panels, each compiled on a county basis, to the employers in each county.
5. Simultaneous mailing to 33,000 employers, of printed announcements concerning the posting of the open panel for the care of compensation injuries and industrial diseases, with emphasis on the Industrial Commission's approved health examination program and the willingness of the Society to cooperate in its establishment in any given industry, with special emphasis upon free choice under the open panel.
6. By continuous effort throughout the year, to elaborate upon this employer announcement by personally typed communications to each of the nearly 33,000 employers subject to the Workmen's Compensation Act.
7. That all of this procedure to this point be made a continuous effort of the Society.

"For the basic program, then, to this point, translated into terms of dues on the part of 2,400 full-pay members, it would require an initial investment of $2.60 per member for the first year, and an investment of $2 per year for each year thereafter.

"Your committee is of the firm conviction that all that is foregoing is a basic requirement. Your committee is of the opinion, also, that were the program to stop at that point, while valuable in itself, it would not be sufficiently complete to secure all that is to be had and that a further investment must be well considered. First of all, the basic planning of a program for the reduction of preventable non-industrial disease in industry contemplates the use of the physicians on the panel as disseminators of information through periodic meetings of groups of employes and foremen for from fifteen to twenty minute lecture periods. If all physicians on the Society's panel are to be equipped to carry forward this program which the Industrial Hygiene Unit of the State Board Health and the Industrial Commission of Wisconsin proffers to them, it will require that they receive from their central office basic notes for such talks monthly to fit in with the subjects then under discussion, for this preventive program contemplates that subject matter will change from month to month in order to give emphasis to diseases peculiarly prevalent in the different seasons of the year. The printing and mailing cost of such cards with the basic facts that may be used, may be accomplished at a cost of approximately $60 per month or $720 per year.

"Your committee is of the opinion that, in order to integrate the work of the practicing physician with the program of health examinations in industry and the program of industrial hygiene, it is necessary to have an effective program of field work directed from the Society's central office. This field work would acquaint physicians in various communities with details of the programs, coordinate their activities with the programs of industry and various manufacturers' associations, with the programs of the Industrial Hygiene Unit of the State Board of Health and with the program of the Industrial Commission of Wisconsin. In the organized medical profession itself a field worker would coordinate the facilities of various counties and communities in clinical medicine, in laboratory work and radiology, and in industrial hygiene to the end that an efficient program could be offered by the medical profession to employers at a reasonable cost. Such a coordination of activities of agencies working in the field of industrial health, notably physicians, hygienists, technical experts and nurses, would do much to further the interests of the medical profession in the general preparedness program. The importance of industrial health in the preparedness program has been emphasized by the Surgeons General of the Army, Navy and Public Health Service, and by the House of Delegates of the American Medical Association.

"The second portion of the committee's recommendation would require between $7,250 and $8,250 per year; or, in terms based upon 2,400 full-pay members, from $3 to $3.50 per member per year.

"To recapitulate, the basic portion of the program would cost, in terms of dues, $2.60 per member per year for the first year. The second portion would cost from $3 to $3.50 per member per year, or a total cost of between $5.60 and $6.10 per member for the first year and thereafter at an annual cost of from $5 to $5.50 or $5.60 per member per year.

"The committee wishes to emphasize that the entire program as here set forth is limited in its presentation to the broad principal lines of attack. The members of the House will recognize that in making it effective, there are countless details, each one of importance, that must be met in an adequate manner. Finally, the committee would emphasize that to all this program it assumes there will be added, under the direction of the central office, every facility available in every county for giving it added force and proper direction, and that in Milwaukee county in particular the facilities of the county medical society will be given fully toward solving the problems that inherently will be of greater import in this single large industrial center. The committee assumes that all of this will be available as an added force and without cost.

Respectfully submitted,
S. J. SEEGER, M. D., *Chairman*,
COMMITTEE ON INDUSTRIAL HEALTH.
For the committee:
(T. J. O'LEARY, M. D. and
E. O. GERTENBACH, M. D.)"

### Safety on Public Highways

At the convening of the afternoon session on Saturday, January 4, Dr. Maurice Sherwood, Milwaukee, chairman of the special committee on this subject, has requested a ten-minute hearing on a special project which it is proposed the Society undertake. Councilors will have in mind that the total highway deaths in Wisconsin in 1940 will exceed 700 and if the State Board of Health's estimate of twenty injuries for each death be conceded as approximately correct, the companion injury total will be in excess of 14,000.

### The Society's Office

In the central office of the Society, Mrs. Helen Newby has full-time duties in the handling of our enlarged membership records and in assisting in *Journal* proofreading.

Miss Dorothy Cridland, paid from the *Journal* account, has a task in *Journal* editing that requires of her most complete effort.

This leaves for a general office force, Miss Lucia Stolp, in charge; Miss Ethel Wichern, and Mr. Hayden Smith. During the legislative session about to open, Mr. Smith will have special assignments that will require approximately three-quarters of his time out of the office. Miss Wichern is working full-time on the compilation of the open panel and may be engaged upon this general field almost exclusively

during the year. Miss Stolp has charge of the office and in addition takes nearly all of the secretary's dictation. With a daily outgoing mail that averages more than fifty personal letters, the present office personnel is always working against time limits.

Your secretary feels that additional projects of any magnitude cannot be added without an accompanying reduction in other effort or in an added office personnel. Continuous efforts are made to attempt to avoid so freezing the work of the staff that they are not available for the emergencies that continuously arise. To date we have been reasonably successful but in your secretary's estimation, the limit of effort now has been reached based on present capacity.

This statement is made that the Council may appreciate the conditions in the office, and further as the basis for his repeated expression of appreciation to an exceedingly loyal, fine staff, each of whom is highly specialized in his present training.

Respectfully submitted,

J. G. CROWNHART,
*Secretary.*

The secretary's report was placed on file.

**12. Wisconsin Hospitals and Medical Payments Plan**

Assistant Secretary Larson presented data on this matter, followed by discussion by Councilors Gavin, Pippin, Clark, Christofferson, Butler, and Lambert; Dr. O'Leary; Secretary Crownhart; and legal counsel for the Society. The possibility of recircularizing the membership on this project was discussed. Upon motion by Pippin–Heidner, the Wisconsin Hospitals and Medical Payments Plan project was heartily endorsed. The motion was adopted unanimously. There was further discussion by Councilors Clark, Christofferson, Heidner, Lambert, Fitzgerald and Secretary Crownhart.

**13. Participation in Annual Meeting Programs by Non-Members of the Society**

There was considerable discussion of this subject by Councilors Blumenthal, Lambert, Gramling, President Sproule, Treasurer Sisk, and Secretary Crownhart. It was decided that the policy of the Society in this matter remain in status quo,—namely, that participation should be restricted to members of the Society except as to out-of-state guests.

**14. Hygeia**

Secretary Crownhart read a letter from the Woman's Auxiliary seeking advice as to the possibility of having Hygeia placed in certain public places.

At 9:45 p. m. the meeting recessed until the following morning at 7:45 a. m.

**SATURDAY MORNING, JANUARY 4, 1941**

The Council and guests met at 7:45 at the University Club of Milwaukee for breakfast and a subsequent meeting. Present: Same as the evening before, with Dr. Dexter Witte, Milwaukee, and Dr. R. F. Purtell, Milwaukee.

**15. Hospital Care Insurance**

At the request of Dr. Dexter Witte, Milwaukee, arrangements were made for him to be present to present data to the Council in the matter of hospital care insurance, including details of meetings of representatives of Associated Hospital Service, Inc., at which he and other Milwaukee physicians were present. Possible changes in contracts were mentioned, and there was considerable discussion following his presentation, with indication that concrete proposals might be forthcoming later from the hospital service association. Dr. Purtell gave a brief supplementary statement to Dr. Witte's remarks.

**16. 1941 Budget**

At the suggestion of Secretary Crownhart, Chairman Gavin called upon Dr. S. J. Seeger, as chairman of the Committee on Industrial Health, to discuss the proposed program for Wisconsin. Dr. Seeger outlined the basis for the inception of the program and the needs that lay behind it. Secretary Crownhart discussed the proposed budget for the program as previously mailed to the councilors. There was general discussion of the entire program by Councilors Heidner, Fitzgerald, Blumenthal, Gramling, Butler, Lambert, Christofferson, and Clark; Speaker Kurten; Dr. Seeger; Secretary Crownhart and Assistant Secretary Larson.

It was moved by Fitzgerald–Lambert that a portion of each day's program at the time of the spring postgraduate clinics be set aside for instructing the members in their duties and obligations in the furtherance of the industrial health program. Speaker Kurten offered an amendment to the effect that insurance carriers in the localities in which the clinics were held should be invited to participate and cooperate in all respects. The amendment was accepted by those who offered the original motion. The motion, as amended, was carried unanimously.

General discussion followed pertaining to the hiring of a full-time physician to direct the efforts of the members of the Society in their duties and obligations in this program; those participating were Councilors Pippin, Heidner, Christofferson, Johnson, Jegi, Kurten; Dr. Seeger and Secretary Crownhart.

The following budget was presented as a substitute for the one previously proposed to carry out this industrial health program, as recommended by the Committee on Industrial Health:

a. *Cost of panel preparation and distribution*

| | | *1941* | |
|---|---|---|---|
| Nov. 15, 1940 | Mailing advance notice post cards | $ 37.50 | |
| Nov. 18 | Mailing application and bulletin re panel listing | 125.00 | |
| Nov. 18–Jan. 1 | Supplies, printing, extra help, etc. | 88.00 | |
| | | | $ 240.00 |
| Jan. 1 | Printing of 35,000 panels | $1,361.00 | |
| | Printing of 35,000 letters | 87.50 | |
| | 35,000 envelopes for panels | 175.00 | |
| | Addressing envelopes at $5 M | 175.00 | |
| | Postage to send panels | 350.00 | |
| | Gathering and stuffing | 32.50 | |
| | Special sorting labor (to sort 35,000 envelopes county by county) | 150.00 | |
| | | | $2,331.00 |
| | | | $2,571.00 |

b. *Physical examinations in industry*

Circularizing with printed enclosures (with panels) the 35,000 employers in Wisconsin, explaining the program and encouraging the use of the open panel arrangement ---------- $ 1,000

Employment of and travel expense for a fulltime physician supervisor and coordinator for this entire program --- 6,850

Total 1941 cost of program to the State Medical Society of Wisconsin ---------- $10,421

Upon motion by Clark–Heidner, the above modified budget for the carrying out of the industrial health examination program was approved. Adopted unanimously.

**17. The Normal Budget, 1941**

The normal budget was discussed by Secretary Crownhart, item by item, with general discussion at many points. The action follows:

I. *Constitutional officers and committees* $(13,925)

1. *President, travel* ---------- $500

Acting upon instructions of the House of Delegates (1935), there is authorized the annual appropriation of $500 to assist the president in defraying his traveling, long distance, and other expenses incidental to his office.

There was discussion of the travel expense of the president-elect by the Secretary, and subsequently by Heidner and Jegi. Upon motion by Heidner–Jegi, the matter of a travel allowance for the president-elect was referred to the House of Delegates for determination as to policy. Carried unanimously.

2. *Council and committees* ---------- 2,500

Because of the increased activities of the Society, the Council meets four or five times a year with its sixteen voting members and four ex officio members. While councilors are entitled to their traveling expenses, actually only those who travel some distance file statements. In addition, this appropriation covers the necessary expenses of the meetings of the thirty committees of the Society and finally, an allotment of $250 to defray stationery and postage expense of the councilors and committeemen (such as the annual meeting chairman) who are called upon to do a considerable amount of correspondence. It is impossible to keep within the previously allotted total of $1,750. Were all travel expense billed, the total appropriation required would be over $4,000. In 1940 the sum of $2,716.61 was expended.

3. *Books and periodicals* ---------- 250

From time to time books or periodicals are issued of great factual and background importance to the councilors and members of certain committees. This appropriation is based on three years of experience and its continuance would seem to be fully warranted.

4. *Delegates to the A.M.A.* ---------- 375

Wisconsin has three delegates to the American Medical Association. Some years ago a delegate had approximately half of his time free to attend scientific sessions and at that time the State Society paid rail and pullman fares only. In recent years, the work of the delegate body has kept it in substantially continuous session for four days with reference committee assignments to be filled in off hours. The Executive Committee (the chairman not participating) feels strongly that from now on the Society should reimburse the delegates for their full actual expenditures. In 1940 the A.M.A. will meet in Cleveland, and the budget figure permits of expense accounts up to $125 per delegate.

5. *Auxiliary* ---------- 100

The Auxiliary receives an exceedingly limited income from its members (25 cents). It is occupying an increasingly important position with its now 1,200 members and for the past four years there has been an appropriation of $100 to assist the four principal state officers of the Auxiliary in defraying their postage and stenographic expense.

6. *Secretary, salary* ---------- 9,000

The salary of the secretary was established on January 1, 1936.

7. *Secretary, travel expense* ---------- 1,200

The secretary is reimbursed, within whatever limit is established by the budget, for the actual expense necessitated by official travel. In 1941, a legislative year, travel will include speaking engagements before some lay groups within the state, district and county meetings in considerable number, committee meetings usually held in Milwaukee, the A.M.A., the annual national Secretaries' Conference, and like official and important sessions. The budgeted item will not permit of acceptance of all invitations.

II. *Staff* ($10,120)

(Note—It is to be recalled that the general office staff was reduced by one-third for 1940.)

8. *George B. Larson, assistant secretary,* salary ---------- 3,300

The present salary of the assistant secretary was established on July 1, 1938. The Executive Committee recommends a $25 a month increase at this time.

9. *Assistant secretary,* normal travel ------ 300

This covers travel to meetings of the Council and for certain standing committees.

10. *Lucia Stolp*

Miss Stolp came to the Society from the Mayo Clinic in May, 1936. She has general charge of the office, supervising in particular all purchases of supplies and office expenditures. She takes most of the secretary's dictation. Her present salary was established on July 1, 1938.

11. *Hayden Smith*

Mr. Smith has court reporter abilities and has traveled the state with the Committee on Distribution of

Sickness Care and Health Services and the Committee on Hospital Insurance. He takes all legislative hearings on public health matters, proceedings of the committees that must be reported, and assists in the contact and study work with state officers and departments at Madison. The present salary was established on January 1, 1940.

12. *Helen Brandt Newby*

Since Miss Ripley left the Society in September, 1939, Mrs. Newby (formerly Miss Brandt) has had full charge of the membership records which, with press service and proof reading, fully occupy her time. Her present salary was established on July 1, 1939.

13. *Ethel Wichern*

Miss Wichern is stenographic assistant to Mr. Larson. The present salary was established on January 1, 1940.

Total (items 10, 11, 12, 13)_____ 6,520

III. *Administrative expense* ($7,400)

14. *Accounting and insurances* _____ 750

This item includes the sum of $200 for extra part-time help required in certain emergencies and during vacation periods, the part-time services of the bookkeeper for the books of the secretary and treasurer, the cost of the annual audits, and the various insurances carried by the Society such as fire, workmen's compensation and public liability.

15. *Social Security taxes* _____ 300

The Society has been ruled subject to the Social Security laws and is complying with the Wisconsin Unemployment Compensation Law. This appropriation is fixed in its nature, but due to our unemployment reserve having now reached its required total, the amount listed is one-half that required in 1940.

16. *Insurance on Secretary* _____ 250

The Society carries an insurance policy on the life of the secretary in favor of the Society, in the amount of $10,000. This policy has been carried for five years, with a current premium of $250.

17. *Office*

A. *Rent* _____ 1,800

The present quarters were secured with approval of the Council to reduce fire hazard of irreplaceable and invaluable records in an old building.

B. *Telephone and telegraph* _____ 600

This represents an irreducible and absolute minimum.

C. *Supplies and light* _____ 750

This item covers mimeograph stencils, mimeograph paper, second sheets, typewriter ribbons, and like items of normal office requirements, and office lighting.

D. *Postage and printing* _____ 2,100

The printing referred to is essentially stationery. The postage bill of a normal outgoing mail of fifty pieces, first class, per day, seems to be an irreducible item. In addition, this item covers the membership certificate mailing, correspondence and postage for our bulletins to committees and officers.

E. *Fixtures and upkeep* _____ 400

The Society finds it essential to purchase a file, and sometimes two, a year; to replace one typewriter of seven; and to provide for repair of others; and like incidental expenses of normal upkeep.

F. *Miscellaneous* _____ 450

In the statement of the budget figures above, the minimums have been used. Each year, however, finds us confronted with situations, emergent in their nature, requiring either a wholly new and unanticipated expense or over-the-budget expenditures. An example, for instance, will be a year when five bulletins to members, costing $600 instead of the budgeted $450, are required. This item is to permit a leeway to this limited extent.

IV. *Membership, special services* ($9,300)

A. *General*

18. *Legal* _____ 1,800

The State Society prepares contracts between county medical societies (where arrangements can be made) and local relief authorities for provision of sickness care for those on public assistance rolls. These contracts are in accordance with the charter law of the Society and must be in a form approved by the Council of the State Medical Society and actually bear the signature of the secretary of the Society. The State Society is frequently called upon by county societies to advise them as to membership rights and related questions. Officers of the State Society themselves frequently must resort to legal counsel in order to safeguard the general policies of the Society, and further work carried on under this appropriation includes advice to members concerning problems which affect the profession at large, assistance in interpretation and participation under various relief laws, analysis of other laws peculiarly affecting the profession of medicine, and compilation of the Blue Book material.

19. *Special bulletins to members* _____ 600

With a membership of 2,550, a single special bulletin to the members costs $150. The cost of compiling our annual open panel list, paid out of this appropriation, is in excess of $200.

20. *Blue Book issue* _____ 600

This represents but the excess printing and mailing costs for this annual issue of the *Journal.*

B. *Scientific*

21. *Annual meeting—Centennial Year* ..... 3,600
Of this $1,800 represents the cost to the Society over exhibit income for a normal year. (See secretary's report on 1939 itemized costs for a further discussion and details.) The balance represents a House of Delegates' recommendation to permit of an unusual program at our 1941 Centennial meeting.

22. *Graduate centers* ..... 900
This represents the largest possible loss. In 1940 of $900 appropriated but $403.92 was spent.

23. *Wisconsin Medical Journal* ..... 1,800
(See secretary's report for discussion and itemized report of 1940 financial experience.)

V. *Public health, special services* ($6,110)

A. *Normal service* ($4,110)

24. *Hygeia* ..... 250
This is authorized as a standing appropriation to present at Christmas time, a year's subscription to all state officers, the nine state teachers' colleges, and certain others which have to do with public health problems and procedures.

25. *Press* ..... 460
This item represents the printing, paper and postage costs of furnishing a weekly story on health and its further attainment, to weekly and daily papers of the state.

26. *Lay publications* ..... 450
Item represents cost of furnishing health studies, documents and pamphlets to state officers and others who have to pass upon health procedures.

27. *Bulletins to members* ..... 500
Cost of bulletins dealing with proposed changes in public health laws and rulings.

28. *Special reports in the Journal* ..... 250
Supplements or insert sections dealing with state and national health problems.

29. *Telephone and telegraph* ..... 450
Dealing with health legislation.

30. *Services, general counsel* ..... 1,750
Analyzing all legislation to ascertain which deals with health subjects, compiling of data concerning legal effect of changes proposed, and assisting in discussion with and in official bodies.

B. *Voluntary sickness insurance trials* .. 2,000
In 1940 this item was budgeted at $3,700 of which amount but $2,643.77 was used. While the Douglas and Milwaukee county trials are closed as of December 31, there will remain to be paid possibly $200 in outstanding administrative aids. It is of the utmost importance that the complete experience of both of these trials be completely tabulated. For these costs and to permit of research and other effort of this special committee during 1941, the House of Delegates specifically recommended that the Council budget the item as given above. No expenditures of a new nature will be made without committee action, or of an important nature or commitment without the Council being fully advised.

Upon motion by Jegi–Pippin, the modified normal budget for 1941 was adopted unanimously, after discussion by all councilors and officers.

### Budget for Health Education

Secretary Crownhart called upon Dr. C. A. Dawson, River Falls, for discussion of the budget for health education in 1941, which represents one-half of the amount approved by the House of Delegates. There was discussion by Councilors Gavin, Butler, Heidner, Pippin; President Arveson; Secretary Crownhart.

Upon motion by Christofferson–Butler, the appropriation of $2,500 was authorized.

(Because of the length of this material, the remaining minutes of the January Council meeting will be published in a subsequent issue of *The Journal.*)

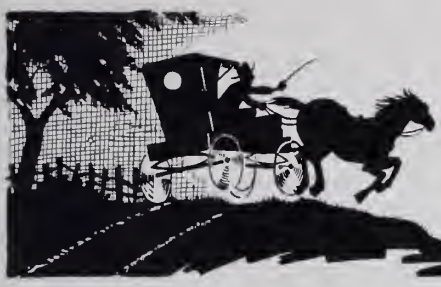
## NEXT MONTH . . .

An article on "Glucose–Insulin Treatment of Advanced Portal Cirrhosis," by John A. Schindler, M. D., Monroe, will head scientific contributions in the March issue of The Journal.

Other features scheduled for that issue include a report by two physicians of the department of surgery, University of Wisconsin Medical School, on the finding of a rodent's vertebra in a patient's appendix; an illustrated paper on "Inflammatory Cutaneous Metastatic Carcinoma," by M. J. Reuter, M. D., Milwaukee, and R. Nomland, M. D., Iowa City; "Diagnosis of Early Neurosyphilis," by Wallace Marshall, M. D., Appleton; "Staphylococcemia and Agranulocytosis," by B. I. Pippin, M. D., Richland Center; "The General Practitioner's Role in the Prevention of Eclampsia," by J. M. Freeman, M. D., Wausau; "Tuberculosis Costs and Control in Wisconsin," by L. M. Morse, M. D., district health officer of Neillsville; and others.

## NOTICE OF LEGISLATIVE HEARINGS

The Wisconsin Taxpayers Alliance announces the availability of a weekly "Notice of Legislative Hearings," the first page of which contains a brief index of every bill scheduled to be heard in the Legislature the following week. The cost of the notice for the entire 1941 session is $1.



# CENTENNIAL ANNIVERSARY SECTION

*In this section of The Journal in 1941 will appear special historical articles, and items relating to the 100th anniversary of the State Medical Society of Wisconsin, which was organized under the provisions of a bill enacted by the Wisconsin Territorial Legislature in 1841.*

## Reminiscences of a Northern Wisconsin Doctor*

By LORAN W. BEEBE, M. D.
*Superior*

THE geographical location of Superior is at the head of Lake Superior in the northwestern corner of Douglas county, between the Nemadji River on the east and the St. Louis River on the west. The St. Louis, Superior and Allouez Bays with Minnesota and Wisconsin Points form a landlocked harbor seven miles in length.

### "In 1889 . . ."

The Douglas County Medical Society was organized in September, 1889. The meeting occurred at the residence of Dr. C. V. Beebe who was convalescing from typhoid fever. Those present were: Dr. L. B. Shehan, Dr. John Specht, Dr. John Baird, Dr. C. E. Linger and Dr. C. V. Beebe. Officers elected were: Dr. L. B. Shehan, president; Dr. John Specht, vice-president; Dr. John Baird, secretary; and Dr. C. V. Beebe, treasurer.

The society has continued from the above date to the present time and has been active at all times in anything affecting the city's health problems. The society was chartered by the House of Deputies of the State Medical Society in 1903. Dr. John Baird is the only living member of the original organization.

Superior was fortunate in the class of physicians locating here. There were very few physicians who came to Superior who were not graduates of what we now call class A colleges. At this time medical laws of the state were being improved and finally in the year 1899 legislation founded a Board of Medical Examiners which required every physician entering the state to practice, to stand an examination or enter by reciprocity from other states.

In 1889, the population of what was known as West Superior reached 4,959. It was growing very rapidly in those days and the price of property increased overnight. West Superior at the time was located mostly below Winter Street. There were about 3,000 people living on Conner's Point. The Point was connected with the main part of the town with an old wooden bridge at the present location of the Grand Avenue bridge.

The avenues or streets connecting West Superior with Old Superior (the original settlement of Superior) were mostly Winter Street and Bay Street or Belknap, "L" Avenue and East 5th Street, much the same as at present. In 1889 the first pavement and four and 8/100 miles of sewers were laid. From this time on for several years the streets and alleys were torn up for paving or laying of sewers. Hundreds of men were employed in this work alone.

* This article is the preface, in slightly abbreviated form, prepared by Dr. Beebe for a history of the physicians of Superior, 1853–1939, compiled by his wife, Lillian D. Beebe, as historian of the woman's auxiliary to the Douglas County Medical Society in 1939.

Tower Avenue was not paved but was partly graded and was a mess, especially after rains. In places on the Avenue there were logs lying in the street, left from previous logging operations. The mud in the streets, composed of red clay, was sticky and gluey. I do not know how true this may be but some claimed it pulled the shoes off from the horse's feet. I have seen horses thrown into the mud by trying to extricate their feet from the mud. You may imagine how difficult it was for the physicians in that day to get around the city to make their calls, especially during wet weather.

### St. Francis Hospital

On July 8, 1889, James Bardon donated four lots to the Sisters and the construction of St. Francis Hospital was begun, and completed November 14. The first Sisters were as follows: Sister M. Flavia, Superior, Sister Bonaventure, Sister Cyrilla, Sister Elegia and Sister Isidora. The first patient was admitted November 22, 1889. This hospital at the time was a godsend to the public and physicians. Many young men rooming at hotels or private homes had no place to go if taken ill.

On account of impure water the city had an epidemic of typhoid fever which lasted some years until the water was changed with intake located on the north side of Minnesota Point and filtered. At this time water was being pumped from the Bay and only used for washing, bathing, cooking and fire protection. The drinking water came from wells on Connor's Point delivered in tanks about the city at so much per gallon, and so warm that it had to be iced. The water coming from the tap was so dirty in appearance that one not used to it might hesitate about bathing in it. While the water from Connor's Point looked clear, it must have been infected with typhoid germs as it has been proven that these germs will pass through a mile or more of sandy soil. With sewers emptied in the Bay which surrounded the Point surely the wells on the Point could not fail to be infected as the soil was composed of light sand.

During the winter months typhoid fever would subside, then diphtheria would go on a rampage. This was before the days of antitoxin and laryngeal obstruction was common, causing many deaths.

### "In 1891"

Dr. William E. Ground came to Superior in 1891 from New York where he had taken postgraduate instruction in the New York Postgraduate Medical School and in the Polyclinic. While there he had acquired the technic of intubation under the originators, Dr. Joseph O'Dwyer and Dr. Dillon Brown. During the first two or three years after coming to Superior, Dr. Ground was often called in by various physicians to intubate in some of their cases of laryngeal obstruction. He was in quite a demand, and intubated in at least 150 or 200 cases, previous to 1892–1893.

In 1891 antitoxin came to our assistance but was rather hard to obtain as it came first from Germany to New York. The first antitoxin I used was obtained from Dr. McGee of Duluth who had a supply. This was in 1891 and I remember I called Dr. McGee in consultation in order to get some of his supply. He returned to Duluth and sent some to me by messenger. This possibly was the first used in Superior. At this time 1,500 units was a curative dose while 250 units was an immunizing dose. After antitoxin came into vogue laryngeal croup gradually disappeared, and so did intubation.

During this time the west end, known as West Superior, had no hospital and all patients were sent to St. Francis Hospital in the East End. The only way to reach the hospital was by street car, horse and carriage, or bicycle. Coming to Superior in 1890, I can remember of riding on mule cars to the East End; it was a long ride requiring time and patience. Looking back I can see Dr. P. G. McGill* and Dr. H. J. Orchard on bicycles making calls, with obstetrical bags hanging from the handle bars. The demand for a hospital in the west end became pressing.

### St. Mary's Hospital Is Built

In the year 1893, eight lots were donated to the Poor Handmaids of Jesus Christ by the Land and River Improvement Company of Superior, with the request that a hospital,

* Dr. J. W. McGill, author of the article on "Contraction Ring Dystocia," p. 105 of this issue, is the eldest son of Dr. P. G. McGill.

# Cornerstones

Only through ability to establish and maintain high standards and to contribute new and useful products for the control of disease can a pharmaceutical manufacturer become a helpful factor in world medicine.

**EPHEDRINE INHALANTS, LILLY**

Topically applied to inflamed nasal mucous membrane, ephedrine relieves congestion and facilitates drainage.

Inhalant Ephedrine (Plain), Inhalant Ephedrine Compound, and Ephedrine Jelly, through many years of use, have proved their worth in increasing nasal ventilation during respiratory infections.

*Eli Lilly and Company*

*Principal Offices and Laboratories, Indianapolis, Indiana, U. S. A.*

estimated to cost not less than $5,000 be erected. The value of the lots was $6,000. The erection of the hospital was at once begun.

On July 5, 1894, three sisters, Sister Raingardis, Sister Arcadia and Sister Lamberta came to take up the work in the newly erected hospital. The hospital was completed July 15, 1894, and dedicated August 15, 1894. On the same day the first patient, Mr. George Walker was admitted to St. Mary's Hospital as a surgical patient under the care of Dr. Specht. This first patient was discharged on August 28, 1894.

The first Holy Mass was celebrated in the hospital chapel on September 8 by the Rev. William Fardy. In July, 1895, the Rev. Charles J. Weber was appointed first chaplain. During the first year 151 patients were treated. On September 16, 1897, the three hospitals in Wisconsin under the direction of the Poor Handmaids of Jesus Christ, namely, St. Joseph's Hospital, Ashland, and St. Francis and St. Mary's Hospitals, Superior, were incorporated under Wisconsin laws, the seat of the corporation being St. Mary's Hospital.

In February, 1901, it was found necessary to make additions to St. Mary's Hospital, which were to be used solely for the Sisters' Convent and laundry purposes. In 1903 the first interneship was served in the hospital. Dr. C. W. Giesen was the first interne.

In 1907 another building was added to the above-mentioned structures to serve as a storage building. In 1920 the hospital medical staff was organized, with the following members elected as officers at the first meeting in December of that year: president or chief of staff, Dr. A. G. Hovde; vice-president, Dr. T. J. O'Leary; and secretary-treasurer, Dr. W. H. Schnell.

Between the opening of the hospital in 1894 and January 1, 1939, 70,277 patients have been admitted and treated and 70,208 discharged; out patients numbered 27,601.

The city grew rapidly, you might say in leaps and bounds. We had many industries for employment of labor, such as Coking Ovens, West Superior Iron and Steel Company, Standard Iron Works, lumber mills and planing mills. Besides the planing mills there were three companies manufacturing sashes, doors and blinds, three brick yards, coal docks, elevators, shipyards and dry docks. At South Superior, there were the Webster Manufacturing Company, LaBelle Wagon Works, a stove factory and many others.

### Boom Times

The times were very good and everybody seemed to have money. Speculators came from all directions to invest in real estate in our prosperous city. We thought then that Superior would soon be the size of Minneapolis. Strangers were at times shown lots eight to ten miles from Tower Avenue. A story circulated at the time that a Superior real estate man was showing the same lots to a prospect that a Minneapolis real estate man was showing another customer as part of Minneapolis.

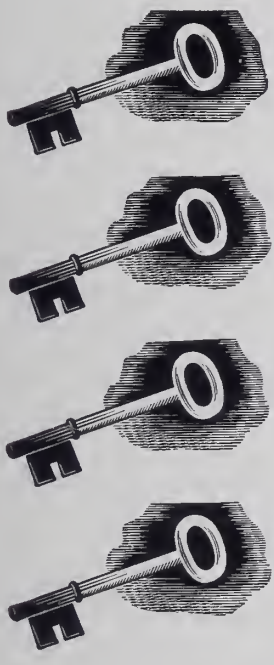
The boom was in full blast in 1891 and continued through 1893 when previous to the presidential election of 1894 there was a financial panic, also the A.R.U. strike on the railroads in the country generally.

Most of the real estate was bought and sold under contract of one-third down, the balance to be paid in two and three years, or on options of ten to thirty days. Options were usually from $10 up according to the value of the property and the number of days of the option. My father and I bought ten-day options on one to fifteen lots at a time and sold our options at any profit we could obtain, from $10 up. I remember one ten-day option we obtained on a pair of lots located on John Avenue for $50 priced at $4,000. This was on a Saturday and we sold the option to a man from Stillwater for $2,000 on the following Monday. Mention of this is only to illustrate how insane people were at the time of the boom, in regard to real estate values.

In 1894–1895 the real estate boom began to disappear and values declined, leaving many who had invested and paid one-third down in a most embarrassing financial condition. In many cases some of our once considered wealthy citizens were left with deficiency judgments hanging over them, anywhere from a few thousand dollars up to one

A Reminder from Borden about

# FOUR KEY PRINCIPLES IN INFANT FEEDING



FOUR KEY PRINCIPLES in infant feeding make Biolac the outstanding prepared-formula liquid infant food:

**1. Fat Adjustment:** In Biolac, the fat content is reduced to a moderate, readily assimilable level—and is homogenized to provide smaller, more readily digestible fat droplets.

**2. Protein Concentration:** In Biolac, protein is similarly homogenized for easier digestibility. It is maintained at a somewhat higher level than in breast milk to provide ample protein for the period of fastest growth.

**3. Carbohydrate Adjustment:** In Biolac, as in breast milk, carbohydrate is provided solely by lactose—nature's sole carbohydrate for the first few months of all mammalian life.

**4. Vitamin Adjustment:** In Biolac, Vitamins A, $B_1$, and D, also iron, are supplied in accepted amounts, assuring the baby of a constant and adequate supply.

Biolac needs only to be mixed with boiled water. It is sold only in drugstores; and no directions are given to the laity.

Please enclose professional card or letterhead when requesting literature or samples. The Borden Co., 350 Madison Ave., New York City.

*Borden's* **BIOLAC**

**A BORDEN PRESCRIPTION PRODUCT**

ACCEPTED AMERICAN MEDICAL ASSN.

and three hundred thousand dollars. For them it was bankruptcy, the only expediency left.

Under these conditions you may understand how the physician for several years was hampered in the collection of his fees. The laboring people often were the "best pay" but they were also affected more or less, as building was checked for some time. Institutions such as railroads, coal docks, etc., were not affected so much as they were owned by outside capital and the condition was mostly local. At that time I preferred the practice of the laboring class to any other. In those days as many as thirty to sixty men worked on each coal dock but in late years they have been superseded by machinery requiring very few men.

In the days during 1890 to late in 1893, one standing on Winter Street and Tower Avenue or most any street could see an army of men coming from all directions at 6 p. m. going home from work. They came from the docks, paving and sewer construction, the ship building company and various other occupations. It was a sight worth seeing and long to be remembered. You could tell by their overalls what class of work they came from; some would be almost black from the coal docks, others would be covered with mud from street and sewer work. Most of them seemed happy and carefree although perhaps tired from work. In the evening the streets, especially Tower Avenue, after the clean-up and evening meal, would be full. Many were looking for amusement or a real estate investment. They all had money in those days and often you would be surprised at the amount some of the laborers could produce in savings and money made by real estate manipulation.

### Dr. Ground Leads Fight Against Typhoid

In 1896 typhoid fever was still the predominating disease during the late summer and fall. The hospitals were crowded with typhoid patients. Dr. Victor C. Vaughn of the University of Michigan had made a special study of the disease and soon recognized the disease was spread through drinking water, milk and filthy conditions. It was Vaughn who proved the typhoid fever germ could pass through a mile of light soil. A little hamlet in Switzerland had an epidemic of typhoid fever. Dr. Vaughn went up the mountain a mile above the hamlet and found a small stream. He also discovered that a man had had typhoid fever and his excreta had been thrown into the stream. He put considerable dye into the stream and water came out colored at the spring where the people in the hamlet got their drinking water below.

In Superior, the above facts being recognized, the Douglas County Medical Society took active steps to stamp out the disease. At this time Dr. W. E. Ground was health commissioner and it devolved on him to further the progress of water purification. In his fight which forced the water company to build a filter he had the aid of Mayor H. W. Dietrich and the Douglas County Medical Society.

With the intake on the north side of Minnesota Point and the filter, our drinking water became exceptionally good. Since then cases of typhoid fever have become scarcer and scarcer until now in this locality it is the rarest of diseases. Before this time the disease was so prevalent that there were from one to three deaths each day due to it alone.

At the present time a case of typhoid fever would cause a doctor to ask the patient where he had been recently, knowing it would not occur in Superior. Among the younger physicians of the city some have never seen a case of typhoid. This condition is true to a large extent over the entire United States. It is today a disgrace for any city to harbor this disease for any length of time. When a case appears today the health officers at once trace it to its source and take steps to check it.

### Transformation in Hospitals

During the past years, especially since the organization of the Douglas County Medical Society, a great transformation in the hospitals has occurred, as well as in the practice of medicine. This change has been going on from time to time and the older practitioner has a more vivid picture of it as it all occurred during his time of practice. One phy-

sician made the remark several years ago that hospitals were only boarding houses for the sick. This is not true today, as the hospital with its laboratory and other equipment becomes a great aid to the physician in making a diagnosis.

As far back as 1905, Superior had no city or hospital laboratories. The physician diagnosed diphtheria in those days by the appearance of the membrane, the temperature and the odor of the patient's breath. The peculiar odor of diphtheria is often recognized by the physician almost on entry of the patient's home. Today we are not satisfied without a smear of the throat being sent to the laboratory for confirmation of our diagnosis. Before the use of x-rays, fractures were reduced with good and bad results. Today an x-ray film is an imperative factor in reducing fractures.

### Good Samaritan Hospital

The Good Samaritan Hospital (now St. Joseph's Hospital) was formally opened for business at 20th and Iowa, August 15, 1919, under the direction of the Sisters of St. Joseph, Sister Mary Loretta, superintendent.

The little twelve-bed hospital admitted as its first patient Miss Mary Berry, injured in an accident. She was attended by Dr. P. G. McGill. The first baby born at the hospital was Miss Lucille Weber, daughter of Mr. and Mrs. Joseph Weber, Appleton, Wisconsin.

The first major surgery was performed by Dr. F. C. Sarazin and Dr. C. S. Knox. Dr. C. H. Mason, Dr. R. C. Smith, Dr. L. W. Beebe, Dr. H. J. Orchard and Dr. P. G. McGill were among the early practitioners in the hospital's history. It is a recorded fact that Dr. P. G. McGill and Dr. L. W. Beebe took breakfast at the hospital on its first Christmas morning, 1919.

The most notable event in its history was the street car railway accident which occurred January 6, 1927, when the injured were being carried into the hospital which was already filled to capacity. Due to the good will of the patients and the generosity of the Sisters, additional beds were set up and eight more patients were cared for, only one of whom did not survive.


## Model Forms For "Physical Examinations In Industry" Program

Members of the State Medical Society may obtain, at cost of publication, model forms for the Wisconsin "physical examinations in industry" program, at cost of publication. The forms, approved by the Wisconsin Industrial Commission and the State Medical Society of Wisconsin, come in sets of 100 examination blanks and 100 report-of-findings blanks (the latter in triplicate, one copy for the employer, one copy for the employe and one for the physician's file).

*Cost:*

(1) Printed with your name and address ---------- $4.75

*If you order blanks with your name and address, be certain to type this information just as you wish it to appear on the blanks.*

(2) Printed without your name or address ---------- $3.00

*Address all orders to:*
Miss Dorothy Cridland,
State Medical Society of Wisconsin
917 Tenney Building,
Madison, Wisconsin.

(Samples furnished on request)

USEFUL IN EVERY FIELD OF PRACTICE

DERMATOLOGY
UROLOGY
E.E.N.&T.
GYNECOLOGY
PROCTOLOGY
GENERAL PRACTICE

ONLY $37.50 COMPLETE

The BIRTCHER-BUILT HYFRECATOR

A compact and convenient high frequency unit for the treatment of a long list of common conditions benefited by electrodesiccation.

Write us for FREE BOOKLET outlining the uses of electrodesiccation in your practice.

ROEMER DRUG COMPANY
606 North Broadway Milwaukee, Wis.

On June 24, 1938, the Good Samaritan Hospital closed its doors to be opened again in a modern fireproof building, in entirely new surroundings, under a different name but under the same management. The new St. Joseph's Hospital, on 19th and Susquehanna Avenue, is the result of twenty years of planning and sacrifice, and its construction is due chiefly to the generous support afforded it by the doctors of Superior.

### Since the Early Years

Since the early years, epidemics of typhoid fever and diphtheria have disappeared. After the Spanish-American War there were a few cases occurring among returned soldiers. There was also some smallpox but not to any great extent compared with typhoid fever in 1890. Smallpox was almost unheard of after the very early outbreak among the Indians back in 1854. In fact it was almost forgotten.

Superior has no endemic diseases and is a healthful city to live in. Many people suffering from hay fever and asthma come to Superior to be in its beneficial atmosphere during the summer months.

After the showers and sleets of spring are over we have little disagreeable weather. Our summers are never too warm and one may sleep in blankets nearly every night. We have at times heavy showers of short duration which are refreshing and clear the atmosphere. We have no cyclones like we read of all about us during this period of the year.

Our autumn season is the most glorious of all the year. It is little cooler than July and August, generally without winds or showers, and soft and hazy.

Due to proximity to Lake Superior, the winter months are not as severe as one might expect. The temperature of the lake modifies the surrounding atmosphere, increasing the warmth about ten degrees and at the same time in the summer modifies it by lowering the temperature. I have lived in Superior forty-nine years and if it were possible should like to spend forty-nine years more in it.

# Wisconsin Committee Announces Sectional Meeting American College of Surgeons

THE medical profession at large and executive hospital personnel are invited to attend the sessions of the Sectional Meeting and Hospital Conference of the American College of Surgeons, according to an announcement by the Wisconsin State Executive Committee of the college. Officers of the committee are:

Chairman—Dr. Carl W. Eberbach, Milwaukee
Secretary—Dr. Erwin R. Schmidt, Madison
Counselors—Dr. F. Gregory Connell, Oshkosh, and Dr. Stephen E. Gavin, Fond du Lac

As stated in the Coming Events section of this issue of The Journal, March 10, 11 and 12 are the dates set for the meeting in which Minnesota, North and South Dakota, Iowa, Nebraska, Montana, Kansas and Wisconsin, as well as the province of Manitoba, will participate. Headquarters will be at the Nicollet Hotel, Minneapolis.

The sixteen approved hospitals of Minneapolis will provide an excellent clinical background for the college meeting. Many of them will hold operative and nonoperative clinics each morning during the meeting, and will also hold demonstrations of hospital procedures for the hospital executives who will attend the Hospital Conference which will also be sponsored by the college during the same three days.

Distinguished surgeons from all parts of the country will address the scientific sessions and lead the conferences and panel discussions. Among them will be the president of the college, Dr. Evarts A. Graham, professor of surgery at Washington University Medical School, St. Louis. At the headquarters hotel there will be educational and scientific exhibits and showing of motion pictures portraying surgical and hospital procedures. Daily bulletins will be issued listing the various clinics, sessions, conferences, and other events of each day. A large public meeting on the subject of "Conservation of Health" on the evening of the third day will be the final feature.

The Committee on Local Arrangements consists of Dr. W. A. Hanson, chairman; Dr. Willian E. Patterson, vice-chairman; Dr. Myron O. Henry, vice-chairman; and Dr. James M. Hayes, secretary. The chairman of the sub-committee on clinics is Dr. L. Haynes Fowler; on exhibits, Dr. Frederick A. M. Olson; on the Meeting on Health Conservation, Dr. Thomas J. Kinsella; on program, Dr. James A. Johnson; on public relations and speaking assign-

ments, Dr. Martin Nordland; on reception and entertainment, Dr. Theodore H. Sweetser; on speaking equipment and motion pictures, Dr. Arthur F. Bratrud; on transportation and hotels, Dr. H. E. Hoffert; and on ladies' entertainment, Mrs. James A. Johnson.

Among the speakers at the evening sessions and the leaders and collaborators in panel discussions will be Dr. Frank E. Adair and Dr. John Scudder of New York City; Dr. I. Mims Gage of New Orleans; Dr. Edwin C. Hamblen of Durham, North Carolina; Dr. C. C. Higgins of Cleveland; Dr. Howard K. Gray of Rochester, Minnesota; Dr. David Cleveland and Dr. Roland S. Cron of Milwaukee; and Dr. Paul B. Magnuson, Dr. Warren H. Cole, Dr. C. B. Puestow, Dr. Michael L. Mason, Dr. Marshall Davison, and Dr. R. W. McNealy of Chicago.

Some of the subjects for panel discussions which have already been selected are, "Evaluation of Disability Following Fractures;" "Blood Transfusion;" "Carcinoma of the Colon and Rectum;" "Chemotherapy in Surgical Infections;" "Choice of Operation for Relief of Vesical Neck Obstruction;" "Complications in Surgery of the Biliary Tract;" "Craniocerebral Injuries;" "Endocrinology in Gynecology;" "Gastric Surgery for Non-cancerous Lesions;" "Hand Injuries;" "Indication for Cesarean Section;" "Proper Choice of Anesthetics with Indications and Contra-Indications;" "Thoracic Surgery;" "Thyroid Surgery;" "Treatment of Hernia by Surgery and by Injection;" "Use of Chemotherapy Before and After Urologic Surgery;" "Varicose Veins;" and "Cancer."

The clinical program will also include a wide range of subjects. Of especial interest will be the cancer clinic and the fracture clinic, and a presentation by the younger surgeons at one of the hospitals of surgical research that is in progress.

## COCOMALT IN SENESCENCE

Dr. Harry Barowsky in the Medical Record for August 21, 1940, describes his clinical experience with Cocomalt in senescence. A brief abstract of his article, "Method of Nutritional Protection During Senescence," is given below:

It is generally recognized that an adequate, energy-producing and nutritional protective diet is an essential requirement during old age. However, since an ample dietary regimen is usually not well tolerated by this type of individual, a fortified food drink was used as a supplement to the regular therapy. The purpose of this supplementary feeding was two-fold; first to supply essential vitamin mineral elements, and second, by using it as a flavoring agent, to act as an incentive to these individuals to drink the required amounts of milk.

Thirty senile individuals having a variety of gastrointestinal disturbances were given Cocomalt as a food drink. It was found that the product was well liked, well tolerated and did not cause any aggravation of their symptoms. In most instances, during one month of observation, there was an improvement in the red blood cell count and in the percentage of hemoglobin, an increase in appetite and a moderate gain in weight. It was also found that the ability to tolerate milk was greatly enhanced by its use.


Non-Cancellable Health and Accident Insurance

In these unsettled days there is satisfaction in knowing your insurance needs are being taken care of by a well-established company, whose strength and the quality of whose service has been thoroughly tested by time.

Every year tens of thousands of our policyholders receive checks to reimburse them for loss of time or the extra expenses occasioned by disabling accident or sickness.

THE MASSACHUSETTS PROTECTIVE ASSOCIATION, Inc.
Worcester, Massachusetts

A. L. LYTTLE, State Manager
Wisconsin and Upper Peninsula of Michigan
5000–2–4 Plankinton Building
Milwaukee, Wisconsin
Marquette 0505

Branch offices at Green Bay and Wausau
Capable, trustworthy representatives soliciting regularly throughout the State.

BIDWELL BETTER LIMBS

Everyone Receives the Personal Attention of G. L. Bidwell the well-known Orthopedic Appliance Expert.

EXPERIENCED LADY ATTENDANT

Artificial Limbs, Braces, Trusses, Elastic Stockings, Crutches, Invalid Chairs, Abdominal Belts.

934 N. WATER ST.
PHONE BROADWAY 4369
MILWAUKEE, WISCONSIN

Established 1865

ARTIFICIAL LIMBS
ORTHOPEDIC APPARATUS
TRUSSES—SUPPORTERS
ELASTIC STOCKINGS

Superior custom work.
Woman Attendant for Women.

DOERFLINGER'S
770 North Water St. Phone Daly 1461
MILWAUKEE, WIS.

# THE JOURNAL BOOKSHELF

## BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

**Arthritis and Allied Disorders.** By H. M. Margolis, M. D., M. S. (in med.), F. A. C. P., chief, arthritis service, St. Margaret Memorial Hospital, associate in medicine, Montefiore Hospital, consultant in medicine, Pittsburgh Diagnostic Clinic. Cloth. Price, $7.50. Pp. 551, with 140 illustrations. New York: Paul B. Hoeber, Inc., 1941.

The chapters devoted to the etiology of atrophic arthritis are as weak as usual. The author seems devoted to gold salt therapy in this condition. The discussion of physiotherapy and the prevention and correction of deformities is very good. The consideration of other types of arthritis is interesting and pertinent. C. F. M.

**Clinical Pellagra.** By Seale Harris, M.D., professor emeritus of medicine, University of Alabama, Birmingham, Alabama, assisted by Seale Harris, Jr., M.D., formerly assistant professor of medicine, Vanderbilt University, Birmingham, Alabama. With foreword by E. V. McCollum, Ph. D., Sc. D., LL. D., professor of biochemistry, school of hygiene and public health, Johns Hopkins University, Baltimore, Md. Cloth. Price, $7. Pp. 494, illustrated. St. Louis: The C. V. Mosby Company, 1941.

As stated in the foreword by Dr. McCollum, the title hardly does justice to the book. It is a philosophic treatment of clinical and experimental data of many kinds contributed by a number of able workers in the field of the biochemistry of nutrition. The book deals not only with pellagra, as the title implies, but to a lesser extent with sprue and pernicious anemia as well. While concluding that the essential factor in the production of pellagra is deficiency of nicotinic acid, the authors feel that the underlying pathogenesis of nicotinic acid deficiency, in a large proportion of cases, probably is insufficiency of the stomach and liver. The chapter on the "Heart in Endemic Pellagra," by Porter and Higginbotham, is of particular interest. Because the literature on pellagra in children is scant, the chapter on "Pellagra in Childhood" by Dodd, will especially interest those called upon to treat juvenile pellagrins. While Dr. Harris makes no claim to originality in his ideas on pellagra, his conclusions, which have been formed from the studies and investigations of others, are very well organized and seem to be basically sound. M.L.C.

**Methods of Treatment.** By Logan Clendening, M. D., clinical professor of medicine, medical department of the University of Kansas and attending physician, University of Kansas Hospitals, and Edward H. Hashinger, A. B., M. D., clinical professor of medicine, medical department of the University of Kansas and attending physician, University of Kansas Hospitals, etc. Chapters on special subjects by various authors. Ed. 7. Pp. 997, illustrated. Cloth. Price, $10. St. Louis: C. V. Mosby Company, 1941.

This seventh edition includes entirely new chapters on the following subjects: chemotherapy for coccal diseases, Raynaud's disease and scleroderma, backache, peripheral vascular diseases, deficiency diseases, anesthetics and gout. A number of other sections have been completely rewritten and a section on artificial pneumothorax by Dr. Wood and one on diseases of the esophagus by Dr. Knight have been added.

The arrangement of the book is good. Part 1 describes each procedure under general headings such as drugs, dietetics, extracts of the ductless glands, etc. Details of technic are stressed. Part 2 considers the application of therapeutics to particular diseases. The plan automatically furnishes cross references under the headings of diseases and of therapeutic procedures, which is a convenient arrangement. M. L. C.

**Fractures and Dislocations for Practitioners.** By Edwin O. Geckeler, M. D., Fellow of the American College of Surgeons, Fellow of the American Academy of Orthopaedic Surgeons, Diplomate of the American Board of Orthopaedic Surgery. Ed. 2. Cloth. Price, $4. Pp. 314, illustrated. Baltimore: The Williams & Wilkins Company, 1940.

In this book there is a generalized summary of practically all types of fractures, their origin, objective findings and treatment. There is also included a discussion on various complications and other particular points that might confound the gen-

Zemmer
OAKLAND, STATION
PITTSBURGH, PA.
PRESCRIBE OR DISPENSE ZEMMER
Pharmaceuticals, Tablets, Lozenges, Ampules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for general price list.
*Chemists to the Medical Profession.* WI 2-41

eral practitioner or student. In most instances conservative methods are advised. Of greatest interest to me was the discussion on the application of plaster of Paris following each anatomical part.

The book might be of value especially to a medical student in that in most instances a single method of treatment is given rather than a series of methods with none listed as preferred. There is an interesting chapter on "Follow Up Treatment" which is too often neglected.

I do not think that this book has a great deal to offer to a specialist in that roentgenographic diagnosis is not nearly as complete as is necessary for some one dealing with a great number of fractures nor do I think the detail is great enough for such an individual. J. E. M.

**A Treatise on Medicolegal Ophthalmology.** By Albert C. Snell, M. D., lecturer in ophthalmology, School of Medicine and Dentistry, University of Rochester; consultant in ophthalmology, Strong Memorial Hospital, and Rochester General Hospital; ophthalmologist, Park Avenue Hospital, Rochester, New York; member of the American Ophthalmological Society; Fellow of the American College of Surgeons, the American Medical Association, and the American Academy of Ophthalmology and Otolaryngology. Cloth. Price, $6. Pp. 312, illustrated. St. Louis: The C. V. Mosby Company, 1940.

The author divides his book into three sections. The first section discusses essential principles of medical jurisprudence and analyzes the compensation laws as related to visual disabilities. This section approaches the subject matter in relatively general terms. The second section considers the evaluation of visual disabilities and the fractional parts of vision. In the course of this section the author explores his subject at great depth.

The third section deals with the practical application of the visual efficiency computation to medicolegal practice. Here Dr. Snell considers such problems as functional efficiency, examinations of eyes having medicolegal aspects, malingering, a standard method of evaluation of visual disabilities, and suggestions for improvement of compensation laws.

This volume fills an undeniable need and, in general, is highly practical. P. A. D.

**The 1940 Year Book of Industrial and Orthopedic Surgery.** Edited by Charles F. Painter, M. D., orthopedic surgeon to the Massachusetts Women's Hospital and Beth Israel Hospital, Boston. Cloth. Price, $3. Pp. 450, with 150 illustrations. Chicago: The Year Book Publishers, 1940.

This is a brief review of the literature of the last twelve months and contains reference to 276 papers which have been published in the United States and fifteen foreign countries. In order to amass the material in one volume, the articles have been summarized very concisely and somewhat sketchily. In some instances this has resulted in no more than the stated conclusions of the author without mention

*(Continued on page 156)*

Before you buy X-Ray Equipment

*Investigate* MATTERN

A complete line of Shock-Proof X-Ray Equipment, ranging from a 15 MA Portable Unit up to a Combination Unit for Radiography - Fluoroscopy - Therapy with a capacity of 200 MA-140 PKV.

**BARR X-RAY CO.**

Exclusive Wisconsin Distributors
F. Mattern Mfg. Co.

2540 W. Wells St. Milwaukee, Wis.
West 4344

We carry a complete stock of films and accessories.

PROFESSIONAL PROTECTION

*A DOCTOR SAYS:*

*"While part of my confidence in humanity has vanished, it is that much stronger in The Medical Protective Company."*

THE
MEDICAL PROTECTIVE COMPANY
OF
FORT WAYNE, INDIANA

## BOOK REVIEWS—Continued

of the facts by which the author has come to such conclusions.

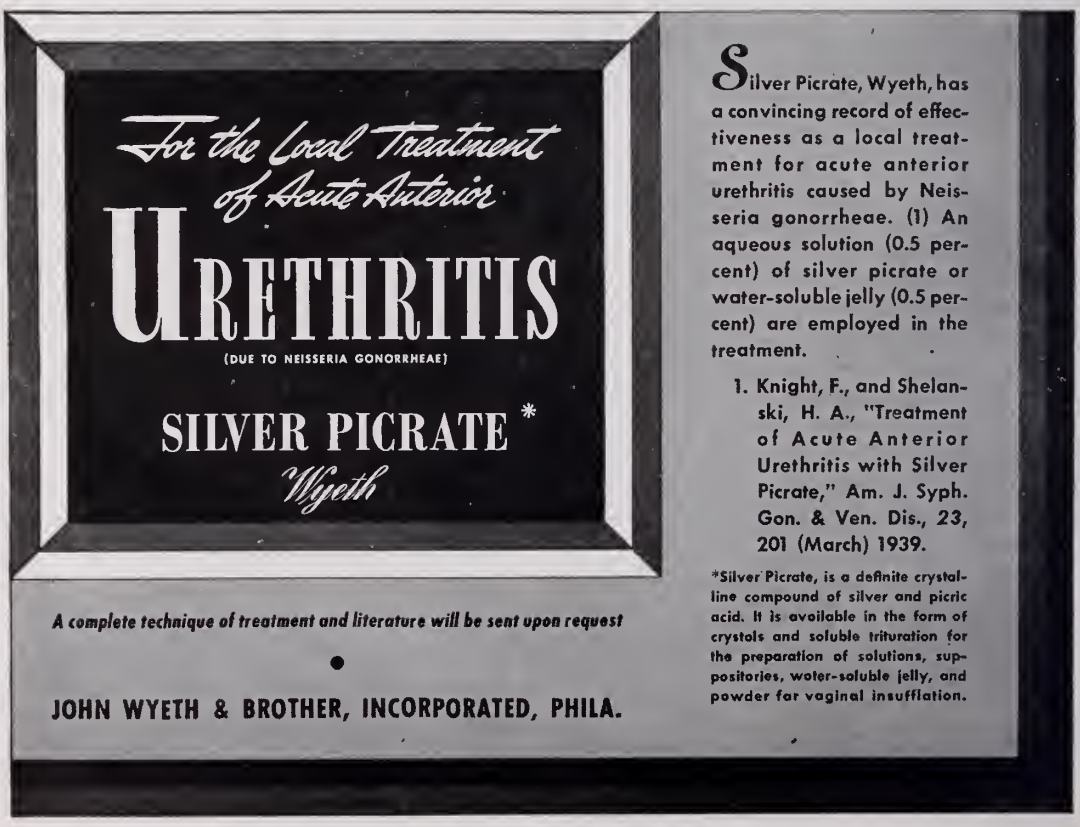
The first chapter deals with Pott's disease and the relative merits of operative over nonoperative treatment in 396 cases. From the conclusions of the six authors it may be assumed that spinal fusion does not abbreviate the course of the disease in the active stage, its only benefit being to strengthen a weakened spine in a reparative stage. The predisposing and initiating factors of osteomyelitis as well as its treatment are dealt with in nine varied articles.

One of the most informative chapters concerns degenerative bone lesions with the role of blood phosphatase level in differential diagnosis, and the treatment of Paget's disease with adrenal cortical preparations. There is a summary of intervertebral disk lesions which have assumed such importance in the past couple of years, although it may be said that little further information is obtained except for the review of the article by Chamberlain and Young which appeared in the J. A. M. A. for December 2, 1939.

One chapter is concerned with congenital conditions. The paper by Erik Severin of Stockholm on arthrography of joints and its value after reduction of congenital dislocation of the hip is of academic if not of practical interest. One chapter is devoted to fractures and gives a survey of the literature relative to the controversy of open versus closed reduction of fractures and also deals with the merits of chemotherapy by mouth and by local implantation to the open wound. The chapter on surgery of joints is significant in that the subject of vitallium cup arthroplasty is only mentioned in one article and that represents the results of but two cases.

A section on poliomyelitis is presented and includes the article by Samuel M. Ellsworth which attaches much significance to the role of sewage polluted water in epidemics of this disease. On this subject there is also included a description of a new method of transplantation of the trapezius muscle in deltoid paralysis. This is the method of Pedro H. Garavano of Italy. The chapter on arthritis is a symposium on modern methods of the treatment of chronic infectious arthritis. There is not much unity or correlation in the papers on industrial medicine and they deal only with a few varied and isolated conditions met with in the practice of industrial surgery.

In summation it may be said that this edition is a brief review of the articles that have appeared in American journals but that its greatest value is in acquainting one with the foreign literature which might otherwise be overlooked by the orthopedic surgeon. E. R. N.

# WISCONSIN PHARMACISTS

Each prescription is accurately compounded with the finest of ingredients. You may rely upon the fact that we will not substitute.

When you have a difficult or unusual pharmaceutical problem call upon one of us. We shall be happy to counsel with you on its solution.

## MATHER'S PHARMACY

Prescription Experts

Most complete line of Biologicals and largest prescription store in Northern Wisconsin.

Trusses, Wheel Chairs, Crutches, Electric Pads, etc.

**SUPERIOR, WISCONSIN**

## McCUE & BUSS DRUG CO.

Prescription Druggists
Physicians Supplies
Sick Room Needs

**14 So. Main St. JANESVILLE, WISCONSIN**

## BOCK DRUG CO., Inc.

*Dependable Druggists Since 1876*

TOXOIDS VACCINES SERUMS AMPOULES

Joe N. Leider, R. Ph.
Secy. & Treas.

**SHEBOYGAN, WISCONSIN**

Distributors of

Dependable Pharmaceutical & Biological Products for Physicians, including Lederle, Lilly, Parke Davis, etc.

## *The Hebberd Drug Store*

"EXPERT PRESCRIPTION SERVICE"

Phone 29 4th and Main LA CROSSE, WIS.

## RED CROSS DRUG CO.

DOCTORS!! *Save on Office and Dispensing Supplies.*

Mail orders filled in all parts of Wisconsin. Many doctors save hundreds of dollars yearly by concentrating their purchases. Let us quote you on your requirements. Orders shipped the same day received. We pay all delivery charges.

**RED CROSS DRUG CO.**
**RACINE, WISCONSIN**

## CHILSON DRUG COMPANY

*Benj. Chilson, Ph. G.*

Specializing in a complete stock of serums, vaccines and medical supplies. Carefully and accurately compounding prescriptions is the main feature of our drug store.

**BELOIT, WISCONSIN**

## BELLING'S DRUG STORE

*The Prescription Drug Store*

**204 E. College Ave. Appleton, Wis.**

**Phone 131**

A complete stock of Ampoules, Biologicals, including Rabies Vaccine, always under proper refrigeration.

## MAYER DRUG

Harry F. Mayer, Prop.

*A Complete Prescription Department*

Biologicals and Ampoules

**KENOSHA, WISCONSIN**

# Capital City Doctors

## Note These Reliable Madison Firms Which Sell Dependable Products, Services

Prescription Service at

**RENNEBOHM**

Better Drug Stores

is always

100% Dependable

---

Biologicals—Chemicals—Drugs

**FIRST CENTRAL DISPENSARY**

602 First Central Bldg.

Madison, Wis.

Phone: Badger 7929

RELIABLE PRESCRIPTION SERVICE

---

**LORAINE HOTEL**

Fireproof

SCHROEDER HOTELS

*Sleep in Safety*

---

**CENTRAL GARAGE**

15 South Webster St.

Parking and General Service

MODERN — CONVENIENT

ALWAYS DEPENDABLE

---

Ampoules, Biologicals, Chemicals, Bacteriological Stains, Trusses, Camp Surgical Supports, "Leeches."

**THE PRESCRIPTION PHARMACY**

Samuel R. Chechik, Ph.D.

20 S. Carroll St. Phone: Badger 755

"The Park Hotel Building"

---

*For Lovely Flowers*

Phone

**RENTSCHLER'S**

Badger 177

230 State St. Madison

---

Office: Badger 787 Residence: Badger 2308

**AUTO SERVICE COMPANY, Inc.**

Dan Bilsie

"Private Ambulance Service"

750 East Washington Ave. Madison, Wis.

---

**Frautschi Funeral Home**

120 E. Wilson St.

Madison, Wis.

ARTHUR A. FRAUTSCHI, *Director*

Phone Badger 733

---

**Is Your Office Efficient?**

We are always available for helpful consultation

*Badger 5900*

**BLIED PRINTERS AND STATIONERS**

114 E. Washington Ave., Madison

---

Ask for Kennedy MANSFIELD MILK

TELEPHONE BADGER 7100

# INDEX TO ADVERTISERS IN THIS ISSUE


| | Page |
|---|---|
| American Can Co. | 90 |
| American Optical Co. | 98 |
| Audiphone | 159 |
| Auto Service Co., Inc. | 158 |
| Barr X-ray Co. | 155 |
| Belling's Drug Store | 157 |
| N. P. Benson Optical Co., Inc. | 165 |
| Bidwell Better Limbs | 153 |
| Blied Printers & Stationers | 158 |
| Bock Drug Co. | 157 |
| Borden Co. | 149 |
| Central Garage | 158 |
| Chilson Drug Co. | 157 |
| Coca Cola Co. | 162 |
| Cook County Graduate School of Medicine | 97 |
| Corn Products Sales Co. | 92 |
| Doerflinger's | 153 |
| First Central Dispensary | 158 |
| Frautschi Funeral Home | 158 |
| General Electric X-ray Corp. | 99 |
| Kennedy–Mansfield Dairy | 158 |
| Kremers–Urban Co. | 97 |
| Hebberd Drug Store | 157 |
| Lakeside Laboratories | 86 |
| Lederle Laboratories | 95 |
| Eli Lilly & Co. | 147 |
| Loraine Hotel | 158 |
| Marquette University School of Medicine | 164 |
| Massachusetts Protective Cos. | 153 |
| Mather's Pharmacy | 157 |
| Mayer Drug | 157 |
| McCue & Buss Drug Co. | 157 |
| Mead Johnson & Co. | 94 |
| Medical Protective Co. | 155 |
| Milwaukee Optical Manf. Co. | 116 |
| Milwaukee Sanitarium | 168 |
| National Ass'n Chewing Gum Manf. | 162 |
| New York Polyclinic | 164 |
| Normandale | 164 |
| Orthopedic Appliance Co. | 159 |
| Parke, Davis & Co. | 96 |
| Petrolagar Laboratories, Inc. | 167 |
| Philip Morris & Co., Ltd. | 163 |
| Physicians Casualty Ass'n | 98 |
| Physicians Radium Ass'n | 98 |
| Mary E. Pogue School | 164 |
| Prescription Pharmacy | 158 |
| Radiation Therapy Institute | 89 |
| Radium & Radon Corp. | 159 |
| Red Cross Drug Co. | 157 |
| Rennebohm Drug Stores | 158 |
| Rentschler Floral Co. | 158 |
| Roemer Drug Co. | 151 |
| Rogers Memorial Sanitarium | 168 |
| Sacred Heart Sanitarium | 88 |
| St. Croixdale Sanitarium | 89 |
| Schroeder Hotel | 97 |
| Shorewood Hospital Sanitarium | 116 |
| SMA Corp. | 93 |
| Summit Hospital | 165 |
| Uhlemann Optical Co. | 161 |
| Upjohn Co. | 87 |
| Waukesha Springs Sanitarium | 86 |
| Wyeth & Brother, Inc. | 156 |
| Winthrop Chemical Co., Inc. | 91 |
| Zemmer Co. | 154 |



**Western Electric HEARING AID**

**Air and Bone Conduction**

**There's a Western Electric Ortho-Technic Audiphone designed by Bell Telephone Laboratories—embodying new principles, exclusive features, to meet the individual needs of your patients.**

**Small, Inconspicuous, High Fidelity**

**AUDIOMETERS — ELECTRICAL STETHOSCOPE**

**AUDIPHONE UTILITIES**

Suite 205 739 N. Broadway Daly 2505

MILWAUKEE

**Orthopedic Appliances**

Abdominal Belts Elastic Stockings
Whitman Arch Plates Trusses
Braces of all Descriptions

**Artificial Limbs**

Trained Mechanics and Fitters Only

**THE ORTHOPEDIC APPLIANCE CO.**

123 East Wells St.

Tel. Daly 3021 Milwaukee, Wis.

**RADIUM**

**RENTED**
for the individual case at lowest rates. Instruments loaned.

**LEASED**
in any quantity of 50 milligrams or more, on a yearly basis. Continuous possession. No investment.

**SOLD**
in any quantity in latest platinum containers.

RADON in all-gold Implants at $2.50 per millicurie.

*For details, address*

**RADIUM AND RADON CORP.**

Marshall Field Annex • Randolph 8855

CHICAGO

# PHYSICIANS' EXCHANGE

**Advertisements for this column must be received by the 25th of the month preceding month of issue. A charge is made of $2.00 for the first appearance of copy occupying 1 inch or less of space and $1.00 for each succeeding insertion of the same copy. Kindly accompany copy with remittance to cover number of insertions desired. Advertisements from members of the State Medical Society will be accepted without charge. Such copy will be taken out after its second publication unless otherwise requested. Where numbers follow advertisements replies should be addressed care Wisconsin Medical Journal.**

FOR SALE—An attractive, growing general practice in town of 1,200, with excellent surrounding territory. Wish to sell as am leaving with National Guard. Address replies to No. 18 in care of Journal.

FOR SALE—CONVERTER, in sound-proof case. Very quiet. Reasonable. Address replies to No. 19 in care of Journal.

FOR SALE—Attractive growing practice. Including drugs and equipment. Located in a good industrial city. Leaving to specialize. Reasonably priced. Address replies to No. 10 in care of Journal.

FOR SALE—Complete medical equipment for furnishing a small office. Inquire of Sheldon E. Meyer, attorney, Waupun, Wisconsin.

FOR SALE—One 5-30 Engeln x-ray unit, complete with Bucky table, separate vertical fluoroscope, cassettes, tank, etc. $350 cash. Dr. C. E. McJilton, River Falls, Wisconsin.

FOR SALE—Office equipment of the late Dr. E. J. Knapp. Books, instruments, some furniture, Leitz microscope, McCaskey register, Battle Creek vibrator, etc. Will sell separately. Address replies to No. 32 in care of Journal.

FOR SALE—Desirable practice in central western Wisconsin with a gross income of $7,200 annually. Will sell for the value of furniture, equipment, and drugs. Catholic preferred. Owner leaving state for work in the war department. Address replies to No. 33 in care of Journal.

FOR SALE — Reconditioned examining table. Baked enamel with chromium plate. Address replies to No. 42 in care of Journal.

FOR RENT—Well built up practice of twenty-eight years in village of 300 in rich community in northeastern part of State. Address replies to No. 41 in care of Journal.

FOR SALE—Practice by physician who desires to leave to specialize. Community of 900 in Southwestern Wisconsin with additional 900 population in immediately surrounding territory. Good schools. Nearest physician eighteen miles. Sale conditional only upon disposing of x-ray unit, office equipment and drugs. Will stay to introduce successor. Hospital connections available. Address replies to No. 40 in care of Journal.

FOR SALE—An active medical practice in west central Wisconsin at inventory value of equipment. Must sell before March 1 to accept government position. Hospital staff membership and surgical privileges guaranteed. The current patients will be introduced and adequate ethical announcement will be given the purchaser. Address replies to No. 20 in care of Journal.

FOR SALE—A large, long-established, unopposed practice in center of extensive farming community. Good hospital facilities. Fine residence with office in connection. Easy terms. Reason for selling: failing health. Address replies to No. 21 in care of Journal.

FOR SALE—Standard x-ray machine,—ten years old, three tubes, table, fluoroscope, Bucky, cassettes, etc. Cost $3,000. Suitable for clinic or hospital. $500 cash or will exchange for smaller unit. C. O. Lindstrom, M. D., Route 1, Eagle River, Wisconsin.

FOR SALE—Universal carbon lamp, Beasley-Eastman diathermy, leather office chair, good army-type table with pad, 140 old medical books, over 100 instruments, two medicine grips, and other miscellaneous items. One third list price, or first $100 takes the lot. M. C. Crane, M. D., Wittenberg, Wisconsin.

FOR SALE—Practice in small but prosperous community. Physician desires to leave well-established practice in order to specialize. Community population under 1,000, excellent school system, modern conveniences, dairy section, good roads, hospital facilities within twenty-five miles. Prefer young, married physician, Protestant, with two years or more of general practice. Will stay to introduce successor. Prepared to offer liberal terms to well-trained physician of ability and integrity. Address replies to No. 30 in care of Journal.

FOR SALE—General and surgical practice in county seat. Will sell for present value of office equipment. Good return from start. Leaving for special training. Address replies to No. 23 in care of Journal.

WANTED—Assistant in general practice in southeastern Wisconsin town of 1,000, with excellent surrounding territory. Prefer one who can take full charge in case I am called for army service. Address replies to No. 31 in care of Journal.

LOCATION AVAILABLE—Since I expect to be called for military service would like locum tenens for indefinite period, or would be willing to sell. Good general practice in east central portion of state in town of 600. Attractive new home and office combined. Hospital facilities within ten miles. No competition. Address replies to No. 50 in care of Journal.

WANTED—An associate or partner, or will sell a good eye, ear, nose, and throat practice. Fully equipped office in downtown Milwaukee. Address replies to No. 17 in care of Journal.

WANTED—Locum tenens for couple of months for established E.E.N.T. practice in southern Wisconsin. Give age, experience, and social affiliations in first letter. Address replies to No. 25 in care of Journal.

WANTED—One or two additional specialists to share an excellently equipped and furnished suite in a Milwaukee downtown office building. Secretarial, x-ray, and laboratory facilities provided. Address replies to No. 59 in care of Journal.

LOCATION AVAILABLE—Unusual opportunity. General practice. Established office, well-equipped, including x-ray and physiotherapy apparatus, in prosperous city in Fox River Valley, Wisconsin. Hospital facilities; fine schools. Owner retiring. Terms reasonable. Price based on inventory value of equipment only. Address replies to No. 22 in care of Journal.

WANTED—General practitioner for locum tenens for about six weeks. Address replies to No. 45 in care of Journal.

# TRANSLATORS

*Did you ever hear of these people? . . .*

*Constance Garnett • William Archer • Charlotte Brewster Jordan*
*Katharine Wormeley • Alexander Mattos • Richard F. Burton*

*Probably not . . .*
*Yet those six persons have helped make the world wiser and better. In the order named, they are the translators of*

*Tolstoi • Ibsen • Ibanez*
*Balzac • Maeterlinck • The Arabian Nights*

In a very real sense we, too, are translators—yours. It is our function to translate your knowledge and skill, written on prescription forms, into glasses that enable people to see better.

This seems to us a deeply worthwhile task. We bring to it a translator's zeal for absolute fidelity, a craftsman's enthusiasm to achieve perfection, a businessman's appreciation of the value of promptness.

**UHLEMANN OPTICAL COMPANY**
ESTABLISHED 1907
*Exclusive Opticians for Eye Physicians*
PITTSFIELD BUILDING • CHICAGO, ILLINOIS

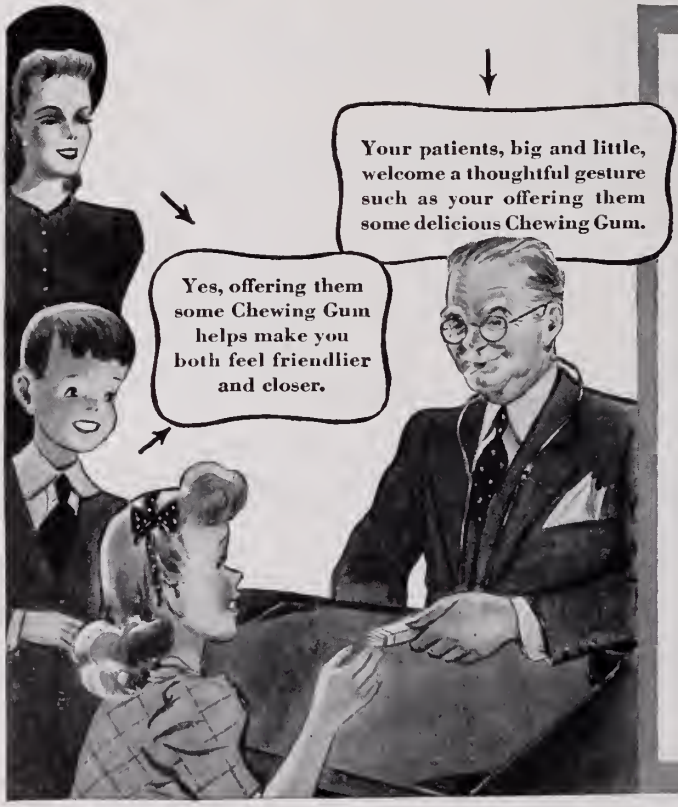
*OFFICES:* CHICAGO • DETROIT • TOLEDO • SPRINGFIELD
DAYTON • PORT HURON • APPLETON • OAK PARK • EVANSTON

Drink
Coca-Cola
Delicious and Refreshing

5¢

# Refresh yourself

Pause at the familiar red cooler for ice-cold Coca-Cola. Its life, sparkle and delicious taste will give you the real meaning of *refreshment.*




Here's an idea for you, Doctor—

**Inviting them to have some wholesome**

## CHEWING GUM

**makes for smiles all around**

Of course, Doctor, as you know, chewing helps the mouth taste clean and pleasant, helps relieve tension and aids digestion. Also, it makes a satisfying in-between-meal treat.

Offer it to your patients and enjoy the daily chewing of gum yourself.

You'll like chewing gum. See how it helps make your days a trifle easier for you.

**Get several packages of delicious Chewing Gum today. Have it handy for your patients and for yourself.**

*National Association of Chewing Gum Manufacturers*
*Rosebank, Staten Island, New York*

V-11

# 1/3 the Edema

showing the influence of hygroscopic agents in cigarettes on the membranes of rabbits' eyes.*

**TYPICAL 1+ EDEMA**

on instillation of smoke solution from Philip Morris Cigarettes. (Note extension of edematous nictitating membrane over the bulb.)

**TYPICAL 3+ EDEMA**

on instillation of smoke solution from ordinary cigarettes. (Note nictitating membrane more extended. Bulbar conjunctiva is raised and palpebral conjunctiva is edematous and redundant.)

**NORMAL**

## CLINICAL CONFIRMATION:** When *smokers* changed to Philip Morris, every case of irritation of the nose and throat due to smoking cleared completely or definitely improved.

*Proc. Soc. Exp. Bio. and Med., 1934, 32, 241-245*
**Laryngoscope, 1935, XLV, No. 2, 149-154*

# THE NEW YORK POLYCLINIC

## MEDICAL SCHOOL AND HOSPITAL

*(The Pioneer Post-Graduate Medical Institution in America, Organized 1881)*

**For the GENERAL SURGEON**

A combined surgical course comprising general surgery, traumatic surgery, abdominal surgery, gastroenterology, proctology, gynecological surgery, urological surgery. Attendance at lectures, witnessing operations, examination of patients pre-operatively and post-operatively and follow-up in the wards post-operatively. Pathology, roentgenology, physical therapy. Cadaver demonstrations in surgical anatomy, thoracic surgery, regional anesthesia. Operative surgery and operative gynecology on the cadaver.

**EYE, EAR, NOSE and THROAT**

A combined full-time course covering an acadamic year (9 months), consisting of attendance at clinics, witnessing operations, lectures, demonstration of cases and cadaver demonstrations; operative eye, ear, nose and throat on the cadaver; head and neck dissection (cadaver); clinical and cadaver demonstrations in bronchoscopy and facial palsy; refraction; roentgenology; pathology, bacteriology and embryology; physiology; neuro-anatomy; anesthesia; physical therapy; allergy; examination of patients pre-operatively and follow-up post-operatively in the wards and clinics; work in the outpatient department as assistant.

*Special arrangements can be made for shorter courses.*

*For Information Address:* MEDICAL EXECUTIVE OFFICER, 345 West 50th St., New York City

# THE MARY E. POGUE SCHOOL

DOCTORS: You may continue to supervise the treatment and care of children you place in our school. Catalogue on request.

90 Geneva Road — Telephone
Wheaton, Illinois — Wheaton 66

## NORMANDALE SANITARIUM

Madison, Wisconsin

Normandale is a sanitarium for the care and treatment of nervous and mental disorders, inclusive of addictions. All of the modern methods of neuropsychiatric therapy are available. Special accommodations and rates are offered for the care of chronic cases.

Normandale is located on the outskirts of Madison, Wisconsin. This location affords the conveniences of the city and the restful environment of a rural setting.

Inquiries are invited. Telephone:
Fairchild 2486
Medical Director,
M. F. Greiber, M. D.

# MARQUETTE

## SCHOOL OF MEDICINE

**Requirements For Admission** The minimum requirements for admission are three years of such college work as is acceptable towards the Bachelor's degree in an approved college of liberal arts or in a recognized University. The following subjects must be included in these three years: zoology, general chemistry, organic chemistry, English, French or German, physics.

**Instruction** The duration of the course leading to the degree of Doctor of Medicine is five years, the fifth year of which is devoted to a hospital internship. The school year begins about the first of October and ends about the middle of June. The aim is constant coordination of the basic sciences with the clinical subjects applied to curative and preventive medicine.

**Clinical Facilities** Milwaukee County General Hospital, Milwaukee County Emergency Hospital and Dispensary, Milwaukee Children's Hospital and Dispensary, Milwaukee County Insane Hospitals, Acute and Chronic, South View Hospital for Contagious Diseases, Muirdale Sanatorium for tuberculosis, Mt. Sinai Hospital Dispensary, Marquette Eye Clinic, Public Health field work.

For further information address:

**DEAN, MARQUETTE UNIVERSITY SCHOOL OF MEDICINE**
**561 North Fifteenth Street**
**Milwaukee, Wisconsin**

There is no substitute for quality when prescribing lenses for the human eye. Our ORKON CORRECTED CURVE OPHTHALMIC LENSES represent the best produced by Optical Science.

**N. P. Benson Optical Co., Inc.**

Established 1913

MAIN OFFICE: MINNEAPOLIS, MINN.

DULUTH
ALBERT LEA
WINONA

EAU CLAIRE
LA CROSSE
WAUSAU
STEVENS POINT

BISMARCK
ABERDEEN
RAPID CITY

The SUMMIT HOSPITAL
OCONOMOWOC, WIS.

Here, in a cordial and homelike environment, we operate a hospital and sanatorium with facilities and personnel adequate to manage your

CHRONIC,
NERVOUS and
MENTAL
CASES

A natural Beauty Spot — Fireproof, Modern buildings, Moderate rates.

*For further information write or phone*

G. R. Love, M.D.
*Physician in Charge*
The Summit Hospital
Oconomowoc, Wis.

Chicago Office:
Loren W. Avery, M.D.
*Consulting Neuropsychiatrist*
122 So. Michigan Ave.

# THE STATE MEDICAL SOCIETY OF WISCONSIN

## ORGANIZED 1841

R. P. SPROULE, Milwaukee, President
GUNNAR GUNDERSEN, La Crosse, President-Elect
R. M. KURTEN, Racine, Speaker

CHARLES FIDLER, Milwaukee, Vice-Speaker
Mr. J. G. CROWNHART, Madison, Secretary
IRA R. SISK, Madison, Treasurer

## Councilors

TERM EXPIRES 1942

First District:
H. P. Bowen——Watertown

Second District:
C. E. Pechous——Kenosha

TERM EXPIRES 1943

Third District:
W. T. Clark——Janesville

Fourth District:
B. I. Pippin——Richland Center

TERM EXPIRES 1943

Fifth District:
A. H. Heidner——West Bend
Sixth District:
S. E. Gavin——Fond du Lac

TERM EXPIRES 1941

Seventh District:
H. A. Jegi——Galesville
Eighth District:
G. W. Krahn——Oconto Falls
Ninth District:
H. H. Christofferson——Colby
Tenth District:
F. E. Butler——Menomonie

TERM EXPIRES 1942

Eleventh District:
F. G. Johnson——Iron River
Twelfth District:
H. J. Gramling——Milwaukee
R. E. Fitzgerald——Milwaukee

TERM EXPIRES 1943

Robert W. Blumenthal
——Milwaukee

TERM EXPIRES 1941

Thirteenth District:
J. W. Lambert——Antigo

TERM EXPIRES 1941

R. G. Arveson——Frederic
(Past President)

## Delegates to American Medical Association

Stephen E. Gavin, Fond du Lac, 1942 James C. Sargent, Milwaukee, 1942 Joseph F. Smith, Wausau, 1941

## Alternates

S. J. Seeger, Milwaukee, 1942 F. E. Butler, Menomonie, 1942 C. W. Giesen, Superior, 1941

The Wisconsin Medical Journal, Official Publication
Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Illinois

## List of Executive Officers of County Medical Societies

| County | President | Secretary |
|---|---|---|
| Ashland–Bayfield–Iron | C. A. Grand, Ashland | A. H. Lamal, Ashland. |
| Barron–Washburn–Sawyer–Burnett | H. H. Ainsworth, Birchwood | R. W. Adams, Chetek. |
| Brown–Kewaunee–Door | L. D. Quigley, Green Bay | E. J. O'Brien, Green Bay. |
| Calumet | J. W. Goggins, Chilton | J. A. Knauf, Stockbridge. |
| Chippewa | F. B. Sazama, Chippewa Falls | L. W. Picotte, Chippewa Falls. |
| Clark | G. G. Shields, Abbotsford | W. A. Olson, Greenwood. |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | C. J. Radl, Wisconsin Dells. |
| Crawford | G. R. J. Hammes, Seneca | O. E. Satter, Prairie du Chien. |
| Dane | S. J. Briggs, Madison | D. L. Williams, Madison. |
| Dodge | A. J. Hebenstreit, Juneau | A. G. Hough, Beaver Dam. |
| Douglas | Rudolph Christiansen, Superior | Fred Johnson, Jr., Superior. |
| Eau Claire–Dunn–Pepin | J. C. Baird, Eau Claire | H. S. Fuson, Eau Claire. |
| Fond du Lac | O. F. Guenther, Campbellsport | S. A. Theisen, Fond du Lac. |
| Forest | O. S. Tenley, Wabeno | H. C. Marsh, Crandon. |
| Grant | H. J. McLaughlin, Bloomington | H. L. Doeringsfeld, Platteville. |
| Green | W. G. Bear, Monroe | J. H. Bristow, Monroe. |
| Green Lake–Waushara | J. A. Kelly, Green Lake | D. M. Regan, Berlin. |
| Iowa | T. A. Hagerup, Dodgeville | H. M. Walker, Dodgeville. |
| Jefferson | J. C. Brewer, Jefferson | L. Gueldner, Ft. Atkinson. |
| Juneau | W. T. O'Brien, Mauston | Brand Starnes, New Lisbon. |
| Kenosha | E. F. Andre, Kenosha | L. M. Rauen, Kenosha. |
| La Crosse | M. W. Ward, Bangor | S. A. Montgomery, La Crosse. |
| Lafayette | S. A. J. Ennis, Shullsburg | E. D. McConnell, Darlington. |
| Langlade | R. J. Portman, Antigo | W. P. Curran, Antigo. |
| Lincoln | W. F. Austria, Merrill | L. J. Bayer, Merrill. |
| Manitowoc | T. H. Rees, Manitowoc | T. A. Teitgen, Manitowoc. |
| Marathon | M. L. Jones, Wausau | H. H. Fechtner, Wausau. |
| Marinette–Florence | J. V. May, Marinette | K. G. Pinegar, Marinette. |
| Milwaukee | T. J. Howard, Milwaukee | Mr. James O. Kelley, Ex. Sec., Milw. |
| Monroe | J. M. Scantleton, Sparta | D. C. Beebe, Sparta. |
| Oconto | W. C. Watkins, Oconto | A. N. Tousignant, Oconto. |
| Oneida–Vilas | C. A. Richards, Rhinelander | H. J. Westgate, Rhinelander (acting) |
| Outagamie | W. H. Towne, Hortonville | L. B. McBain, Appleton. |
| Pierce–St. Croix | C. A. Dawson, River Falls | A. E. McMahon, Glenwood City. |
| Polk | W. B. Cornwall, Amery | G. B. Noyes, Centuria. |
| Portage | F. R. Krembs, Stevens Point | T. L. Harrington, Stevens Point. |
| Price–Taylor | H. B. Norviel, Phillips | J. L. Rens, Phillips. |
| Racine | A. M. Lindner, Racine | Beatrice O. Jones, Racine. |
| Richland | L. C. Davis, Richland Center | G. H. Benson, Richland Center. |
| Rock | G. C. Waufle, Janesville | O. V. Overton, Janesville. |
| Rusk | W. F. O'Connor, Ladysmith | M. L. Whalen, Bruce. |
| Sauk | H. J. Irwin, Baraboo | C. B. Pope, Baraboo. |
| Shawano | A. A. Cantwell, Shawano | E. E. Evenson, Wittenberg. |
| Sheboygan | Anthony Voskuil, Cedar Grove | W. G. Hulbregtse, Sheboygan. |
| Trempealeau–Jackson–Buffalo | E. A. Meili, Cochrane | R. R. Richards, Blair. |
| Vernon | W. H. Remer, Chaseburg | R. S. Hirsch, Viroqua. |
| Walworth | H. J. Kenney, Delavan | L. H. Donath, Lake Geneva. |
| Washington–Ozaukee | F. W. Lehmann, Hartford | R. S. Fisher, Allenton. |
| Waukesha | Irene T. Stemper, Oconomowoc | J. F. Wilkinson, Oconomowoc. |
| Waupaca | A. M. Christofferson, Waupaca | J. W. Monsted, New London. |
| Winnebago | F. G. Jensen, Menasha | E. F. Cummings, Oshkosh. |
| Wood | P. E. Wright, Wisconsin Rapids | R. W. Mason, Marshfield (acting). |

# Petrolagar*. . . *for the Treatment of Constipation*

• Petrolagar Plain, is a bland emulsion of high grade mineral oil. It helps to soften the feces and promotes the formation of an easily passed stool.

Petrolagar Plain helps maintain regular bowel movement without the use of harsh laxatives.

*Suggested dosage:*

Adults—Tablespoonful morning and night as required

Children—Teaspoonful once or twice daily as required

*Petrolagar—The trademark of Petrolagar Laboratories, Inc., brand emulsion of mineral oil . . . Liquid petrolatum 65 cc. emulsified with 0.4 gm. agar in menstruum to make 100 cc.

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

# Rogers Memorial Sanitarium

OCONOMOWOC, WIS.
**Telephone 448**

A PRIVATE sanitarium
(incorporated not-for-profit)
for the treatment of
**DISEASES OF THE NERVOUS SYSTEM**
All approved methods of therapy are used

**Fireproof Building**
**Booklet on Request**

*RESIDENT PHYSICIANS*

**JAMES C. HASSALL, M.D.**
**Medical Director**

**OWEN C. CLARK, M.D.**

**DONALD A. R. MORRISON, M.D.**

*BOARD OF TRUSTEES*

**JAMES C. HASSALL, M.D.**
**FREDERICK PABST**
**Oconomowoc, Wis.**

**T. H. SPENCE**
**MITCHELL MACKIE**
**MACKEY WELLS**
**O. R. LILLIE, M.D.**
**Milwaukee, Wis.**

**PETER BASSOE, M.D.**
**RALPH C. HAMILL, M.D.**
**JOHN FAVILL, M.D.**
**Chicago, Ill.**
**W. S. MIDDLETON, M.D.**
**Madison, Wis.**
**SCOTT LOWRY**
**Waukesha, Wis.**

**Milwaukee Office:**
**By Appointment**

**1330 Wells Building**
**Telephone Daly 1441**

# MILWAUKEE SANITARIUM

Wauwatosa, Wisconsin

## FOR NERVOUS DISORDERS

(Chicago office—1117 Marshall Field Annex
Wednesdays, 1–3 P. M.)

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Staff
Rock Sleyster, M.D.
Lloyd H. Ziegler, M.D.
William T. Kradwell, M.D.
Merle Q. Howard, M.D.
Carroll W. Osgood, M.D.
Benjamin A. Ruskin, M.D.
Arthur J. Patek, M.D.

One of the Fourteen Units in "Cottage Plan"
COLONIAL HALL

DEMOCRAT PRINTING COMPANY
MADISON, WISCONSIN

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

SPRING CLINICS

April 28-30, May 1-2

(See page 229)

# The Wisconsin Medical Journal

## IN THIS ISSUE

GLUCOSE-INSULIN TREATMENT OF ADVANCED PORTAL CIRRHOSIS
By John A. Schindler, M. D.

STAPHYLOCOCCEMIA AND AGRANULOCYTOSIS
By B. I. Pippin, M. D.

THE NURSE IN INDUSTRY
By S. J. Seeger, M. D.

IN THE SERVICE?

WORKMEN'S COMPENSATION PANELS

COLLEGE OF PHYSICIANS
LIBRARY
MAR 17 1941
PHILADELPHIA

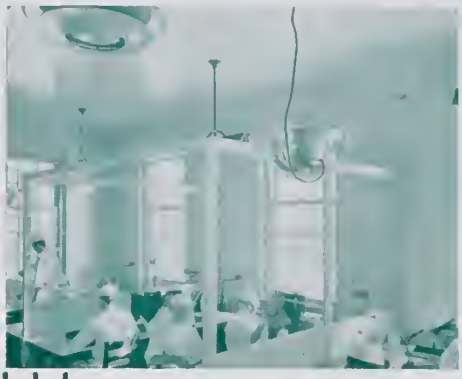
COMPLETE TABLE OF CONTENTS, PAGE 172

Number 3
Building

MADISON, WISCONSIN, MARCH, 1941

Copyright, 1941, by The State Medical Society of Wisconsin

Per Year $3.50
Single Copy 50 Cents



An Ampule Filling Room

NO. 7 of a series of glimpses behind the scenes of the new Lakeside plant.

"Manufacturers to the Medical Profession EXCLUSIVELY"

# WHY Ultra-Violet Sterilizing Lamps

Designed to control air-borne bacteria in the filling room, ultra-violet lamps which sterilize filtered air were included in the plans for the new Lakeside laboratories.

This is another of the advanced features of the enlarged Lakeside plant designed for improved service to the medical profession.

The LAKESIDE Laboratories Inc.
MILWAUKEE, WISCONSIN

# Waukesha Springs Sanitarium

## FOR NERVOUS DISEASES

*BUILDING ABSOLUTELY FIRE-PROOF*

BYRON M. CAPLES, M. D. Medical Director. FLOYD W. APLIN, M. D.

WAUKESHA, WISCONSIN

# . . . "After all, you've got to give full, fair value or you won't last."

*—B. C. Forbes*
Publisher Forbes Magazine

Proof of full, fair value in Roco Rx Service is supplied to you in our policy of including the original lens envelopes with every corrected and first quality toric lens prescription. Send today's Rx's to your Riggs office. You'll experience a new satisfaction.

RIGGS OPTICAL COMPANY

*Distributors of Bausch & Lomb Ophthalmic Products*

# THE WISCONSIN MEDICAL JOURNAL

Volume 40
Number 3

MADISON, WISCONSIN, MARCH, 1941

Per Year $3.50
Single Copy 50 Cents


## TABLE OF CONTENTS


### SCIENTIFIC ARTICLES

Page

The Glucose-Insulin Treatment of Advanced Portal Cirrhosis by John A. Schindler, M. D., Monroe ---- 187
Foreign Body in the Appendix by A. R. Curreri, M. D., and D. W. Melick, M. D., Madison ---- 192
Staphylococcemia and Agranulocytosis; Report of Three Cases, with Special Reference to Drug Toxicity by B. I. Pippin, M. D., Richland Center ---- 194
Inflammatory Cutaneous Metastatic Carcinoma by M. J. Reuter, M. D., Milwaukee, and R. Nomland, M. D., Iowa City, Ia. ---- 196
Diagnosis of Early Neurosyphilis by Wallace Marshall, M. D., Appleton ---- 201
The General Practitioner's Role in the Prevention of Eclampsia by J. M. Freeman, M. D., Wausau ---- 204
Comments on Treatment: Vitamin B Complex in Therapy by E. S. Gordon, M. D., Madison 206

### SPECIAL ARTICLES

Keep the Worker on the Job (the second of a series under this title) by Paul A. Brehm, M. D., Madison ---- 208a
Relationship of the Nurse in Industry to the Physician by Stanley J. Seeger, M. D., Milwaukee ---- 224
Tuberculosis Costs and Control by L. M. Morse, M. D., Neillsville ---- 226
The Fight on Cancer by Mrs. G. E. Stoddart, Beaver Dam ---- 236
Centennial Section: Biographies of Early Wisconsin Physicians, as prepared by the Waukesha County Woman's Auxiliary; Epitomized Record of Progress of Medicine (a reprint) 240, 246

### EDITORIAL

Physicians' Obligation on Open Panel ---- 208

### MISCELLANY

President's Page ---- 209
Woman's Auxiliary ---- 210
Society Proceedings ---- 217
News Items and Personals ---- 219
Births, Marriages, Deaths ---- 220
Coming Events ---- 221
Society Records ---- 223
Members in Active Military Service ---- 223
Preliminary Program for Spring Clinics ---- 229
Workmen's Compensation Panels Mailed to Wisconsin Employers ---- 231
In the Service? ---- 237
Recent Wisconsin Licentiates ---- 239
Book Reviews ---- 254
Physicians' Exchange Page ---- 260
Index to Advertisers ---- 259



[Entered as second class matter, June 30th, 1903, at the Post Office at Milwaukee, Wis., under Act of Congress March 3rd, 1879. Transferred to Madison, Aug. 1st, 1929.]

"Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized Aug. 7, 1918."

SACRED HEART SANITARIUM

MILWAUKEE, WISCONSIN

An institution conducted for the diagnosis and treatment of mild nervous disorders and non-infectious diseases; also for rest and recuperation under medical supervision. Equipped with every modern facility for diagnostic purposes. Scientific dietetics, physiomechanotherapy, hydrotherapy, supervised occupational and recreational activities. Literature and rates sent on request.

MEDICAL STAFF

William L. Herner, M.D., Medical Director
Delparde W. Roberts, M.D. — J. Frampton Wyman, M.D.
William F. Ragan, M.D. — Hubert H. Blanchard, M.D.
Frank W. Mackoy, M.D. — L. Tennyson Peyton, M.D.
Ray C. Johnston, M.D.

## ST. CROIXDALE ON LAKE ST. CROIX

**PRESCOTT, WISCONSIN**

**MAIN BUILDING—One of the 5 Units in "Cottage Plan."**

A Modern Private Sanitarium for the Diagnosis, Care and Treatment of Nervous, Mental and Medical Cases.

Located on beautiful Lake St. Croix, eighteen miles from the Twin Cities, it has the advantages of both City and Country. Every facility for treatment provided, including recreational activities and occupational-therapy under trained personnel. Milk, cream and butter from our own herd of Tuberculin-tested Registered Guernsey Cows. Inspection and co-operation by reputable physicians invited. Rates very reasonable. Illustrated folder on request.

CONSULTING NEURO-PSYCHIATRISTS
Hewitt B. Hannah, M. D.
Joel C. Hultkrans, M. D.
511 Medical Arts Building
Minneapolis, Minnesota
Tel. MAin 4672

RESIDENT PHYSICIAN
Howard J. Laney, M. D.
Prescott, Wisconsin
Tel. 39

SUPERINTENDENT
Frieda C. Beyrer, R. N.
Prescott, Wisconsin
Tel. 69

# Radiation Therapy Institute

Control Board

of Saint Paul

## CHARLES T. MILLER HOSPITAL

Facilities for Radium and Roentgen Therapy, Including 1,200,000 Volt Constant Potential Installation of Most Advanced Design.

*You are cordially invited to visit the Radiation Therapy Institute and inspect its facilities.*

Edward Schons, M.D., *Director* J. P. Medelman, M.D., *Associate Director*

# ADVANCES IN CANNING TECHNOLOGY

## III. Modern Heat Processes for Canned Foods

● "This new method of preserving . . . proceeds from the simple principle of applying heat . . . in a due degree to the several substances after having deprived them as much as possible of all contact with the external air."(1)

In this concise manner, Nicholas Appert, discoverer of canning, summed up the salient features of his procedure. Appert's method consisted of sealing prepared foods in wide mouth glass bottles with corks and processing the sealed bottles in a bath of boiling water. The first English edition of his book (1) describes Appert's procedures for some fifty products. While the times of his heat processes varied between products, the temperatures of the processes were uniformly that of boiling water.

After the spread of commercial canning to America, early canners soon found that spoilage frequently resulted when Appert's heat processes were employed. Increasing the time of process at 212°F. alleviated but did not entirely control this difficulty. As recently described (2a), attempts were next made to increase the temperature of process, either by the addition of soluble salts to raise the boiling point of water, or by the use of the autoclave which permitted processing under steam pressure at temperatures above 212°F. About 1874, an improved type of autoclave was invented in the United States and gradually came into general use for certain types of products. While this device reduced spoilage considerably, losses still occasionally resulted due to inadequate heat processing.

Between 1895 and 1900, the new-born science of bacteriology was first applied to the canning industry. These early discoveries are well described elsewhere (2, 3); important among the findings was the fact that for products most favorable for growth of spoilage organisms, there is a minimum time of process which must be applied at a given temperature for a given can size, if preservation of the food is to be assured. The need for standardization of heat processes was thus clearly indicated.

During the past twenty years, the heat processing of canned foods has truly been placed on a sound scientific basis (4, 2b). The natural acidity of the food now determines the process temperature to be used. Foods with pH values below 4.5 may be safely processed at 212°F. or below; the "non-acid" foods with pH values above 4.5 require elevated process temperatures, 240°F. being the temperature most widely employed.

Today, adequate heat processes for non-acid foods are mathematically calculated using data which take into consideration all factors influencing the sterilizing value of a process. Processes thus calculated are thoroughly tested before being incorporated into bulletins of recommended processes which modern canners follow (5).

This establishment of adequate heat processes—particularly for the non-acid foods—is one of the greatest advances in canning technology made in the history of the industry. Today, it is apparent that the success of many of Appert's heat processes was due to fortuitous circumstances. The modern consumer, however, has the assurance that commercially canned foods are among the most wholesome foods reaching his table.

**AMERICAN CAN COMPANY**
**230 Park Avenue, New York, N. Y.**

REFERENCES

(1) 1811. Art of Preserving, N. Appert. Black, Parry and Kingsbury, London.
(2a) 1938. C. O. Ball. Food Research, *3*, 13.
(2b) 1923. C. O. Ball. National Research Council, Bulletin No. 37.
1928. C. O. Ball. Univ. of Calif. Publications in Public Health *1*, 15.
(3) 1937. Appertizing, A. W. Bitting. The Trade Pressroom, San Francisco.
(4) 1920. National Canners Assoc., Bulletin 16-L.
(5) 1939. National Canners Assoc., Bulletin 26-L, Fourth Edition.

*We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-ninth in a series which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.*

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

**The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.**

# TROCHANTER AND PROPHYLACTIC SACRO-ILIAC BELT

From the uses of trochanter belts as given by orthopedists, we list the following:

- As a preventive measure for strain or sprain of the sacro-iliac joints; especially for workers and drivers who are lifting heavy loads.
- In abnormal separation of the symphysis pubis during pregnancy and during the postnatal period. This belt, being narrow both in the front and in the back, allows a prenatal or postnatal support to be worn over it.
- In fractures of the lower portion of the pelvis; fractures of the rami of the pubic bone and of the ischium especially. It may be used also as an immediate dressing during transportation of the patient.
- After recovery from fractures involving the neck of the femur when the patients get up from bed and begin to walk.

Among the many supports manufactured by S. H. Camp & Company is the trochanter belt, illustrated.

Curved at the lower margin in order to fit into the groin, the belt is made of two thicknesses of coutil, quilted together.

It is lined for comfort and is provided with the Camp adjustment in the back and with detachable leg straps.

CAMP TRADE MARK Supports

S. H. CAMP & COMPANY, JACKSON, MICHIGAN

Offices in New York; Chicago; Windsor, Ontario; London, England

World's largest manufacturers of Scientific Supports

# DOCTORS WELCOME

## KARO IN GLASS

"Welcome the coming!"—This was the response to Karo in Glass from doctors throughout the nation. There was no room for improvement in the composition of Karo, so we introduced it in glass bottles.

Karo syrup is processed at sterilizing temperatures and sealed hygienically in these sparkling glass bottles. The high sanitary quality of Karo can now be maintained while using the clear glass containers in the nursery or kitchen.

Karo Syrup in Glass costs only slightly more than in cans. It yields, volume for volume, double the caloric value of powdered maltose-dextrins-dextrose at a fraction of the cost.

Crystal-White Karo is most suitable for infants and Golden-Brown Karo is most suitable for children. Each may be fed in relatively large amounts without disturbing digestion in health or in disease.

**Same Chemical Composition**

*Uniform Composition*
*Well Tolerated*
*Readily Digested*
*Little Fermentable*
*Chemically Dependable*
*Bacteriologically Safe*
*Hypo-allergenic*
*Economical*

**Same High Quality**

| | |
|---|---|
| Dextrins | 37% |
| Maltose | 18 |
| Dextrose | 12 |
| Sucrose | 4 |
| Invert sugar | 3 |
| Minerals | 0.6 |
| Moisture | 25 |

(Karo—Blue Label)

**Same Caloric Values**

| | |
|---|---|
| 1 oz. vol | 40 grams<br>120 cals. |
| 1 oz. wt | 28 grams<br>90 cals. |
| 1 teaspoon | 20 cals. |
| 1 tablespoon | 60 cals. |

**CORN PRODUCTS SALES COMPANY**

***17 Battery Place, New York City***

KARO IS, OF COURSE, STILL AVAILABLE IN THE FAMILIAR SANITARY TINS

# SULFATHIAZOLE *Winthrop*

## *Another* IMPORTANT CHAPTER *in* ANTIBACTERIAL CHEMOTHERAPY

SULFATHIAZOLE constitutes an additional triumph of chemotherapeutic research which has proved of great value to clinical medicine.

**PNEUMOCOCCUS INFECTIONS** . . . Thousands of cases of pneumococcus pneumonia have responded with dramatic promptness to Sulfathiazole. In comparison with its pyridine analogue, Sulfathiazole is less likely to cause serious nausea or to provoke vomiting.

**STAPHYLOCOCCUS INFECTIONS** . . . With Sulfathiazole, the mortality rate of staphylococcus septicemia has been strikingly reduced. Thus, in a series of fifteen reported cases, all of the patients recovered.

**GONOCOCCUS INFECTIONS** . . . Early cessation of discharge and a high percentage of cures have been reported. Success has been observed in cases resistant to other chemotherapeutic agents.

*Write for literature which discusses the indications, dosage and possible side effects of Sulfathiazole.*

*Specify* **SULFATHIAZOLE WINTHROP**

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

**HOW SUPPLIED:** Sulfathiazole-Winthrop is supplied in tablets of 0.5 Gm. (7.72 grains); also (primarily for children) in tablets of 0.25 Gm. (3.86 grains).

For preparing test solutions, powder in bottles of 5 Gm.

WINTHROP

*Winthrop* **CHEMICAL COMPANY, INC.**

*Pharmaceuticals of merit for the physician*

**NEW YORK, N. Y. - WINDSOR, ONT.**

795M

# LEDERLE *works in a campus-like setting . . .*

Nestled in the hills of picturesque Rockland County, N. Y., Lederle's 70 buildings and 200 acres resemble the campus of a typical American university. Broad lawns, elms, no smoke, no noise—a scene of spaciousness and peace!

In fact, many of the hundreds of visitors who tour the laboratories each year have remarked on its academic atmosphere. This is not a strange impression when one reviews the scholarly activities of the physicians, bacteriologists, chemists, pharmacologists, immunologists and veterinarians who make up a large percentage of the roster of 1100 employees.

Behind the scenes we find a large two-grade school (organized by employees who wanted to orient themselves and qualify for advancement), seminars of technicians and scientific committees.

Finally, as Lederle is presumably the world's largest producer of "biologicals", we find here, naturally enough, the largest commercial group of scientific pioneers dedicated to the art of perfecting sera, antitoxins and vaccines and filling whole buildings reserved exclusively for research. Ten universities and numerous clinics cooperate on Lederle subventions.

LEDERLE LABORATORIES, INC., NEW YORK, N. Y.

MILWAUKEE
940 W. St. Paul Ave.
F. G. McIntosh, Mgr.
R. W. Larsen
J. Pugh

---

MADISON
P. O. Box 390
L. J. Dorschel

---

GREEN BAY
P. O. Box 61
J. J. Victor

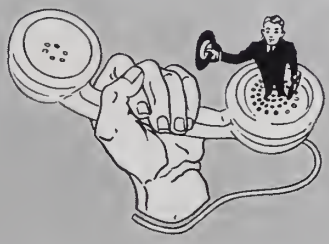
---

ST. PAUL, MINN.
174 E. Sixth St.
K. A. Carlsten

---

DULUTH, MINN.
526½ E. First St.
B. F. Hammer

# He's as Easy to Reach as Your Telephone



He's G-E's direct representative who regularly makes the rounds of physicians and hospitals in your locality, and responds to their emergency calls for expert technical service or advice on the operation and maintenance of x-ray and other electro-medical devices.

He is neither an agent or distributor for G-E apparatus, but is a permanent employee on G. E.'s payroll, and works under the jurisdiction of a nearby G-E Branch.

What does this mean to users of G-E equipment? Just this: That a specially trained field organization, directly responsible to headquarters, is carrying out company policies established in the interest of customers, and rendering a caliber of maintenance service essential to the consistently satisfactory performance of electo-medical apparatus.

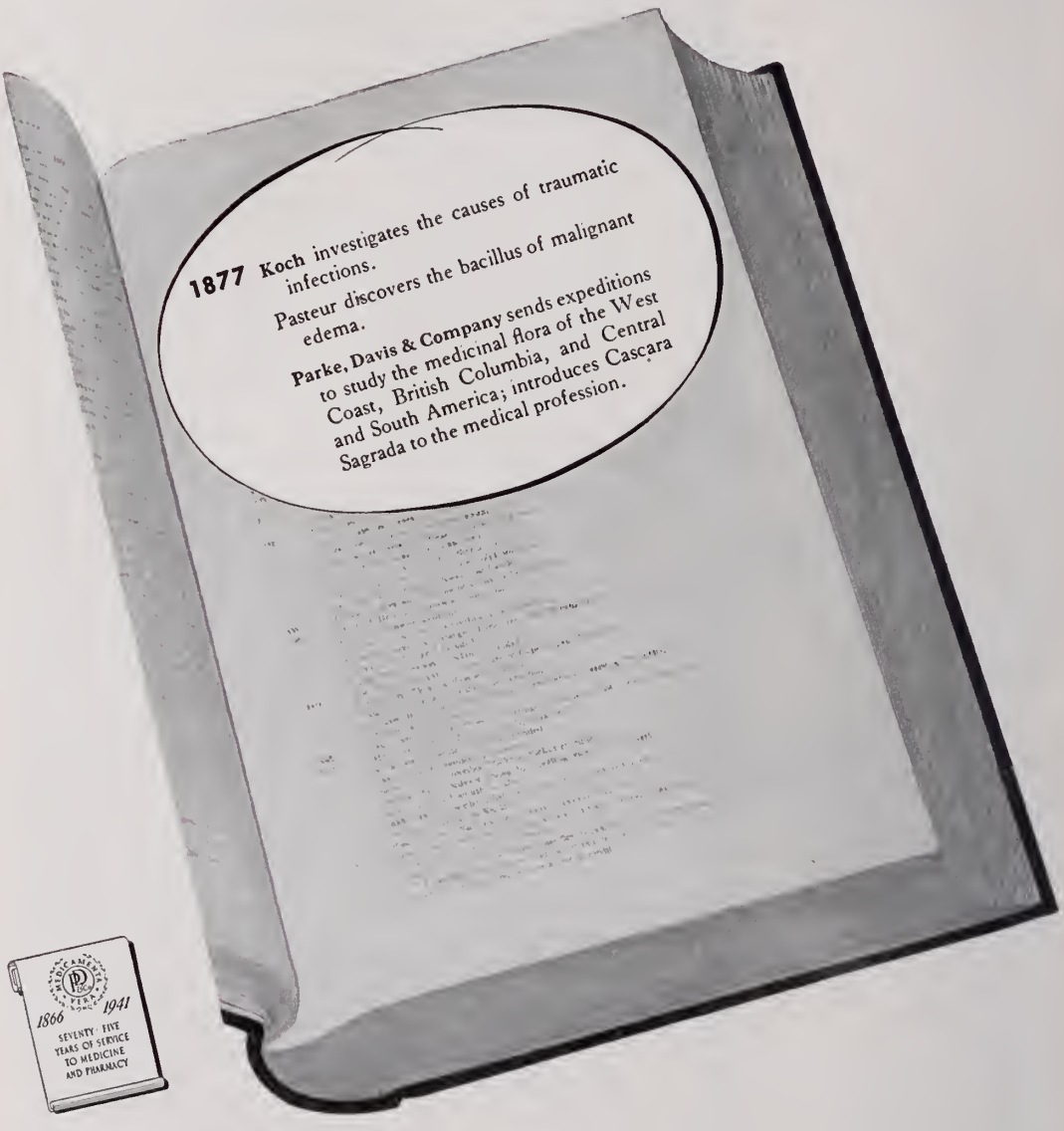
Twenty years of direct G-E representation have conclusively proved that this plan operates to the distinct advantage of all concerned, and will fully justify every dollar that you, too, might invest in G-E equipment.

The G. E. men who are serving these mutual interests in your locality are listed herewith. We sincerely believe that you will find them a reliable source of helpful suggestions.

**GENERAL ELECTRIC X-RAY CORPORATION**

# THESE NAMES, THESE YEARS HAVE HELPED MAKE MODERN MEDICAL HISTORY

One of a series of advertisements commemorating three-quarters of a century of progress and achievement




## PARKE, DAVIS & COMPANY

PIONEERS IN RESEARCH ON MEDICINAL PRODUCTS

# Clear-cut

These are the clear-cut advantages that have brought

## NEO-SYNEPHRIN HYDROCHLORIDE

(laevo-alpho-hydroxy-beta-methyl-amino-3 hydroxy ethylbenzene hydrochloride)

SOLUTION

EMULSION

JELLY

to prominence in the treatment of nasal congestion:

- Potent vasoconstriction—the ability to shrink engorged mucous membranes rapidly and efficiently.
- Prolonged effect—more prolonged than ephedrine.
- Low toxicity—lower than ephedrine in therapeutic dosage.
- No sting—relative freedom from unpleasant side-effects.

Recommended for relief of nasal congestion in colds, sinusitis, hay fever.

### DOSAGE FORMS:

**SOLUTION** .. ¼% for dropper or spray (1-ounce bottles)
1% for resistant cases (1-ounce bottles)

**EMULSION** . ¼% (1-ounce bottle with dropper)

**JELLY** . . . . . ½% (in collapsible tubes with applicator)

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

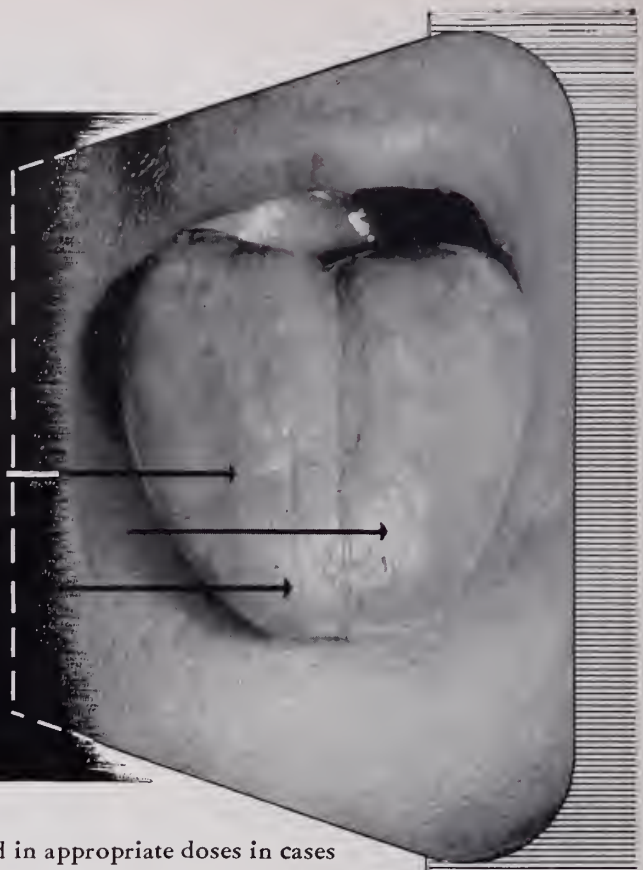
## FREDERICK STEARNS & COMPANY

DETROIT, MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO
WINDSOR, ONTARIO SYDNEY, AUSTRALIA

# Nicotinic Acid (UPJOHN)

**The glossitis of pellagra is only one of the evidences of nicotinic acid deficiency, but is one which is quite commonly present; characteristically, the tongue is beefy red, the mucous membrane smooth and usually dry.**



The administration of nicotinic acid in appropriate doses in cases of pellagra leads to the clearing of alimentary lesions and symptoms, including the typical glossitis, to the disappearance of dermal lesions characteristic of the disease, and to profound improvement in the mental symptoms when the latter are the result of inadequate intake of nicotinic acid.

Pellagra, however, is frequently accompanied by evidences of deficiencies of other factors of the vitamin B complex, such as polyneuritis (a manifestation of vitamin $B_1$ deficiency). In the diets of such patients it may be necessary to insure the presence of foods rich in the vitamin B complex, or to administer—concurrently with the nicotinic acid—thiamine hydrochloride, riboflavin, and, in some instances, pyridoxine hydrochloride.

Nicotinic acid is pyridine-3-carboxylic acid—$C_6H_5O_2N$. It is recognized as a specific in the treatment of the disease of dogs known as blacktongue and in the treatment of human pellagra.

Available at your prescription pharmacy in the following dosage forms:

C. T. Nicotinic Acid, 20 mg.

C. T. Nicotinic Acid, 50 mg.

C. T. Nicotinic Acid, 100 mg.

in bottles of 100 and 1000 tablets.

KALAMAZOO **Upjohn** MICHIGAN

** Fine Pharmaceuticals Since 1886 **

# PATIENTS LIKE IT!

## CHOCOLATE FLAVORED EMULSION OF LIQUID PETROLATUM

Contains 60% liquid petrolatum U.S.P. and 1% agar agar
With Phenolphthalein or Plain

NO OILY "AFTER-TASTE"
TASTES LIKE THE CHOCOLATE IN A DELICIOUS DESSERT
WINS COOPERATION

COUNCIL ACCEPTED

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

THE
**SMITH-DORSEY CO.**
LINCOLN, NEBRASKA
Manufacturers of
Pharmaceuticals to the Medical
Profession Since 1908

MAKE IT A TASTY PRESCRIPTION! • WRITE FOR SAMPLE

## Cook County Graduate School of Medicine

(IN AFFILIATION WITH COOK COUNTY HOSPITAL)
Incorporated not for profit

*Announces Continuous Courses*

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue, starting every two weeks. General Courses One, Two, Three and Six Months; Clinical Courses; Special Courses. Rectal Surgery every week.

MEDICINE—Two Weeks Intensive Course starting June 2nd. One Month Course in Electrocardiography & Heart Disease every month, except August and December.

FRACTURES AND TRAUMATIC SURGERY—Two Weeks Intensive Course starting May 5th and June 30th. Informal Course every week.

GYNECOLOGY—Two Weeks Intensive Course starting April 7th and June 16th. Clinical, Diagnostic and Didactic Course every week.

OBSTETRICS—Two Weeks Intensive Course starting April 21st. Three Weeks Personal Course starting May 26th. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Intensive Course starting April 7th. Informal and Personal Courses every week.

OPHTHALMOLOGY—Two Weeks Intensive Course starting April 21st. Informal Course every week.

ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty—Attending Staff of Cook County Hospital

**Address: Registrar, 427 South Honore Street, Chicago, Illinois**

## Your Visit to Milwaukee

Is Made More Enjoyable by Stopping at the SCHROEDER

*Metropolitan atmosphere . . .*
*Cocktail Lounge and Circular Bar*
*Coffee Shop with popular prices*

•

The Beautiful EMPIRE Dining Room

Music and Dancing—At Lunch, Dinner, After Theatre

Music By America's Leading Bands
Air Conditioned

## HOTEL SCHROEDER

MILWAUKEE
WALTER SCHROEDER, President

# Accurate Aphakic Correction

## TILLYER CATARACT TEST LENS SETS

**By American**

Tillyer Cataract Test Lens Sets fill a basic need in the determination of accurate aphakic correction. Produced according to the famed Tillyer lens formulae, these sets are made in sphere and sphero-cylinder combinations ground in the same curves and thickness later supplied in Rx to the patient. Thus, besides testing maximum visual acuity of the patient, the frequent necessity of rechecking and sometimes regrinding Rx lenses is eliminated. Two assortments of Tillyer Cataract Test Lens Sets are provided, and each includes the special, adjustable-to-accuracy, Test Lens Frame. Ask for a demonstration of these AO Test Lens Sets.

**BY AMERICAN OPTICAL COMPANY**

*86¢ out of each $1.00 gross income used for members benefit*

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness

# INSURANCE

For ethical practitioners exclusively
(52,000 Policies in Force)

| | |
|---|---|
| LIBERAL HOSPITAL EXPENSE COVERAGE | For $10.00 per year |
| $5,000.00 ACCIDENTAL DEATH<br>$25.00 weekly indemnity, accident and sickness | For $33.00 per year |
| $10,000.00 ACCIDENTAL DEATH<br>$50.00 weekly indemnity, accident and sickness | For $66.00 per year |
| $15,000.00 ACCIDENTAL DEATH<br>$75.00 weekly indemnity, accident and sickness | For $99.00 per year |

*38 years under the same management*

$1,850,000 INVESTED ASSETS
$9,500,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

*Send for applications, Doctor, to*

400 First National Bank Bldg. Omaha, Nebraska

# Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO, ILL.
Telephones: Central 2268–2269
Wm. L. Brown, M.D., Director

# *A New Brochure*

**FOR THE PROFESSION** *about*

**Cocomalt**

HERE is a new book for the profession that will explain COCOMALT and its use in numerous conditions. We believe that the busy doctor will appreciate such a handy reference manual. It includes such chapters as:

"Nutritional Requirement of the Growing Child"
"Essential Food Requirements"
"The Vitamins as Essential Nutrients"
"The Minerals"
"The Therapeutic-Nutritional Character of COCOMALT"

Included are charts of common nutritional disturbances and their relation to vitamin-mineral factors. There is also a complete bibliography with a resume of recent clinical reports in several nutritional fields. We have reserved a copy for you, doctor. Just fill the attached coupon, send it to us, and the brochure will be sent immediately.

R. B. DAVIS COMPANY
HOBOKEN • N. J.

R. B. DAVIS COMPANY • Hoboken, N. J.
Please send me the new professional brochure, also a trial package of COCOMALT. Dept. 3703
Name .....
Street .....
City ..... State .....

# Prescription Specialists

Here's an organization trained to meet your needs. Experienced and equipped to handle your RX work from start to finish. Specialized ability acquired through years of training enables us to supply a finished product you will be proud to furnish your patients.

## THE MILWAUKEE OPTICAL MANUFACTURING CO.

**208 EAST WISCONSIN AVENUE**
**MILWAUKEE, WISCONSIN**

## THE SHOREWOOD HOSPITAL-SANITARIUM

**MILWAUKEE, WISCONSIN**

FOR NERVOUS AND ALLIED DISORDERS
ALCOHOL AND DRUG ADDICTIONS

A Modern and Thoroughly Equipped Hospital for Diagnosis, Care and Treatment.

• •

*Send for Illustrated Booklet*

• •

Open to the Medical Profession

Established for 28 years

Physiotherapy, Heliotherapy, Hydrotherapy, and Occupational Therapy Departments. X-Ray and Laboratory facilities.

WM. H. STUDLEY, M. D.
*Resident Physician*

HERBERT W. POWERS, M. D.
*Consulting Physician*

**'Phone Edgewood 0384**

THE WISCONSIN MEDICAL JOURNAL

VOLUME 40, NO. 3 Copyright, 1941, by The State Medical Society of Wisconsin MARCH, 1941

# The Glucose-Insulin Treatment of Advanced Portal Cirrhosis*

By JOHN A. SCHINDLER, M. D.
*Monroe*

WHEN ascites and jaundice occur in the human being in the course of portal cirrhosis of the Laënnec or alcoholic type, the prognosis is regarded as very bad. On the other hand, in the experimental cirrhosis of animals, even when tests indicate severe damage to the liver and they have such extreme symptoms as jaundice, emaciation, and rapid accumulation of ascitic fluid, the symptoms of cirrhosis disappear within a few months *after the toxic agent is removed.* The animals may then be maintained on any adequate diet; bilirubinemia is absent; ascites is absent; and there is no symptomatic or chemical change indicative of hepatic abnormality. The liver is an organ which can function adequately even after 80 per cent of it has been destroyed; furthermore, the liver has considerable ability to regenerate destroyed portions.

In the human being, as in the animal, the liver with portal cirrhosis of the most advanced type is capable of a reversion to a functionally adequate liver, as I wish to show. Instead of viewing advanced portal cirrhosis of the Laënnec type as a therapeutic blind alley, we must begin to regard it as a liver change reversible to an astonishing degree. This paper is presented to demonstrate that this reversible process can occur in that type of cirrhosis which culminates years of whisky drinking, accompanied, as such intemperance always is, by marked dietary insufficiency,—the type of cirrhosis often called Laënnec's cirrhosis. That Laënnec's cirrhosis is the direct result of alcoholic toxification has never been proven, and is a point we cannot labor here; but it is probable that *alcohol + the dietary deficiency factor "X"* is responsible for most of the Laënnec's cirrhosis that we see.

In the treatment of advanced cirrhosis the essential points are that (1) whisky and all other forms of alcohol be stopped, (2) the missing elements in the diet be supplied in excess, and (3) the secondary therapeutic measures should be designed to be helpful rather than fatal.

In an advanced cirrhosis there is nearly always ascites; not just a little fluid, but a great amount of fluid. Often the patient is seen for the first time when there is so much fluid there is room for nothing else in the abdomen, the diaphragm is so high that respiration is embarrassed and the circulatory return from the lower limbs is such that peripheral edema exists. In these cases, salyrgan, mercupurin, and the other diuretics do little if anything to the ascites, and in fact they may do considerable harm by causing a serious dehydration in the extra-portal circulatory system. The ascites requires resort to paracentesis, and paracentesis may be repeated as often as necessary provided that one bears in mind what is happening physiologically as one continues to draw off fluid; unless these physiological changes are compensated, repeated paracentesis can of itself kill the patient by (1) removing fluid to the point of dehydration, (2) removing protein (every 100 cc. of ascitic fluid contains 1 to 2 gm. of protein), and (3) removing electrolyte, principally sodium chloride (every 100 cc. of ascitic fluid contains 600 to 700 mg. of sodium chloride).

Figure 1 shows the chart in a fatal case of cirrhosis in which repeated tappings were

* From the Monroe Clinic. Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

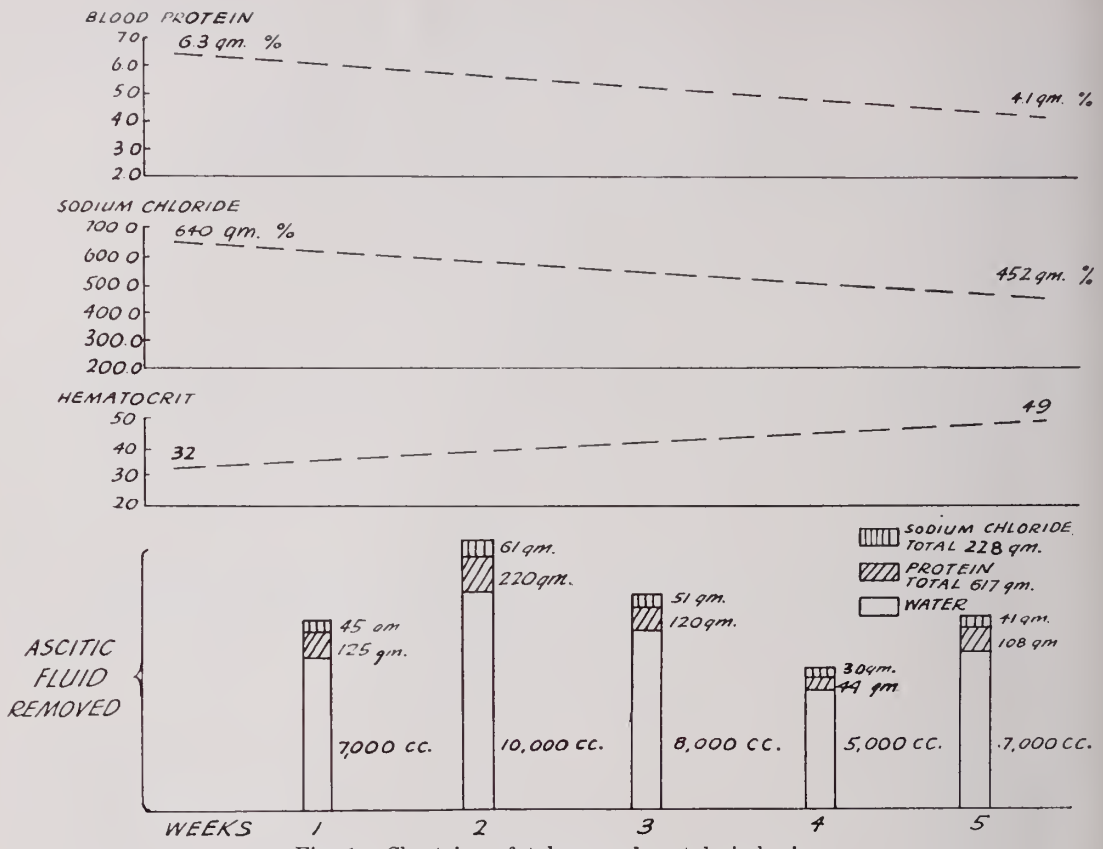



Fig. 1.—Chart in a fatal case of portal cirrhosis.

done without adequate compensation; that is, the patient was carried on a low fluid, low protein and low salt diet. The blood volume decreased, the blood protein reached levels far below the edema level, and the electrolyte reached the point seen in fatal Addison's disease. The high nonprotein nitrogen values that a patient like this reaches is a result of the electrolyte loss and not kidney damage. In this case I am sure the paracentesis hastened the end.

Where paracentesis is required, the customary low fluid, low protein and low salt diet is like a drink of wormwood. The water removed by paracentesis must and can be easily replaced by sufficient water intake; how much water the patient is to have can best be judged by his thirst. The electrolyte can be replaced with ease either in the food or in saline solution given intravenously. The replacement of the protein is a more difficult matter, first, because a high protein intake is difficult to obtain when the patient's appetite is poor, and, second, in severe liver disease the manufacture of protein seems to be interfered with. Transfusions, either of blood serum (which is now supplied commercially) or of whole blood, are usually necessary.[1] The latter is usually feasible especially since cirrhotic patients are anemic, either due to a dietary iron deficiency or an inability of the liver to manufacture the antianemic factor.

After the ascites, the next concern, and the one which we wish to emphasize especially, is the institution of those measures beneficial to the liver itself. There is a great deal we have yet to learn about the factors which influence liver function, and in our ignorance a great many factors have been suggested which probably do little or no actual good. There are, however, a few substances that enhance liver function, for which there is a fairly sound scientific basis:

1. First of all we may advocate liver extract parenterally both to supply the hematopoietic

factor which is apt to be deficient, and also because of the sodium xanthine it contains and which has been found effective in protecting the liver from toxic damage.[2, 3, 4]

2. Vitamin $B_1$ should be provided in excess along with the rest of the vitamin B complex. These patients so long on a whisky diet have vitamin deficiencies, a fact too often forgotten. There is some reason to believe that vitamin B is necessary for the maintenance of adequate liver function.[5] From 5 to 10 mg. of crystalline vitamin $B_1$ should be given three times daily.

3. Brewer's yeast is becoming indicated as a vitally essential substance in the treatment of cirrhosis, not only because of the vitamin B complex it contains, but also because it contains a factor "X", not included in the vitamin B complex, the absence of which causes the development of a typical portal cirrhosis in animals which are on an otherwise adequate diet.[6] It is possible that this factor is responsible for the fact that beer drinkers do not develop cirrhosis nearly as frequently as whisky drinkers.

4. A pancreatic extract, known as lipocaic, in which the active ingredient appears to be choline, has been found necessary to prevent cirrhosis in depancreatized animals.[7] Cole[8] has found its administration beneficial in what he terms the "pancreatic—hepatic syndrome." In case 1, herein, lipocaic was administered without apparent benefit, and since the pancreas is not essentially involved in Laënnec's cirrhosis, it is probable that this cirrhosis is not attributable to lipocaic deficiency.

5. Finally our most definitely beneficial substance in treating liver disease in general is glucose. In advanced cirrhosis 400 to 600 cc. of carbohydrate a day, either orally or intravenously, are essential. Connor[9] and others have recently shown that cirrhosis begins as a fatty infiltration and that as glycogen is removed from the liver, fat takes its place. If hepatic damage is to be prevented, the glycogen-fat ratio must strongly favor glycogen. The administration of large amounts of glucose tends to restore a normal glycogen-fat ratio and so influences liver function.

It should be unnecessary to add that as soon as the patient can take food a diet well rounded in all factors is essential. The matter of vitamin K can be taken care of as occasion arises and does not appear essential in the treatment of Laënnec's cirrhosis.

On the regime outlined above, the patient with advanced cirrhosis will get along for an indefinite period. If the liver damage is not too severe he may even cease to have ascites and return to a fair degree of activity.[10] But where the liver damage is more advanced, as manifested by jaundice, a smaller liver, and greater ascites, the conclusion is fatal although the end may be postponed a surprisingly long time.

It is in these finally refractory cases that an additional measure has been found to "turn the trick." Three years ago while giving 400 to 600 gm. of carbohydrate daily to a patient with Laënnec's cirrhosis (case 1) it was noted of course that considerable amounts of glucose came through in the urine. Thinking to obviate this gross waste of carbohydrate, insulin was given in amounts sufficient to render the urine practically sugar free. If, for instance, glucose was given intravenously, it was preceded by half an hour with an amount of insulin adequate to keep sugar from appearing in the succeeding urine. Then a surprising thing happened. In a patient who had been tapped twenty-eight times in thirty weeks the ascites disappeared two weeks after starting insulin, the patient remaining otherwise on the original treatment. After two months, the insulin was withdrawn and in a fortnight paracentesis became necessary as before. The insulin was resumed and again withdrawn on three subsequent occasions so that the relation of the insulin to the disappearance of the ascites seemed established in one patient. Then the same procedure was repeated in two additional patients with far advanced Laënnec's cirrhosis with similar results. After insulin had been given for periods of nine, six, and six months respectively in the three patients, the liver had recovered its function sufficiently to carry on without the insulin. All three patients have returned to a fair degree of activity and have normal liver functions as measured by the hippuric acid synthesis and other tests.

The use of insulin was accompanied by an effect not forseen nor expected when it was first instituted. Certainly in depancreatized dogs given normal amounts of glucose, insulin does not prevent fatty infiltration and cirrhosis.[11] Furthermore most of the available data indicate that rather than causing a deposition of glycogen in the liver, insulin actually produces a glycogen withdrawal.[12] This action would tend toward a glycogen-fat inversion and further liver damage. However recent work of Crandall[13] tends to show that where a *hyperglycemia* exists, insulin

facilitates the deposition of glycogen in the liver; this gives the matter decidedly another turn, and establishes a rational basis for the use of insulin in these cases. With the disappearance of ascites there is a rise of blood protein. That large doses of insulin increase blood protein has been shown before. Although this increase does raise the osmotic pressure,[14] it cannot be a factor in the removal of the ascites because the increase in blood protein is not appreciable until the ascites has already disappeared.

Interesting in this connection is a case reported by Hart[15] of a cirrhosis occurring in a case of noncontrolled chronic diabetes. With the institution of insulin, the ascites disappeared only to recur and disappear whenever the insulin was stopped or given.

This same treatment, namely, high carbohydrate intake, yeast, thiamine chloride, and sufficient insulin to prevent glycosuria has been tried in other forms of liver damage. It has been used without success in two cases of cirrhosis accompanying long standing cardiac decompensation and in one case of syphilitic cirrhosis. Although it appears to be strikingly successful in catarrhal jaundice, the nature of this disease renders therapeutic evaluation difficult and untrustworthy, and no cases are being reported at this time.

Its use in subacute yellow atrophy will be reported later.

## Case Reports

Case 1.—J. T., a male 60 years of age, a retired cheese dealer, had been a major consumer of whisky since the age of 30 years. In July, 1934, when first seen, he had dyspnea on exertion, palpitation and peripheral edema of moderate grade. There was a moderate degree of cardiac enlargement, a very sallow complexion and dependent edema. The liver extended 5 cm. below the right costal margin and was smooth. There was no ascites.

He was placed on a well rounded diet and 3,000 units of vitamin $B_1$ but no other medication. In three weeks' time all evidence of cardiac disease had disappeared including the enlargement of the heart as determined by orthodiagraph. After this he again returned to his whisky, but was induced to take a bit of food daily.

In February, 1936, he was seen again with the complaint of swelling of the abdomen for the past three weeks, anorexia, nausea, and extreme tiredness. For two weeks he had been becoming increasingly jaundiced. Physical examination revealed

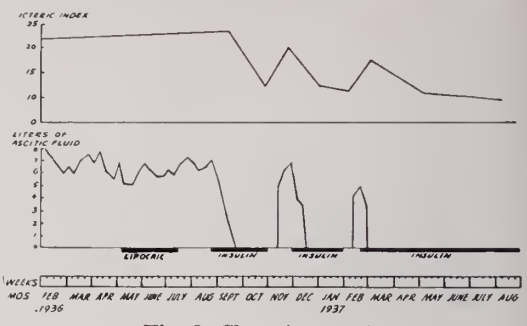



Fig. 2. Chart in case 1.

marked ascites, spider angiomata, and a moderate degree of icterus. The liver and spleen were palpable only after the first paracentesis. The liver extended 3 cm. below the right costal margin. The surface was finely nodular.

The urine contained bile and a trace of albumin. The concentration of hemoglobin was 11.4 gm. per 100 cc. of blood. The erythrocytes numbered 3,600,000 and the leukocytes 4,800; the differential count was normal. The Wassermann test was negative and the Takata-Ara positive. The hippuric acid output was 1.2 gm. The icterus index was 23, the serum protein 6.28 gm. per cent and the Van den Bergh test 5.2.

He was placed on the regime outlined above but without insulin. It was necessary to remove six to nine liters of ascitic fluid each week. In spite of twenty-eight weekly tappings, the blood protein, electrolyte and water volume were kept almost at their normal level. During this period he had two severe hemorrhages from esophageal varices. For a period of two months he was given 2.5 gm. of choline hydrochloride (lipocaic) daily without any appreciable effect. At the end of twenty-eight weeks, during which the patient had just barely been able to hold his own, insulin was started in amounts sufficient to keep him sugar free on a carbohydrate intake of 400 to 600 gm. a day. The amount of insulin varied from 30 units to 90 units daily, averaging 45 units; all of it unmodified. If 100 gm. of glucose were to be given intravenously 20 units of insulin were given one-half hour before. Insulin shock was encountered frequently at first, but seemed to increase the carbohydrate intake since the patient voluntarily took additional carbohydrate to forestall a possible insulin effect. After starting the insulin only one more paracentesis was necessary and two weeks later the edema had disappeared, the appetite had improved, and the patient felt better. The jaundice gradually decreased, the icterus index having dropped to 10 after two months on insulin.

At the end of two months, the insulin was discontinued and within two weeks ascitic fluid had again accumulated and paracentesis was resumed for three weeks, after which insulin was again started and again the ascites disappeared. Two months later the insulin was again stopped and

once more the ascites returned. Then insulin was resumed a third time and continued for nine months, without a return of either ascites or jaundice. When the insulin was finally discontinued, he remained symptom-free.

In the past two years he has steadily gained strength, has touched no alcohol, and works as an overseer of a farm. In May, 1940, his Takata-Ara test was negative, his hippuric acid synthesis was 2.9 gm., and his icterus index 5.

Case 2.—G. W., a male 35 years of age, had taken but little food and large amounts of whisky for many years. When first seen, October, 1938, he was unable to eat, and unable to get out of bed because of weakness. He presented a wasted, emaciated frame with a huge, tense abdomen. The collateral venous return was apparent over the abdomen; the amount of the ascites was prodigious. There was a slightly yellow tinge to the skin. The urine contained bile. The concentration of hemoglobin was 12 gm. per 100 cc. of blood. The erythrocytes numbered 3,300,000; there were many macrocytes. The leukocytes numbered 3,800. The Takata-Ara test was positive. The hippuric acid output was 1.8 gm. and the icterus index 16, a glucose tolerance test gave a flat curve, well within the nondiabetic zone.

He was given a high carbohydrate diet (400–600 gm.) largely intravenously at first, thiamine chloride, Brewer's yeast, liver extract, and ammonium nitrate. The response was not encouraging. Salyrgan and mercupurin had no appreciable diuretic effect.

The first paracentesis resulted in fifteen liters of fluid and each week seven to eleven liters had to be removed. After paracentesis, a smooth large liver extending half way to the umbilicus could be palpated. The spleen was also palpable.

After six weeks without improvement, insulin was added to his regime and an average of 60 units of unmodified insulin was required daily to keep him sugar free. Immediately the ascites became less and in two weeks was no longer present. The appetite increased with his well being. After two months the insulin was stopped and the ascites returned. The insulin was started and stopped on three different occasions and each time the ascites disappeared and reappeared. Finally the insulin was continued for six months, at the end of which time the patient was strong enough to do light work and insulin was stopped without further return of symptoms.

One year later he felt better than he had at any time in his life. His blood picture was normal; the Takata-Ara test was negative; the hippuric acid synthesis, 3.2 gm.

Case 3.—O. M., a male aged 64 years, had lived largely on whisky most of his adult life. When seen in February, 1938, he had been growing weaker for two months, had gradually developed a yellow color, and his abdomen had increased greatly in size. Although still able to get around, it was with difficulty.

Examination revealed a very thin man with a huge abdomen full of fluid, a high degree of icterus and spider angiomata. The red blood cells numbered 3,200,000; the hemoglobin was 10.4 gm. per cent; the white blood count was 9,800; the Wassermann reaction was negative; the icteric index was 42 and the Van den Bergh test 10; the Takata-Ara test was positive; the hippuric acid output was 1.6 gm.

He was placed on the combined treatment without insulin, and for four weeks a weekly paracentesis was necessary. Insulin was then begun. From 40 to 60 units were necessary to keep his urine fairly sugar free on 400 to 600 gm. of carbohydrate daily. For the next three weeks it was necessary to tap the abdomen only once and after that not at all. After two months the insulin was stopped and soon the ascites reappeared though not as rapidly as before. After two tappings, insulin was started again and once more the ascites disappeared; and this phenomenon was repeated once more. After six months the insulin was gradually discontinued.

The Takata-Ara test is still positive, but the hippuric acid synthesis is 2.8 gm. He feels well and is able to work.

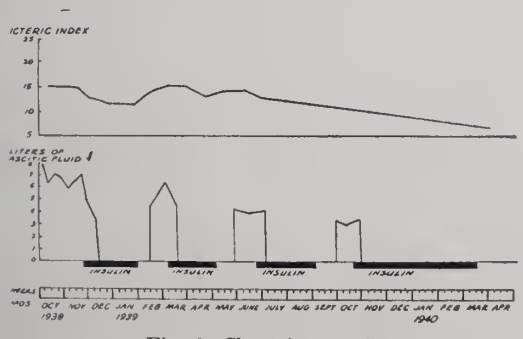



Fig. 3. Chart in case 2.

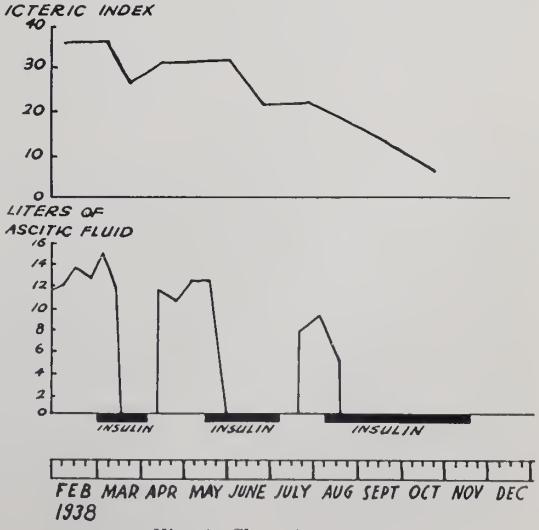



Fig. 4. Chart in case 3.

## Summary

1. When repeated paracentesis is necessary in Laënnec's cirrhosis, a diet containing adequate fluid, protein, and salt is essential.

2. Further therapy in Laënnec's cirrhosis consists in the use of transfusions, liver extract, thiamine chloride, Brewer's yeast, and a carbohydrate intake of 400 to 600 gm. daily.

3. Insulin in amounts sufficient to prevent glycosuria has been shown to be an effective measure in three far advanced and otherwise therapy-refractory cases of Laënnec's cirrhosis.

4. Any specific liver-protecting action of the insulin is not likely. Its beneficial influence on liver function is probably due to hepatic glycogenesis in the presence of a hyperglycemia.


### BIBLIOGRAPHY


1. Drenckhahn, C. H.: New approach to the prevention of hemorrhages from esophageal varices as occur in cirrhosis and Banti's disease. Am. J. Digest. Dis. 6: 462–465 (Sept.) 1939.
2. Barrett, H. M., MacLean, D. L., and McHenry, E. W.: Experiments with antinecrotic material prepared from liver. J. Pharmacol. & Exper. Therap. 64: 131–137 (Oct.) 1938.
3. Forbes, H. S., Neale, R. C., and Scherer, J. H.: Liver preparation protecting against necrosis from chloroform or carbon tetrachloride administration. J. Pharmacol. & Exper. Therap. 58: 402–408 (Dec.) 1936.
4. Neale, R. C.: Protective action of certain purines against liver necrosis. Science 86: 83–84 (July 23) 1937.
5. Peters, J. P., and Van Slyke, D. D.: Quantitative clinical chemistry. Vol. I, Interpretations, pp. 579, 606. Baltimore: Williams and Wilkins, 1931.
6. Rich, A. R., and Hamilton, J. D.: Experimental production of cirrhosis of the liver by means of a deficient diet. Bull. Johns Hopkins Hosp. 66: 185–198 (March) 1940.
7. Best, C. H., Ferguson, G. C., and Hershey, J. M.: Choline and liver fat in diabetic dogs. J. Physiol. 79: 94–102 (July 28) 1933.
8. Cole, W. H.: Pancreatic-hepatic syndrome. Washington Univ. Med. Alumni Quart. 3: 185–188 (July) 1940.
9. Connor, C. L.: Fatty infiltration of the liver and the development of cirrhosis in diabetes and chronic alcoholism. Am. J. Path. 14: 347–364 (May) 1938.
10. Annis, J. W., and Comfort, M. W.: Portal cirrhosis with good immediate result from medical treatment. Proc. Staff Meet. Mayo Clin. 13: 435–438 (July 13) 1938.
11. Allan, F. N., Bowie, D. J., MacLeod, J. J. R., and Robinson, W. L.: Behavior of depancreatized dogs kept alive with insulin. Brit. J. Exp. Path. 5: 75–83 (April) 1924.
12. Bridge, E. M.: The action of insulin on the glycogen reserves. Bull. Johns Hopkins Hosp. 62: 408–421 (April) 1938. Cori, C. F.: Fate of sugar in the animal body. J. Biol. Chem. 70: 577–585 (Oct.) 1926. Lundsgaard, E.: Metabolism in the isolated liver. Bull. Johns Hopkins Hosp. 63: 90–103 (Aug.) 1938. Bach, S. J., and Holmes, E. G.: Effect of insulin on carbohydrate formation in the liver. Biochem. J. 31: 89–100 (Jan.) 1937.
13. Crandall, L. A., and Cherry, I. S.: Effects of insulin and glycine on hepatic glucose output. Am. J. Physiol. 125: 658–673 (April) 1939.
14. Butt, H. R., and Keys, A.: Effect of large doses of insulin on proteins and colloid osmotic pressure of blood serum. Arch. Int. Med. 63: 156–164 (Jan.) 1939. Butt, H. R., Snell, A. M., and Keys, A.: Plasma protein in hepatic disease. Arch. Int. Med. 63: 143–155 (Jan.) 1939.
15. Hart, J. F., and Lisa, J. R.: Cirrhosis arrested in a diabetic following insulin therapy. New York State J. Med. 38: 1158–1161 (Sept. 1) 1938.


# Foreign Body in the Appendix*


By A. R. CURRERI, M. D., and D. W. MELICK, M. D.

*Madison*


INCLUDED among the variety of foreign bodies found in the appendix at surgery are shot, pins, needles, nails, bullets, stones, pebbles, screws, buttons, seeds, pieces of bone, pieces of wood, iron filings, beans, oat hulls, cherry stones, chestnuts, bristles, egg shells, hair, teeth, globules of solder, vertebra of fish, portions of porcelain, portions of darning needles, hatpins, twigs and straw. Of these the common pin is the most frequently encountered. The following is a report of the finding of a vertebra, presumably that of a squirrel or a rat in the lumen of an appendix.

## Case Report

The patient, Mr. G. W., was first admitted to the State of Wisconsin General Hospital in August, 1939. The patient stated that he developed a persistent draining sinus following an appendectomy for ruptured appendix which was performed three months prior to admission. The only laboratory study of interest was a barium enema x-ray study which visualized the appendix.

In view of the patient's history of appendectomy, it was believed the area visualized by the barium enema was that of a fecal fistula rather than the


* From the department of surgery, University of Wisconsin Medical School.

appendix. Therefore, an attempt was made to excise the fistulous tract. Postoperatively, an abscess developed which healed after incision and drainage.

Two weeks later, in October, 1939, the patient was readmitted with symptoms of intestinal obstruction and a recurrence of the abscess in the right lower quadrant. The intestinal obstruction was treated conservatively and the abscess was evacuated and healed promptly. Barium enema x-ray studies again visualized the appendix but the patient was discharged without further surgery.

Nine weeks later, in January, 1940, the patient was admitted for the last time. He gave a history of a dull pain being present in the right lower quadrant since his previous discharge. It was necessary at another hospital to incise and drain an abscess that recurred in the right lower quadrant which healed within a week. At the time of admission to this hospital the wound had been healed for two weeks. A third barium enema study again revealed visualization of the appendix but in addition showed that it might be due to a fistulous tract that did not apparently communicate with the outside.

An exploratory laparotomy revealed numerous dense adhesions about the terminal loops of the small bowel and the proximal portion of the large bowel. Enmeshed in these dense adhesions and delivered with difficulty was the appendix. Its size was such as to at first suggest a constricted portion of the small bowel. Appendectomy was performed.

Immediately following the operation the appendix was opened and at its distal end a large, round, foreign body was discovered. The first impression was that of a fecolith but on closer scrutiny two small sharp pointed prongs could be seen protruding. The adherent fecal material was removed with a hand brush; and the vertebra, shown in the accompanying photograph, was found. The appendix measured 4 cm. by 1.5 cm. and its wall was thick and edematous. There was scarring and fibrosis present with considerable lymphocytic infiltration of the wall.

The department of zoology was consulted in regard to the origin of the vertebra, and it was the impression that this was a rodent's vertebra, either that of a squirrel or a rat. On questioning, the patient stated he had never eaten squirrel and though we did not actually ask him we presume he did not eat rat. It was his opinion that the vertebra came from a chicken. The patient has been free of symptoms since discharge from the hospital, and a letter ten months following his last discharge stated that he was enjoying good health.

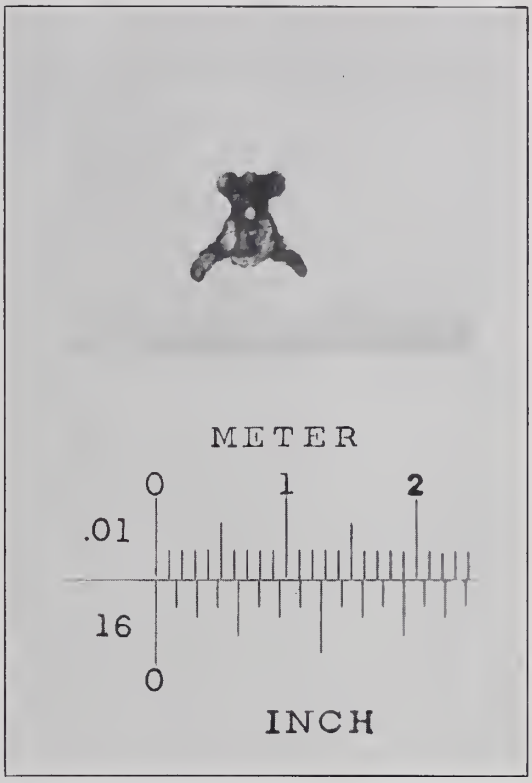



Fig. 1.—Photograph of foreign body removed from the appendix of the patient described herein.

REFERENCE

Ehrlich, Max C.: Foreign bodies in the appendix. Illinois M. J. 78: 268–271 (Sept.) 1940.

## SPRING CLINICS

See the Spring Clinics program in this issue. The program dates and places, as arranged by the Council on Scientific Work, are:

ASHLAND—APRIL 28
MARSHFIELD—APRIL 29
GREEN BAY—APRIL 30
WEST BEND—MAY 1
JANESVILLE—MAY 2

# Staphylococcemia and Agranulocytosis

## Report of Three Cases, With Special Reference to Drug Toxicity

By B. I. PIPPIN, M. D.
*Richland Center*

THE following cases are reported because of three interesting factors:

1. Extremely high temperature with recovery.
2. The need to differentiate between high temperature due to infection and that due to a drug—drug fever.
3. Idiosyncrasy—agranulocytosis.

Often during the past two to three years I have seen an occasional toxic effect of the sulfonal group. The patients in the three cases presented here were cared for at the same time, and brought home to me more vividly the life-saving as well as the dangerous qualities of this, the most remarkable and most dangerous drug group of the decade. Drug fever has often been reported, but I feel that its importance is not fully realized.

I believe many failures of the sulfonal group of drugs could be directly attributed to this phenomenon. Drug fever may occur at any time during sulfonal therapy; however, it usually occurs as a steadily climbing temperature after a day or two of normal temperature. It must be kept in mind that it can occur as a continuation of the original temperature. The temperature may go as high as 106 F. A rash often accompanies or precedes it. The more severe toxic reactions —acute hemolytic anemia, agranulocytosis, and toxic hepatitis—are usually preceded or accompanied by a fever.

The following three cases are quite typical of drug fever and idiosyncrasy; and, had it not been kept in mind, all might have terminated fatally.

### Case Reports*

Case 1.—J. C., a 58-year-old, well developed and well nourished male, entered the hospital because of severe right-sided abdominal pain which began two hours before admission.

Physical examination revealed rigidity and marked tenderness at McBurney's point. At operation an acutely inflammed appendix, distended with pus, was removed. On the first postoperative day the patient began to complain of severe pain which radiated from the loin to the groin on the right side. His temperature was 100.4 F. Examination of the urine showed it to be loaded with pus cells; there were occasional red blood cells and a trace of albumin. X-ray examination of the kidney regions was negative. The patient continued to complain of pain in the right kidney region and on the seventh postoperative day he was given a cystoscopic and x-ray examination; the findings were negative. On the ninth postoperative day the patient had a severe chill and the temperature rose to 110.4 F. (This temperature was checked and rechecked with different thermometers.)

A blood culture was positive for staphylococcus in twenty-four hours. Daily cultures revealed staphylococcus for three days. The white blood count jumped from 5,950 to 23,600; and the urine showed albumin 4 plus, many white blood cells, a few red blood cells and an occasional cast. X-ray examination of the chest revealed the mottled appearance of bronchopneumonia.

The patient was then given sulfathiazole, 4 grams as the initial dose and 1½ grams every four hours thereafter. The blood stream was reported sterile to culture on the twelfth postoperative day and remained so. The patient continued to have daily chills and the temperature rose as high as 106 F. On the eighteenth postoperative day the temperature became normal and remained so for two days. The patient then developed a maculopapular rash and the temperature began to climb gradually for four days reaching 105 F. The patient appeared as one who was going to die. Sulfathiazole was discontinued and the temperature dropped to normal in twelve hours. The patient immediately improved. He was discharged five days thereafter.

Case 2.—F. S., a 59-year-old male, entered the hospital because of multiple boils over both arms and legs. He had been spraying his tobacco plants and developed a dermatitis venenata which later became secondarily infected. Physical examination was essentially negative except for multiple furuncles on both arms and legs. His temperature was 103.6 F. on admission.

Blood culture showed staphylococcus. Hot compresses were applied to his arms and legs; and sulfathiazole (4 grams for the initial dose and then

* Author's note: In order that something of a practical nature may better come of this paper, lengthy and complete details of these cases are not reported.

1 gram every four hours) was started. His temperature ranged between 100 and 102 F. for eleven days. He developed a maculopapular rash and the temperature climbed to 104 F. Sulfathiazole was discontinued; the temperature dropped to normal within twenty-four hours. The blood counts and urinalyses were essentially normal throughout the course of his illness.

Case 3.—R. O., a 26-year-old male, had been employed as a rivet catcher on a bridge gang for the last year. He entered the hospital complaining of severe pleuritic pain in the right chest. For the month prior to admission he had occasional attacks of pleuritic pain in the right chest at night and a slight cough. He "hadn't been feeling well."

Physical examination revealed a well developed and well nourished adult male in acute distress and perspiring profusely. His temperature was 103 F. There was limitation of expansion of the right lower chest, definite dullness to percussion and diminished breath sounds.

On the day following admission he developed a bloody sputum. The urine was negative. The blood count was as follows: red blood cells 4,900,000; white blood cells 10,100; segmented neutrophils 70 per cent; stabs 10 per cent; mononuclears 9 per cent; lymphocytes 11 per cent. X-ray study showed consolidation of the right lower lobe of the lung and fluid. The diagnosis of pneumonia and pleural effusion was made and he was given sulfapyridine (2 grams as the initial dose, and 1 gram every four hours thereafter).

The temperature dropped almost to normal in three days, then climbed to 101 and 102 F. The patient's condition remained about the same, and on the fifth hospital day sulfathiazole was substituted for sulfapyridine. On the sixth day his chest was tapped and 450 cc. of clear, straw-colored fluid was obtained. This proved to be negative to culture, and guinea-pig inoculation for tuberculosis was later reported negative.

On the ninth day he developed a generalized maculopapular rash and his white blood count fell from 11,000 on the seventh day to 8,600 on the ninth day. He was again tapped and 650 cc. of fluid were obtained; this was negative to culture. The white blood count continued to fall and on the fourteenth hospital day it was 4,100 with stabs 2 per cent, segmented neutrophils 58 per cent, mononuclears 5 per cent, and lymphocytes 35 per cent. The temperature increased and sulfathiazole was stopped. The count continued to fall in spite of daily blood transfusions, pentnucleotide, and bone marrow. On the twentieth hospital day the white blood count had fallen to 900 with no neutrophils. The count then gradually began to climb. On the twenty-fourth day neutrophils began to appear, and then the count increased by leaps and bounds. Rapid recovery ensued.

## Conclusion

Two cases of drug fever and one of agranulocytosis due to sulfathiazole therapy are presented. Facts to be remembered in these cases are:

1. Drug fever is more common than is usually supposed, running from 6 to 15 per cent in the different series reported.

2. If drug fever or idiosyncrasy is not recognized, a fatal outcome could result, not only from the fever as an entity in itself, but from the complications it portends, i.e., acute hemolytic anemia, agranulocytosis and toxic hepatitis.

3. Rash is often the first sign of toxicity. Watch the skin closely for its appearance and discontinue the drug.

4. Check the blood repeatedly, remembering that acute hemolytic anemia develops in the first twenty-four to seventy-two hours of treatment, and agranulocytosis after two weeks. A slowly developing anemia over the course of a week is of little consequence.

5. Be suspicious of drug fever when there is a secondary rise in temperature. An unexplained rise in temperature is an absolute indication for the discontinuance of the drug, since fever, like a rash, is a sign of beginning toxicity.

6. Do not prescribe the sulfonamide group outside the hospital unless the patient can be frequently checked.

7. Though sulfathiazole is more comfortably tolerated, the side effects are equally dangerous.

8. If the temperature is the result of drug fever, it will be reduced or normal within twenty-four hours upon discontinuance.

9. Cyanosis or low grade hematuria is often an evidence of drug toxicity. Without other contra-indications, these symptoms do not warrant the discontinuance of the drug.

10. Be cautious in using the sulfonamide group in conjunction with other drugs.

11. Blood concentration tests play an inferior part compared to other clinical and laboratory pictures so far as results are concerned.

12. When pneumonia, otitis, venereal, meningeal, kidney, blood stream, or any other infections in which the sulfonamide group is indicated, are treated by the physician in the home, these suggestions will be of assistance.

# Inflammatory Cutaneous Metastatic Carcinoma

By M. J. REUTER, M. D., and R. NOMLAND, M. D.
*Milwaukee* *Iowa City, Ia.*

THAT cutaneous metastatic cancer may be associated with inflammatory signs has been appreciated for many years. Excellent articles[1, 2, 3, 4, 5, 6, 7, 9, 10] are available on the subject but these have been published chiefly in special journals and treat primarily with inflammatory metastatic carcinoma of the breast. In discussing these cases with our medical colleagues it would appear that pathologists and surgeons are quite familiar with the condition arising in the skin of the chest subsequent to a mastectomy for cancer. It is our belief, however, that the clinical picture of malignant metastases to the skin, associated with inflammatory signs, is not well known and appreciated by the profession in general.

The cases reported here may not add anything significant to the knowledge of cutaneous metastatic carcinoma, but do direct attention to the vagaries of carcinomatous metastases which often lead to erroneous diagnosis and the loss of valuable time in the institution of therapy, particularly when dealing with primary inflammatory carcinoma of the breast.

## Case Reports

Case 1.—*Inflammatory metastatic carcinoma from bilateral cancer of the breasts.* A 52-year-old housewife was seen on December 14, 1938. For two years she had had an intermittent eruption of both breasts, previously diagnosed as eczema. In November, 1938, hardness of both breasts and a bloody discharge from both nipples were noticed.

Melted, salted butter was applied to the breasts; an eruption with a serous discharge followed. Hardness and redness of the skin of the chest and back then appeared, accompanied by marked swelling of both arms. For two weeks before entering the hospital the patient had difficulty in breathing and a feeling of tightness across the chest.

Examination showed a large, obese woman, acutely ill, apparently in extreme discomfort. She was semi-propped up in bed, cyanotic and breathing with extreme difficulty. The temperature was 99.2 F., pulse rate 20, and respirations 30. There was an extensive erythematous, brawny, board-like induration involving the skin of the anterior chest wall, extending over the upper abdomen to the level of the umbilicus and involving the upper back. The skin was firmly attached to the underlying structures and felt hot to the touch. Both breasts showed retraction of the nipples and extensive superficial ulcerations with oozing, crusting and a foul odor. The breasts on palpation were one solid, hard, stony-like mass; no distinct tumors were palpable. Both upper extremities were edematous. There were no palpable axillary glands.

The hemoglobin was 65 per cent; the red blood cell count, 3,690,000; and the white blood cell count, 7,100. The Kahn reaction was negative. A roentgenogram of the chest showed a left pleural effusion with moderate displacement of the heart to the right. An underlying metastases or bronchopneumonia could not be excluded. The superior vertebral angle of the right scapula showed probable metastatic involvement.

Tissue taken from the upper abdomen showed on histologic examination (microphoto) an intact epidermis with neoplastic-appearing cells, singly and in clumps, spread throughout the corium, for the most part lying in lymphatic spaces. The cells were of inconstant size and had rather vesicular nuclei containing nucleoli, indicating their derivation from glandular tissue. Mitoses were abundant and no tendency was seen toward glandular reproduction. The vessels throughout the corium showed moderate perivascular lymphocytic infiltration. The histologic diagnosis was undifferentiated adenocarcinoma of the breast, metastatic.

The patient died the latter part of December, 1938. No autopsy was obtained.

Case 2.—*Inflammatory metastatic carcinoma from cancer of the breast.* A 72-year-old housewife was first seen on February 2, 1939. Her chief complaint was an eruption about the right breast and swelling of the right arm. The eruption had appeared about one year before as red spots on the breast and chest wall, and was followed by the development of small pimples associated with some itching. The patient had been treated by local applications of various ointments with no relief. Swelling of the right arm had developed two weeks before examination.

Examination showed an ill-defined erythematous macular eruption involving the right breast, chest, upper abdomen and back. On the breast and adjacent lateral chest wall were numerous split-pea to pea-sized, red, discrete, soft papules, which appeared to be of an angiomatous character. The right nipple was retracted and the breast was somewhat enlarged but no masses or nodules were palpable. The skin of the breast, chest wall and upper back was

Fig. 1. (Case 1)—Inflammatory metastatic carcinoma secondary to bilateral cancer of the breasts.

red, of a doughy-like consistency and showed increase in local heat. The right upper extremity was edematous. There were no palpable glands in the right axilla. Two specimens for biopsy were taken, one from the indurated right chest wall and the other from a papular lesion (microphoto). Histologic examination of the specimen from the chest wall showed an intact, somewhat flattened epidermis. In the corium were dilated lymphatics, some of which were entirely filled with large cells which appeared as a syncytium. The cytoplasm of the cells was pink and abundant, the nuclei deeply-staining and containing nucleoli. The cells were obviously epithelial cells of glandular origin. No definite acinous formation was apparent. The tinctorial appearance resembled adenocarcinoma of the breast more than any other neoplasm. Throughout the corium a pronounced low grade perivascular inflammatory reaction and sclerosis were noted. The inflammatory cells consisted of lymphocytes and plasma cells.

The histologic diagnosis was adenocarcinoma (probably of breast), metastatic to the skin.

Case 3.—*Inflammatory-nodular and erysipelas-like metastases to skin from a recurrent carcinoma of breast.* In March, 1935, the patient, a woman 56 years of age, had her left breast radically removed for an adenocarcinoma involving the axillary glands. Postoperative x-ray treatment was given. On May 23, 1936, a metastatic nodule in the left supraclavicular region was treated with x-ray. Regression of this lesion was complete and two years later, June 16, 1938, only a few small nodules were present in the supraclavicular and axillary areas. This continued to about September 26, 1938. In the period from September 26, 1938, to April 6, 1939, there was rapid progression of lesions that appeared as nodules and rapidly-spreading diffuse erythema of skin. This began in the region of the first lymph gland metastasis in the left supraclavicular region and spread down over the chest as a nodular and

Fig. 2. (Case 2)—Inflammatory cancer of breast extending over chest wall and upper abdomen.

erythematous, infiltrated lesion. It also spread up over the trapezius ridge and down over the back as a sharply marginated, erysipelas-like, and slightly elevated erythema.

Examination of the skin was made on April 6, 1939. Over the chest were three walnut-sized, hard, red nodules extending down from an area of healed x-ray dermatitis over the left clavicle. In between and scattered over the entire right and left chest were numerous red papules and pea-sized nodules. Almost the entire skin of the chest was dark red in color and infiltrated, and gradually faded off into normal skin on the upper abdomen and, laterally, on the thorax. Over the left trapezius ridge and scapula was a bright red erythema of skin ending in a very sharp margin and showing little infiltration.

Sections of the original lesion, lymph glands and nodular metastasis showed adenocarcinoma of the breast. The section from the margin of an erythematous area of the back (microphoto) showed an occasional nest of malignant cells in the lymphatics especially those in the deeper cutis. (In entire section only about six or eight capillaries were so affected. This probably explains why the erythema of the back was so superficial.)

Case 4.—*Inflammatory (erysipelas-like) carcinoma of the skin of the neck, metastatic from a cancer of rectum.* The patient, a male aged 60 years, stated, August 6, 1937, that a hard, red swelling appeared on the right side of his neck near the angle of the jaw about six months previously. This spread rapidly as a diffuse, hard, red, inflammatory lesion involving the neck and face. It was accompanied by swelling which closed first his right and then his left eye, and caused marked thickening of the lips.

The entire face, neck and head were red in color and swollen to one and one-half times normal size. The eyes were shut and the lips very large. On the right side of the neck and face the lesion was a deep, dusky red, firm and showing superficial erosions. Elsewhere on the face the lesion was less firm and

Fig. 3. (Case 3)—Inflammatory and nodular metastases to the skin from a recurrent carcinoma of the breast.

of a bright red color. The redness and infiltration stopped abruptly on the right side of the base of the neck but gradually faded out elsewhere in the scalp and at the root of the neck and upper chest. The entire red area was warm to the touch. Only after a diagnosis of cancer of the skin did the patient admit to rectal trouble. A record two years old was found in which a diagnosis of cancer of the rectum had been made clinically and a firm ulcerated lesion found just inside of the internal sphincter.

A specimen for biopsy was taken from the neck and on microscopic examination showed a diffuse invasion of all levels of the cutis by strands of carcinoma cells. In only a few areas did they occur in definite nests, indicating spread along the lymphatics.

## Diagnosis

Malignant metastases to the skin are rather uncommon. When they do occur, secondary eruptions are produced such as papules, nodules or tumor-like plaques which seldom ulcerate. These lesions in themselves are very suggestive of their true nature, particularly as they are often localized in the general vicinity of the primary tumor. However, occasionally carcinomatous metastases to the skin, due to various factors, may produce diversified clinical appearances, leading on occasions to great diagnostic difficulties and erroneous diagnoses. Often the history and the clinical manifestations do not give sufficient indication of the possibility of a secondary skin carcinosis and the condition has been mistaken for lesions of various diseases. The type of cancer seems to be of relatively slight importance as a factor in determining metastases to the skin. Carcinomas of the breast and the stomach are the most likely source of skin metastases. Gates[8] states that a skin metastasis of unknown origin is more likely to have arisen from the stomach, lung, uterus or kidney than from any other organ.

The clinical features of inflammatory metastatic carcinoma of the skin are closely allied to erysipelas. The skin becomes red, hot, pitted and edematous and there is an ill-defined, often pronounced, induration of the skin and subcutaneous tissue. As distin-

Fig. 4. (Case 4)—Inflammatory carcinoma of neck and face, metastatic from a cancer of the rectum.

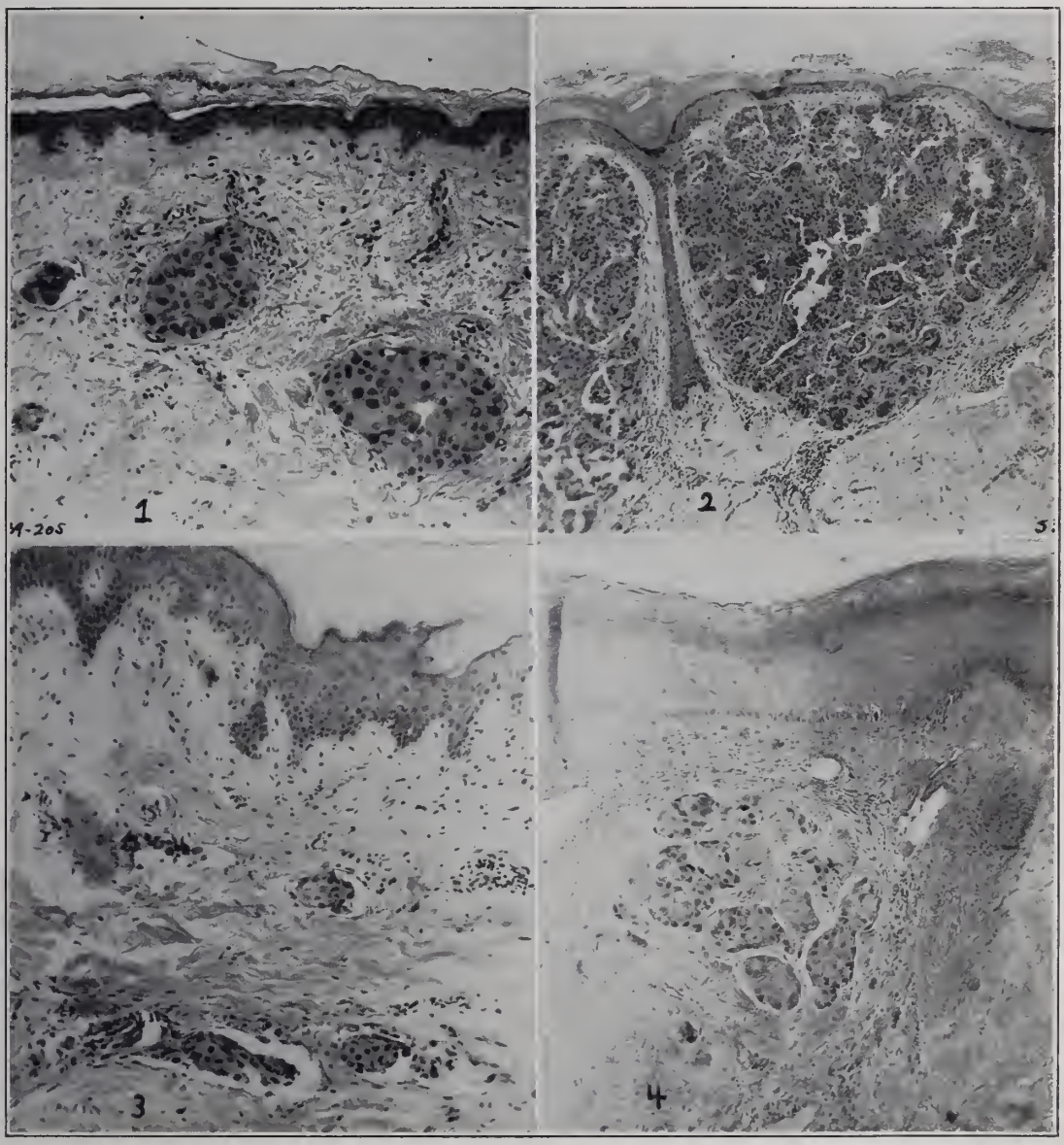



Fig. 5: (1) Photomicrograph showing dilated lymphatics plugged with cancer cells (case 1). (2) Soft papule from chest wall composed of cancer cells (case 2). (3) Photomicrograph of tissue from inflammatory area on upper back, showing small nests of cancer cells in the lymphatics (case 3). (4) Nests of cancer cells in the upper cutis (case 4).

guished from true inflammation of the skin or erysipelas there is no chill, fever, prostration or leukocytosis. However, on the basis of clinical appearance the diagnosis is difficult and it is usually only by biopsy that the true nature of the process is revealed.

Inflammatory signs developing in the skin on or about the breast which do not subside within two or three weeks, warrant an incisional biopsy for diagnosis.[9] In the breast cases particularly, lymph node involvement is not discernible early due to the rapid spread. Frequently sudden massive edema of the arm, due to blockage of the superficial lymphatics and blood vessels by cancer cells, prompts the patient to seek medical aid. Taylor and Meltzer[9] describe two clinical varieties of inflammatory carcinoma of the breast. In one group, designated by these authors as primary, the inflammatory signs seem to arise simultaneously with the carcinoma in a previously normal breast. Into this group would fall cases 1 and 2, described in this article. In the group designated by Taylor and Meltzer as secondary (case 3), and which is identical with the well known cancer en cuirasse, the inflammatory manifestations may appear suddenly in a breast which has long been the seat of a scirrhous carcinoma or in the mate of such a breast, or it may follow mastectomy for scirrhous carcinoma, either at the original site or in the opposite breast. Out of 885 cases of carcinoma of the breast reported by Taylor and Meltzer, thirty-eight (4 per cent) were of the inflammatory type. Of these, twenty-five were of the primary and thirteen of the secondary variety.

In the past, various terms were applied to lesions of metastatic skin cancer, based chiefly on their clinical appearances. While still in use, the terms are gradually becoming obsolete.[11] Carcinoma tuberosum was the term applied to metastatic nodules which begin deep in the skin and through growth, gradually reach the surface and form large, irregular masses. The term carcinoma lenticulare was frequently applied to secondary nodules in the skin about the breast which might develop before or after mastectomy; cancer en cuirasse, of Velpeau, included inflammatory carcinoma of the breast and consisted of diffuse areas of induration appearing in the breast and spreading over the chest, back and upper abdomen.

### Pathology

The pathology of inflammatory carcinoma of the breast has been described by numerous authors. The present opinion is that the disease is primarily a continuous growth of carcinoma through the lymphatic vessels.[2, 9] There is frequent concomitant blood vessel invasion with marked congestion of the subpapillary capillary and venous plexus. True inflammatory changes are also described as represented by an infiltration of lymphocytes and monocytes, chiefly perivascular in distribution. Taylor and Meltzer believe this apparent round-cell infiltration is not the reaction of the body to an irritant, unless some necrosis be present, but is due rather to blockage of lymphatics. This prevents reentry of round cells which collect about the vessels. They believe that true inflammation does not exist in metastatic skin cancer. There is no body reaction to an irritant, but the extensive lymphatic blockage causes edema and the capillary congestion produces reddening and heat.

The pathology of cutaneous inflammatory metastatic cancer secondary to a primary lesion in an organ or some other part of the body is essentially that described above. The cancer cells invade neighboring lymphatic channels or blood vessels, become detached and finally lodge in distant cutaneous vessels from which they extend by continuous growth. Invasion of lymph and blood vessels leads to marked congestion and the development, clinically, of inflammatory signs.

### Therapy

It is universally agreed that irrespective of the form of treatment the outlook for patients with this condition is extremely discouraging. In early inflammatory carcinoma of the breast, surgery and roentgen irradiation should offer some hope. However, patients rarely seek medical aid early in the disease. Roentgen irradiation in the advanced cases may produce an initial favorable response but it is our impression that intensive roentgen therapy in advanced

metastatic carcinoma is rarely even palliative, merely adds to the discomfort of the patient, and hastens ultimate death. We believe the almost incessant bombardment of "hopeless" cancer patients with high voltage roentgen rays is certainly, in most instances, not justifiable.

## Conclusions

1. Cutaneous metastatic cancer may be associated with inflammatory signs.

2. The clinical features of inflammatory metastatic carcinoma of the skin are closely allied to true inflammation or erysipelas but there is no chill, fever, prostration or leukocytosis.

3. Based on clinical appearances, diagnosis is difficult and biopsy is usually necessary.

4. As inflammatory metastatic cutaneous cancer secondary to primary cancer of the breast is common, any inflammatory lesion of the skin on or about the breast, which does not subside within two or three weeks, warrants an incisional biopsy for diagnosis.[9]

5. Histopathologically, the inflammatory signs are due to extensive lymphatic blockage by cancer cells which causes edema. The pressure of edema, plus actual blood vessel invasion, produces capillary congestion which is responsible for the clinical signs of redness and local heat.

### BIBLIOGRAPHY


1. Lee, B. J., and Tannenbaum, N. E.: Inflammatory carcinoma of the breast. Surg., Gynec. & Obst. 39: 580–595, 1924.
2. Ewing, J.: Neoplastic diseases. Ed. 3, pp. 564, 574. Philadelphia: W. B. Saunders Company, 1928.
3. Fox, C. M.: Inflammatory carcinoma of the breast. Am. J. Surg. 8 (N. S.): 1075–1077 (May) 1930.
4. Fox, C. M.: Inflammatory carcinoma of the breast. Surg. Clin. N. America 13: 43–46, 1933.
5. Weber, F. P.: Carcinoma telangiectaticum. Brit. J. Dermat. & Syphil. 45: 418–423 (Oct.) 1933.
6. Weber, F. P.: Carcinoma telangiectaticum. Internat. Clin. 3: 145–148, 1935.
7. Pfahler, G. E., and Case, E. A.: Erysipelas carcinomatosum resembling radiodermatitis. Am. J. Roentgenol. 35: 804–811 (June) 1936.
8. Gates, O.: Cutaneous metastases of malignant disease. Am. J. Cancer 30: 718–730 (Aug.) 1937.
9. Taylor, G. W., and Meltzer, A.: "Inflammatory carcinoma" of the breast. Am. J. Cancer 33: 33–49 (May) 1938.
10. Eller, J. J.: Tumors of the skin, pp. 290–293. Philadelphia: Lea & Febiger, 1939.
11. Mackee, G. M., and Cipollaro, A. C.: Cutaneous cancer and precancer; a practical monograph. Pp. 133–137. New York: American Journal of Cancer, 1937.


# Diagnosis of Early Neurosyphilis*

By WALLACE MARSHALL, M. D.
*Appleton*

A DEFINITE diagnosis of early neurosyphilis is highly important since it enables the physician to begin treatment promptly. This, in turn, prevents further involvement of the brain and spinal cord, and, with this, the development of paresis and/or tabes dorsalis. It also avoids the heavy financial drain which such conditions cause the patient, the family and the community.

Invasion of the spirochaeta pallida in the central nervous system may be reflected only in spinal fluid changes. This is asymptomatic neurosyphilis. Symptomatic neurosyphilis exists when other signs and symptoms of nervous system invasion are observed. Spinal fluid changes may be present even before the blood Wassermann test becomes positive, and appear in the early stages in a considerable percentage of cases. If it is negative during the first five years of the disease, it probably will remain so during the entire course of the disease; but this is no infallible rule. Occasional spinal fluid examinations are indicated even in asymptomatic cases, up to the fifteenth year of syphilis, according to Stillians.[1]

There are two types of early neurosyphilis and these may be combined to form the third type. Vascular neurosyphilis is characterized by such symptoms as dizziness and headaches. Mild personality changes are noted along with mental dullness, fleeting or permanent motor nerve paralyses, and apha-

* Written under the supervision of A. W. Stillians, M. D., professor emeritus, department of dermatology and syphilology, Northwestern University Medical School, Chicago.

sias; sometimes convulsions and comatose states are present. The second type of neurosyphilis is the meningeal form. Fever, chills, headaches, weakness, dizziness, nausea, diplopia, and fatigue may be common symptoms. The accompanying signs are deafness, choked disks, meningismus, various nerve palsies, aphasias, delirious states, convulsions and, at times, comatose periods. These two types may be combined in the meningovascular form of the disease.

It is those cases in which the spinal fluid Wassermann test is negative and in which there are other indecisive laboratory results, including negative blood serological reactions, that call for diagnostic acumen on the part of the physician. For this reason, I wish to dwell on this phase of the subject.

Headaches and dizziness, many times accompanied by transitory aphasias, pareses, or paralyses, may serve as good clues to the discovery of the hidden infection of syphilis. This is important to bear in mind, because many times the patient's history, with the physical examination, will present leads which are of more definite help than the information which comes from the laboratory. This fact is exemplified by a recent case report of the author.[2] About 30 per cent of the patients with the vascular or meningeal forms of neurosyphilis may have negative spinal fluid Wassermann tests and present other indecisive laboratory or clinical data.

Kolmer's report[3] on asymptomatic neurosyphilis (early and untreated) shows that 85 to 100 per cent of his patients showed a positive blood Wassermann reaction. Only 30 to 40 per cent had a positive spinal fluid Wassermann reaction. In the late, untreated, asymptomatic group he found that 70 to 90 per cent showed positive blood Wassermann tests, while spinal fluid Wassermann tests were 80 to 90 per cent positive.

Woltman[4] is of the opinion that vascular neurosyphilis has a high incidence of serological negativity of both blood and spinal fluid, although the percentage in the various types of neurosyphilis is not available.

Concerning the spinal fluid cell count, Stokes[5] states that it "is an index of meningeal reaction; that is, of leptomeningitis," and adds—

"It is, therefore, an entirely nonspecific finding and no diagnosis of syphilis of the nervous system can ever be based exclusively upon a rise in the cell count of the spinal fluid. None the less, in conjunction with other clinical and serological evidence, even a very slight rise in cells may be quite significant."

Solomon[6] states:

"During the primary and early secondary period of mild neurosyphilis the changes in the spinal fluid are relatively insignificant. Occasionally the Wassermann reaction is positive, but more frequently there is a slight pleocytosis (10–25 cells per cubic millimeter). A little globulin may be present, and there may be a weak gold-sol reaction. The blood Wassermann is negative during the early part and positive during the latter part of the primary period. In the early secondary period of very mild cases the spinal fluid is very similar to that found during the primary stage, while the Wassermann reaction of the blood is usually positive.

"In patients with symptoms, the reactions of the spinal fluid are likely to be rather strong after a few months . . . The cell count may be quite high (20 to 200 cells per cubic millimeter)."

Hence this laboratory adjunct is a distinct aid in making a diagnosis in suspected cases of neurosyphilis, but at no time should it be given preference over the findings elicited in the history or the examination of any case. As previously stated, good clinical judgment, based upon adequate observation, may give the clinician the information he desires when the laboratory report has nothing particular to offer.

Since the disease attacks the blood vessels and also the blood elements, along with its universal involvement of tissue, we may expect to find low red blood cell counts. Cellular infiltration occurs in such cases and may especially involve the arteries of the central nervous system. Perivascular cuff formation around the blood vessel walls may produce marked irritation, with actual involvement of the vessel walls. The musculature of these arterioles may become irritated, contract or clamp down, and thus may cause anoxemia of the cortical areas which they supply. This process, then, may produce transitory aphasias, states of pareses, or even paralyses, which tend to clear when the vascular spasm spends itself.

In such atypical cases, it is well to remember that anemia, which often accompanies secondary syphilis, may still be present. The degree of anemia may be slight, or even

tend to give the clinical picture of an advanced case of pernicious anemia, which may deceive the clinician until further studies identify its nature. Consequently, complete blood studies have their place in all suspected cases of vascular syphilis or neurosyphilis.

Many times fundic findings are negative in these cases of early neurosyphilis in which the serological reactions are negative. However, a complete neurological examination is a valuable adjunct to proper diagnosis in such cases, since such a procedure may bring a slightly involved cranial nerve, or some other sign of diagnostic importance, to the attention of the clinician which will help in the establishment of the proper diagnosis.

A test of some diagnostic value in such cases is the histamine test which I have described previously.[7] When 0.1 to 0.2 cc. of histamine phosphate (1:1000 dilution) is administered subcutaneously, the patient responds normally by a blushing of the face. This response is accompanied by a headache, dizziness, and a metallic taste which the patient experiences a few moments after the injection is administered. In suspected cases of vascular or meningovascular syphilis, this response may not be present. I have observed the absence of such a response in cases in which the vaso-dilator mechanism may have been affected in suspected cases of early neurosyphilis and in other neurological disorders. Hence, this simple procedure may give the clinician a clue as to the underlying pathology in such an instance, and this test can be employed as a diagnostic adjunct.

It is well known that many patients who harbor this disease are quite unreliable when they are questioned concerning their history. They may refuse to give important data which may aid in the establishment of the proper diagnosis. In such an event, the clinician should take the time to explain the importance of the patient's cooperation in order to obtain an adequate history. Fewer acts of falsification may result from this procedure on the part of the patient, especially when he is made to realize that the information which he gives will be held in strict confidence.


## Summary

It is stated that 30 per cent of the cases of neurosyphilis may present negative serological reactions in both blood and spinal fluid examinations; that if the condition is allowed to remain undiagnosed and untreated, the ultimate prognosis becomes markedly impaired.

Several clinical observations are mentioned to aid the clinician in arriving at the proper diagnoses in such cases. Attention is called to the advisability of always suspecting cases in which the symptoms of headache, dizziness and transient paralyses or aphasias happen to be present.

Emphasis is placed on the value of adequately checking and rechecking all cases of unexplained secondary anemias for the possibility of hidden infection by syphilis. This lead should be exploited in a particularly careful manner when patients complain of mental dullness or personality changes, with or without fatigue.


### BIBLIOGRAPHY


1. Stillians, A. W.: Personal communication.
2. Marshall, W.: Transient amaurosis produced by vascular neurosyphilis. Quart. Bull. Northwestern University Medical School 14: 292–293 (Winter Quarter), 1940.
3. Kolmer, J. A.: Serum diagnosis by complement fixation. Philadelphia: Lea & Febiger, 1928.
4. Woltman, H. W.: Personal communication.
5. Stokes, J. H.: Syphilis. In *Practice of medicine*, edited by F. Tice. Vol. 3, p. 359. New York: W. F. Prior Company.
6. Solomon, H. C.: Syphilis of the nervous system. In *Textbook of medicine*, edited by R. L. Cecil. Ed. 5, pp. 1480–1481. Philadelphia: W. B. Saunders Company, 1940.
7. Marshall, W.: Nousic and histic manifestations of cerebral angiospasms. M. Times, New York. 68: 162–171 (Apr.) 1930.



"MANY OF THE ANSWERS . . ."

● Many of the answers to questions arising in the everyday practice of medicine are given in the December issue of The Journal, the **Blue Book** issue. Do you keep it always available?

# The General Practitioner's Role in the Prevention of Eclampsia*

By J. M. FREEMAN, M. D.
*Wausau*

ECLAMPSIA has in the past been reported as causing 25 per cent of the deaths occurring in the puerperium. In the United States, in the decade from 1920–1929, it was the cause of death in over 3,000 cases per year. The fetal mortality rate has been variously reported as ranging from 25 to 40 per cent. Add to these statistical findings, the permanent damage the surviving patient may suffer to her eyes, brain, heart muscle, liver and kidneys and we have a diseased state, the prevention of which should be of primary importance.

Early and continued prenatal care offers us the best opportunity in accomplishing this result. A careful history should be taken to elicit the occurrence of disease that may have impaired any of the vital organs or those necessary to normal elimination. The history should be followed by a thorough examination to determine the prospective mother's present physical status. Particularly should infection be detected and eradicated in order to lighten the maternal organism of any unnecessary burden.

Early recognition and continued supervision of a pre-existing nephritis make it possible to spare the patient a series of eclamptic convulsive seizures and, in 40 per cent of such cases, to carry her child to a period when it can be delivered alive. Many authors feel that no pregnant woman with chronic nephritis should be permitted to continue in her pregnant state. The decision to terminate pregnancy should be reached only after continued observation and substantiating evidence of impending trouble as determined by an increase in blood pressure of 150 or more, albuminuria, albuminuric retinitis, rapid increase in weight and diminution of urinary output.

The same rule applies to the patient who has had a previous attack of eclampsia. Such a patient's opportunity of continuing to a normal termination of pregnancy is much greater than the patient with nephritis, in that eclampsia recurs in only about 2 per cent of such patients. Furthermore, eclampsia is primarily a complication of pregnancy in the primiparous. Some authors report as high as 90 per cent of their cases occur in the first pregnancy. These women, then, with reasonable supervision, should not be denied motherhood.

The importance of urinanalysis at monthly intervals during the first six months and at weekly or bi-weekly intervals in the last three months has long been emphasized to those of us in general practice. Yet, we have all seen normal termination of pregnancy in patients who have had an intermittent albuminuria throughout the entire prenatal period. A large percentage of patients will have this condition. If it is very persistent a quantitative determination of the amount of albumin excreted in twenty-four hours should be made. A result above 2 gm. per diem means impending trouble.

Blood pressure readings should be made at the regular periodic examinations, but again this observation alone is not reliable. We have all seen patients with systolic blood pressures ranging from 150–190, without albuminuria or abnormal weight gain, go through a normal pregnancy.

The most important observation is weight gain. It is the measure of the patients' water balance. However, it can only be used as one factor in determining the status of the patient. The average weekly weight gain, generally considered safe, is about one pound per week. This, of course, is a standard for the average patient. The obese patient may by dietary restriction and controlled thyroid therapy remain stationary or

* Presented at the 98th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, 1939.

lose slightly throughout her prenatal period and experience a more normal course of pregnancy because of it. Too rapid weight gain can be due to two factors: (1) disturbed metabolism, and (2) disturbed water balance.

### Preventive and Therapeutic Measures

Patterson, Nicodemus and Hunt, reporting on hypothyroidism and myxedema of pregnancy, state—

> "In the first and second trimesters, they (patients in this group) complain of nervousness, exhaustion, shortness of breath, insomnia, headache, and lack of ambition. The incidence of nausea and vomiting is much increased as has been shown by Hughes. There is often a marked hypotension, which may fall as low as 80 mm. of mercury in the second trimester and may be replaced by a hypertension in the third trimester. These patients gain weight incessantly in spite of strict dieting and restriction of fluids. Localized edema is seldom present in the first half of pregnancy, but there is a generalized increase in subcutaneous fluids. The skin becomes thick and pudgy. Finger rings, formerly too large, become too small. The face becomes broader and puffy. It is usually in the second half of pregnancy that symptoms and signs of definite toxicity set in and are superimposed on the milder symptoms and signs of the toxemia mentioned above."

These authors proceed to demonstrate pathologic placental changes of various types and maintain that the damaged placenta elaborates a toxin which they consider productive of the toxemia. The prevention of the placental changes is accomplished by the administration in early pregnancy of thyroid extract. They are "confident that the prophylactic and therapeutic use of thyroid extract early in pregnancy will in the majority of instances prevent the occurrence of toxemias."

As above mentioned the regulation of the patient's water balance is the most important preventive and therapeutic measure in the control of toxemia. The factors involved are the ingestion, retention and elimination of fluids. In a case showing disturbance of water balance by too rapid weight gain i.e., six to seven pounds in one or two weeks, the fluid intake and output should be measured in each twenty-four hour period and the intake kept below the output.

Retention is governed, in part, by the passage of the crystalloids, sodium chloride and glucose from the blood stream into the tissue spaces, with the subsequent saturation of the tissues with water. To correct this there must first be restriction of the salt and sugar in the diet. In the mild cases this, with moderate restriction of fluid intake (1,500 cc.), bed rest and forced elimination, will be sufficient to control the toxemia. Then, in the urgent cases, the creating of a hypertonic crystalloid solution of the blood stream is indicated. This is accomplished by the intravenous injection of 20 per cent glucose solution up to 200 cc.

As previously stated one result of the toxemic state is liver damage. Glucose we know has a reparative action on damaged liver cells and a protective action for undamaged liver cells. There is also the additional advantage of its caloric value. While in concentrations higher than 20 per cent we get the saturation of a crystalloid in the blood, we also have less glucose utilized as food. The resulting diuresis tends to unload excess glucose and not the substances presumably contributing to the toxemia. In order to sustain a higher concentration of crystalloids in the blood stream, intravenous glucose may be supplemented by sucrose, 50 cc. of a 50 per cent solution, which is not as readily metabolized. This supplementary action has been supplied by intravenous magnesium sulfate, 20 cc. of a 10 per cent solution. The repetition of intravenous injections of glucose and sucrose is controlled by the patient's response to treatment as measured by the fluid output.

It is futile to get the excess water into the blood stream without providing ways and means for its immediate elimination. The eliminative organs of the body are the lungs, bowels, kidneys and skin. The ambulant patient is put to bed. Rest lightens her circulatory load and makes it easier for the heart and blood vessels to do their part in eliminating retained fluids. Chilling is to be avoided in all cases in which there is any degree of toxemia, and light treatments may be used to stimulate skin elimination. Bowel elimination is best provided for by the daily admin-

*(Continued on page 256)*

# COMMENTS ON TREATMENT

EDITORS
A. J. Quick M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

## Vitamin B Complex in Therapy

There is a need at the present time for re-emphasis of certain fundamental concepts concerning the action of vitamins, which have a direct bearing upon their use in therapy. First, vitamins are effective therapeutically only to the extent that they replace a pre-existing deficiency, and beyond that point they are of no value and are promptly excreted. Second, vitamins are relatively non-toxic, and may therefore be taken in fairly large doses without deleterious effects. Third, deficiency diseases almost always occur in multiple form rather than singly, and the therapist must recognize this fact. Fourth, the ideal source for nutritional factors of all types is the food, and the responsibility of physicians is therefore to encourage the use of complete, adequate diets which will not entail the necessity of vitamin supplements.

In no special instance are these concepts of more importance or more applicable than in the case of the vitamin B complex. There are about thirteen or more recognized components in this complex at the present time, and we are assured by nutrition chemists that there are undoubtedly many more which have not thus far been identified. Only six of the thirteen known factors are available in pure form, and it seems probable that all of these are necessary in human nutrition, although much of the evidence upon which this statement is based is still unsatisfactory. Since the B factors are closely associated in nature, it is natural that deficiencies involving one should also involve the group, thereby bringing about multiple or "B complex" deficiency conditions. Because of this situation, it has been difficult to identify each component with the exact pathological manifestations for which it is responsible.

In beriberi, the function of thiamin becomes more and more puzzling, as successive pathological lesions originally ascribed to a lack of this factor are finally identified with some other component. It is now impossible to regard this disease as other than a result of complete "B complex" deficiency. The neuritis seems more likely to be associated with an inadequate intake of riboflavin, pantothenic acid, or combinations of several factors, than with a simple thiamin deficiency, as was originally believed. Cardiac manifestations may also be due to the lack of several substances, while the inability properly to metabolize pyruvic acid, an intermediary in carbohydrate and protein breakdown, seems to be identified solely with thiamin deficiency. Edema is probably most closely associated with hypoproteinemia resulting from long continued under-nutrition, and it cannot usually be successfully treated until the appetite improves following the replacement of normal stores of the entire "B complex." From careful quantitative chemical investigation it appears probable that 10 to 15 mg. daily by any route will adequately replace the most seriously depleted stores of thiamin. It is better to administer this amount in divided doses to avoid excessive excretion.

A deficiency of riboflavin appears clearly to be responsible for the disease known as "cheilosis" with the attendant mouth lesions and skin changes about the nose. It is also one, if not the sole factor, in producing rosea keratitis, as well as being important in some cases of acne rosacea. These conditions are frequently, if not regularly, coexistent with beriberi and pellagra, although riboflavin deficiency of minor degree is often unrecognized, because of the lack of clinical manifestations. Recent work has tended to alter our concept of the daily requirement for this substance from 1 to 2 mg. to 3 to 4 mg. daily. It therefore seems wise to administer from 6 to 10 mg. daily in divided doses in treat-

ment for latent or well established deficiency conditions.

Pellagra is perhaps the best known deficiency disease involving the "B complex." It is endemic and common in some parts of the United States. Although a deficiency of nicotinic acid is still considered to be of primary importance in the etiology of the disease, it is now established beyond any doubt that therapy with nicotinic acid alone is inadequate and incomplete. Normal healthy adults have been estimated to require from 25 to 50 mg. daily, but the true requirement is probably nearer the lower figure. Therapeutic dosage should amount to from 300 to 500 mg. daily in divided doses. If the nicotinic acid amide is given rather than the acid, the unpleasant side reaction of flushing of the skin will be avoided.

Pyridoxine ($B_6$), pantothenic acid and choline can be easily discussed together because so little is known about their respective roles in human nutrition. Pyridoxine appears to be of value in the treatment of pellagrins because of the improved muscle strength which follows its use. It has been used in doses of from 10 to 50 mg. daily. Choline may be of value in preventing accumulation of fat in the liver under certain circumstances, but its use in humans is uncertain and nothing is known of the proper dosage to be used. Pantothenic acid appears to be necessary for humans in amounts of 3 to 5 mg. daily. It has recently been found to be of great assistance in the therapy of peripheral neuritis of dietary origin. There is also a possibility that it may be related to the metabolism of certain endocrine glands, particularly the adrenal cortex. It is available only for investigational purposes at present, and is usually administered in doses of from 10 to 50 mg. daily.

A wide variety of commercial preparations are available both for treating the fully developed case of nutritional deficiency and for fortifying the intake of individuals whose diets do not seem adequate but whose symptoms are vague and indefinite. For maximum effectiveness, the preparation used for the fully developed deficiency should contain all the components mentioned in about the dosages suggested above. For purposes of supplementing inadequate diets, the daily intake should include thiamin 1 to 2 mg., riboflavin 2 to 3 mg., nicotinic acid 15 to 20 mg., pantothenic acid 2 to 4 mg., pyridoxine 5 to 8 mg., and the other unknown factors in small, undetermined amounts. The last mentioned components and the unknown factors must of necessity be obtained from liver, yeast or rice bran concentrates, but the other factors may be used as pure crystalline synthetic compounds. Only in investigational work does it seem wise to use single pure vitamin preparations, since under these conditions the greater number of factors administered, the more difficult it becomes to evaluate and study the metabolism of any one. Where therapy of the patient with quick results is the primary consideration, the use of preparations containing all factors seems advisable.

Clinical nutrition work must necessarily lag far behind animal experimentation. A great need is apparent at the present time for careful, well controlled clinical investigation, based upon chemical or biological assay methods. Nutritional deficiency disease is likely to be with us indefinitely, and viewed in relation to its public health aspects, its importance can scarcely be overstated. It may indeed be the eventual deciding factor in the present world war, as it was one of the decisive elements in the last war. E. S. Gordon, M. D., Madison.

## FORMER WISCONSINITES WILL BE INVITED . . .

If you know any former Wisconsin physicians who might enjoy returning to the state for the centennial anniversary meeting of the State Medical Society, send their names and present addresses to the Society and special invitations will be extended to them to attend the centennial session.

# THE WISCONSIN MEDICAL JOURNAL



**The Council on Scientific Work**

E. R. SCHMIDT, Madison — EBEN J. CAREY, Milwaukee, *Chairman* — C. J. SMILES, Ashland
G. W. KRAHN, Oconto Falls — KARL H. DOEGE, Marshfield — W. S. MIDDLETON, Madison *(ex officio)*

**Editorial Staff**

KARL H. DOEGE, Marshfield, Medical Editor — MR. J. G. CROWNHART, Madison, Managing Editor
MISS DOROTHY CRIDLAND, Madison
Assistant Editor

**Collaborators**

THE COUNCIL

H. P. BOWEN ---------- Watertown
C. E. PECHOUS ---------- Kenosha
W. T. CLARK ---------- Janesville
B. I. PIPPIN ---------- Richland Center
A. H. HEIDNER ---------- West Bend
S. E. GAVIN ---------- Fond du Lac
H. A. JEGI ---------- Galesville
G. W. KRAHN ---------- Oconto Falls
H. H. CHRISTOFFERSON ---- Colby
F. E. BUTLER ---------- Menomonie
F. G. JOHNSON ---------- Iron River
H. J. GRAMLING ---------- Milwaukee
R. E. FITZGERALD ---- Milwaukee
ROBERT W. BLUMENTHAL ---------- Milwaukee
J. W. LAMBERT ---------- Antigo
R. G. ARVESON ---------- Frederic
(Past President)



**Annual Subscription ---------- Three Dollars-Fifty Cents** **Single Copies ---------- Fifty Cents**

Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Ill.

**Address all communications to THE WISCONSIN MEDICAL JOURNAL, Madison**

Volume 40 — MARCH, 1941 — Number 3

**OFFICIAL PUBLICATION OF THE STATE MEDICAL SOCIETY OF WISCONSIN**



**Copyright by the Society, 1941**


« « « EDITORIAL » » »

## PHYSICIANS' OBLIGATION ON OPEN PANEL

One of the benefits accruing to the injured employe under the Wisconsin Compensation Act is an early institution of compensation payments. The Industrial Commission of Wisconsin, a highly cooperating force in making effective the open panel agreement of our State Medical Society, has called the attention of the Society to the fact that every physician listed on the panel must realize his prime obligation to make immediate reports on compensation cases. Without such reports, payments to the patient cannot be made and delay frequently follows that may even affect the adjudication of the claim itself.

The Industrial Commission has been an understanding and sympathetic force in Wisconsin in the Society's successful effort to widen the panel choice to all members of the Society who indicate their willingness and capability. Over 35,000 employers of the seventy-one counties of the state have been circularized jointly by the Commission and the State Society with the appropriate panel. Every physician listed on the panel should make an effort to cooperate with the Commission and the insurance carriers in furnishing prompt and full reports. Obviously the success of the whole open panel agreement depends on a high degree of such cooperation.

# Keep the Worker on the Job*

By PAUL A. BREHM, M. D.
*State Board of Health*
*Madison*

THE fact that the average Wisconsin industrial worker loses two and a quarter days per year as the result of all disabilities seems insignificant from the standpoint of our industrial production.

It would appear that any individual should be able to withstand that amount of time loss, or even more, from his job without the slightest interference with the factory routine.

We have a good estimate of the monetary loss to the workmen occasioned by this time loss. It might be well to examine in more detail the significance of the time loss alone on the productive capacity of all industries in Wisconsin.

1. On the basis of 400,000 industrial workers in Wisconsin we find that the total time loss due to all disabilities amounted, in 1939, to 900,000 work man days.
2. Considering the minimum work schedule of a five-day week of forty hours for each individual, we can state that the total time loss for all disabilities during 1939 was equivalent to a factory employing 3,500 men being shut down for one year.
3. Non-industrial illnesses, particularly colds, resulted in a time loss equal to the shut-down for one year of a factory employing 3,000 men.
4. And this experience is good compared to similar industrial studies outside of Wisconsin.† Despite this fact, much can be done to improve this situation.

Industrial production is dependent upon the man power in the shop, and anything that can reduce the loss of that man power due to illnesses will render a real service to industry and labor alike.

We are faced today with industrial working conditions occasioned by the national defense program which in all likelihood will increase rather than decrease our loss of man power. Industrial health programs should be planned now and placed in effect in order to meet our future problems.

If by means of a generalized industrial health program our annual lost time during the next few years is no greater than in 1939, we will have accomplished much in the prevention of common ailments. The national defense program has already resulted in increased production, expansion of plant facilities and increased payrolls for many Wisconsin industries. We can expect these conditions in greater proportions as the rearmament program progresses.

Past experience has shown that rapid industrial expansion is accompanied by lack of vigilance on the part of management on health and safety precautions. This is not intentional in any sense but a natural result of production demands.

The medical profession can and should help industry on health problems in order to keep as many workers on the job as possible.

During the winter season when colds are most prevalent our interests should be directed toward a reduction of the incidence and severity of these illnesses. The monthly foremen's meetings during the winter should concentrate entirely on the subject of colds.

### Material on Colds for Foremen Meetings

Unless the foreman and the employes in his department are impressed with the seriousness of the time and wage loss resulting from common colds, any amount of talking by a physician will fail to arouse interest or stimulate cooperation.

Much of the time spent during the monthly meetings should be concerned with the importance of the problem of keeping the men on the job. What happens to one individual during the course of a year may seem insignificant but a realization of the effect of colds on our *total* industrial population will emphasize the need for reduction measures.

* This is the second of a series of articles to appear under this title in The Journal.

† More than five times better than the national average and between ten and twenty times better than the experience in England and Germany. See "Health Achievements in Wisconsin," supplement to January issue of The Journal.

Perhaps the most important cold prevention measures that management can teach to employes is proper protection from clothing during sudden changes of temperature and the use of shower facilities when available. The cooperation of workmen on these measures becomes a personnel problem of management. The foremen are in a position to observe many unhealthful practices and advise against them.

Workmen should not be allowed to go outdoors without proper clothing no matter how short the errand may be, especially if the men have been perspiring. This also applies to employes living close to the plant who dash home for lunch or who may run across the street to a restaurant. These conditions may seem trivial and far fetched but they have been observed to occur many times.

Some industries, because of the nature of the work, may have water on the floors, and unprotected employes acquire wet feet as a result. Management should control as much as possible the source of this condition or have the men's feet properly protected. Conditions vary in different industrial plants and for this reason physicians will do well to observe the actual working environment in order to point out instances of bad practice or jobs requiring extra precautions.

Many of our larger manufacturing plants provide shower facilities. Certain types of industries are required to install this equipment, and others have voluntarily done so as a sanitary measure. The percentage of men using these showers, however, is generally very small—usually from 5 to 40 per cent. The fact that in a few establishments almost 100 per cent of the employes use the showers is an indication of what management can do to stimulate this practice. The men should be cautioned against putting on a dirty, sweaty suit of underwear after taking a shower.

Management can do much to promote greater use of existing shower installations, but of equal importance is the responsibility of maintaining the shower rooms in a clean and warm condition and the efficient operation of the shower equipment. Providing showers is highly commendable, but to keep them fit for continuous use is a joint responsibility of the employer and employe.

Advice against unhealthful practices in the shop and the use of adequate shower facilities are but two measures to be employed to reduce the incidence of colds. These measures, however, are perhaps the most important ones for physicians to discuss before management meetings because management can do something about them if convinced of benefits to be derived. Supervision during working hours, designed to safeguard the health of the employes, is a necessary step in making the employes aware of the need to take care of themselves.


## MODEL FORMS FOR "EXAMINATIONS IN INDUSTRY" PROGRAM

Members of the State Medical Society may obtain, at cost of publication, model forms for the Wisconsin "physical examinations in industry" program, at cost of publication. The forms, approved by the Wisconsin Industrial Commission and the State Medical Society of Wisconsin, come in sets of 100 examination blanks and 100 report-of-findings blanks (the latter in triplicate, one copy for the employer, one copy for the employe and one for the physician's file).

*Cost:*

(1) **Printed with your name and address** ---------- $4.75
*If you order blanks with your name and address, be certain to type this information just as you wish it to appear on the blanks.*

(2) **Printed without your name or address** ---------- 3.00

*Address all orders to:*

State Medical Society of Wisconsin
917 Tenney Building
Madison, Wisconsin

(Samples furnished on request)

# . . . . THE PRESIDENT'S PAGE . . . .

## The Three Professions

INSTEAD of saying the three professions I might have said three *of the* professions. But for the purposes of my brief remarks the former terminology is more apropos. My reference is to dentistry, law and medicine.

Medicine has always been closely allied to dentistry because both professions deal with the care of the sick. Medicine has had increasing relationship with the legal profession due to the machine age and the automobile bringing to the fore workmen's compensation acts and personal injury practice. It has been estimated that the medico-legal phase of medicine has increased a hundred-fold in the last quarter century.

During the last ten years a new picture has been developing. Government loans and building ventures, and the resulting lack of private financing has reduced legal practice. The increase of government hospitals and the expanding of social agency work has reduced the private practice of dentistry and medicine.

We are now in the stage of governmental discipline. The legal profession has had its troubles in California. The medical profession is under fire in Washington. The dental profession has not yet been subject to governmental attack.

Now what is the purpose of attempting to draw these parallels? It is to emphasize that in many respects medicine has much in common with both dentistry and law. There should be some correlation of effort in so far as solving their mutual problems is concerned.

We three groups have amongst us some of the finest minds in this country. We three are duty-bound to serve the communities in which we live that they may be better places to live in. We do not believe the socialization of our respective professions as proposed by some and being pushed upon us by others will aid the social structure. Americanism, as it was, made us. Collectivism as proposed will ruin us.

We have met together in dentist-physician groups and medico-legal groups sporadically for years. It now seems time that we become more closely knit as organizations. A permanent inter-relations committee should be appointed to meet at regular intervals. Much subject matter of vital importance to all of us could be cleared through these channels. Annual banquets of counties or districts would be extremely constructive. It is my opinion that medicine should take the lead in this venture.

Ralph P. Sproule

# THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Donne F. Gosin, Green Bay, President
Mrs. J. S. Supernaw, Madison, President-Elect
Mrs. Samuel A. Montgomery, LaCrosse, Vice-President
Mrs. Harry A. Keenan, Stoughton, Recording Secretary
Mrs. Robert W. Kispert, Green Bay, Corresponding Secretary
Mrs. Edwin P. Bickler, Milwaukee, Treasurer

COMMITTEE CHAIRMEN

Archives—
Mrs. D. B. Dana, Kewaunee
Convention—
Mrs. Arnold S. Jackson, Madison
Finance—
Mrs. Robert E. Fitzgerald, Wauwatosa
Hygeia—
Mrs. Gerald H. Friedman, Milwaukee
Organization—
Mrs. Ernest S. Schmidt, Green Bay
Philanthropic—
Mrs. Henry E. Twohig, Fond du Lac
Press and Publicity—
Mrs. Arnold H. Barr, Port Washington
Program—
Mrs. Maynard H. Fuller, Green Bay
Public Relations—
Mrs. Reuben H. Bitter, Oshkosh
National Exhibit (special committee)—
Mrs. E. Lee Lochen, Waukesha
Circulation of Bulletin (special committee)—
Mrs. Robert E. McDonald, Milwaukee

## Report of Mid-Year Meeting of Board of Directors

By MRS. H. A. KEENAN
*Stoughton*

THE mid-year meeting of the Board of Directors of the Woman's Auxiliary to the State Medical Society of Wisconsin was held at one o'clock, January 20, in the Club Rooms of the Schroeder Hotel, Milwaukee. A most inspiring and interesting business meeting was preceded by a luncheon; thirty-two members were present. Mrs. D. F. Gosin, president, presided.

Mrs. Gosin in her report complimented and thanked the various chairmen for their splendid work and their cooperation. She told of her plans and her numerous trips to inspire organizations. Subscriptions to Hygeia were urged for all libraries, schools, and home.

Mrs. C. N. Neupert of Madison, reporting for Mrs. A. S. Jackson, convention chairman, who was unavoidably absent, told of the plans for the convention in Madison. If all the plans are carried out, it will be a convention no one should miss. Remember September 10, 11, and 12.

Mrs. A. S. Pfeiffer of Racine, chairman of the Nominating Committee, reported that the slate of officers had been prepared and that candidates would soon be notified.

Mrs. E. P. Bickler of Milwaukee, treasurer, reported on the finances. Planned spending is very necessary in any organization, so each chairman was asked to examine her allotment and spend judicially. Mrs. Bickler asked that changes of addresses be reported to her at once to avoid delay in sending out mail and loss of materials.

The report of Hygeia, given by the chairman, Mrs. G. H. Friedman of Milwaukee, was in rhyme, and most complete. With only 795 subscriptions to Hygeia, Wisconsin has fallen down to fifth place among the states. Rock, Douglas, Portage, and Racine counties have doubled their subscriptions. Washington, Ozaukee, and Kenosha counties have reached their quota. The State Medical Society sent 210 subscriptions. Hygiea is such a valuable magazine that it should be in every home, office library and school.

The report on state organization given by Mrs. E. S. Schmidt of Green Bay was brief but valuable. One new group was organized, namely the Auxiliary to the Ashland–Bayfield–Iron County Medical Society. Although this group is small, the members show intense interest and the organization will be a great asset to the northern counties. One other Auxiliary, that in Barron–Washburn–Sawyer–Burnett counties, is being started. Committees are working on this and early in March Mrs. Gosin and Mrs. Schmidt will meet with them for the final arrangements. While this adds only two new Auxiliaries, it will bring seven new counties into our state organization.

Mrs. A. H. Barr of Port Washington, chairman of press and publicity, reported

that there were fourteen active county press chairmen in September, 1940, and that now there are twenty-two. Thirteen counties reported every meeting. All Milwaukee reports were submitted, a resume of each speaker's topic being given. Manitowoc reported a public relations project, which was given outstanding newspaper publicity. Social activities were reported by Rock, Waukesha, Kenosha, and La Crosse counties. Eighteen philanthropic projects were reported; several counties have printed yearbooks. Space to the Auxiliary is given in the Wisconsin Medical Journal, and three monthly news reports have also been sent to the national press and publicity chairman.

Mrs. D. B. Dana, Kewaunee, chairman of archives, reported that county auxiliaries are keeping scrapbooks of their activities and that she is keeping a scrapbook of state activities. This book consists of letters, clippings, and personal items on achievements of the members. Work is continuing on histories of pioneer doctors as well as those of today. An exhibit is being arranged for the annual meeting of the Woman's Auxiliary and the centennial meeting of the State Medical Society of Wisconsin next September.

Mrs. J. B. Noble, chairman of archives and history of the Waukesha Auxiliary, reported that they have 374 histories on the list to date. In Waukesha County, three sets of histories are being made, one for the State Medical Society, one for the Waukesha County Historical Museum, and one for the State Historical Library. Compiling these histories requires much time, but will be most valuable in showing the advances made in medicine and the hardships endured by our early medical men.

The reports given by the county presidents were interesting and enlightening. Mrs. A. C. Taylor, president of the newly organized organization in Ashland, Bayfield, and Iron counties, was unable to be present, but reported enthusiasm in the work, as did Mrs. L. D. Quigley, president of the Brown–Kewaunee–Door Auxiliary. Mrs. C. N. Neupert, Dane County president, reported on the philanthropic work of keeping the county nurse provided with needed articles, such as layettes.

Mrs. A. M. Hutter, Fond du Lac County, reported that they are sponsoring a Girl Scout Troop and helping in mother craft. They are living up to their object to maintain all the "inspirations and aspirations for which the organization was launched, and to assist the medical profession and the County of Fond du Lac in the furtherance of their aims and ideals."

The Manitowoc Auxiliary, whose president is Mrs. T. A. Teitgen, reported talks at meetings, sewing for the hospital, Red Cross, and Maple Crest Sanatorium. Their public relations meeting was given over to Dr. W. W. Bauer of Chicago, director of the Bureau of Health Education for the American Medical Association. He also spoke before the Rotary Club and the High School.

La Crosse County reported on the need for medical men and women getting to know each other better. Mrs. Gunnar Gundersen, I believe, is responsible for this "getting acquainted" activity.

Mrs. E. W. Schacht, president of the Racine Auxiliary, reported an active year. A Girl Scout Troop is sponsored, favors and gifts for three hospitals are made, and interesting talks given.

The Rock County report was given by the president, Mrs. H. E. Kasten. New members have been added to the Auxiliary, and sixty-five subscriptions to Hygeia placed in offices, Y. M. C. A., and college library. Pinehurst, the county tuberculosis sanatorium, has received much attention by way of jellies, gifts, favors, place cards, and tray favors. Wren houses, made by Scouts, have been placed on the grounds at Pinehurst. A public health exhibit was held at the Beloit Y. M. C. A. on February 28 and March 1.

Milwaukee County, whose president is Mrs. C. D. Partridge, has an active chapter. Five general meetings have been held, with Dr. H. J. McMurray, Mr. Samuel Manierre, Dr. Sara G. Geiger, Dr. T. J. Howard, and Mr. J. G. Crownhart as speakers. A study group has been organized, and although small, it contributes much to those attending.

Mrs. A. H. Heidner, Washington–Ozaukee County Auxiliary president, reported meetings once a month. Red Cross work is being

done; twenty dresses, five surgical gowns, and two sweaters have been completed.

Mrs. T. H. Nammacher, president of the Waukesha County Auxiliary, reported an active organization, as did Mrs. McDonald, representing Mrs. E. D. Sorenson of Walworth County.

Two national board members, Mrs. E. J. Carey and Mrs. R. E. Fitzgerald, both of Wauwatosa, were present, and presented reports on the last national convention. Other guests were Mrs. Harry Heeb, Mrs. R. D. Champney, Mrs. Gene Munroe, Mrs. Jeffers, Mrs. B. W. Mast, and Mrs. H. M. Coon.

Mrs. Gosin asked that the names of delegates to the national convention in Cleveland be sent in as soon as possible, and the list of delegates for the state convention by May 1.

The members extend thanks to Mrs. Gosin for a most valuable meeting.

### YOUR APRIL PROGRAM . . .

Why not plan to use material from the spring Bulletin, which will be out in time for your April program, and will have plenty of material for reports for your May and June meetings as well! Many Auxiliaries are using the Bulletin for program material. Vote now to have your secretary send for two subscriptions for your president and program chairman. Send $1 for each subscription to

Mrs. R. E. McDonald
4960 North Ardmore Avenue
Milwaukee, Wisconsin

or

Mrs. H. E. Christenberry
Highland Drive
Knoxville, Tennessee

# Report of Finance Committee

THE Finance Committee consists of the chairman, appointed by the president, the treasurer, and one member of the Board of Directors. According to our constitution this committee prepares a budget to be submitted to the Board of Directors at the preconvention Board meeting. The present budget, submitted by the previous Finance Committee for use this year, is as follows:

| | |
|---|---|
| President | $100.00 |
| Corresponding Secretary | 3.00 |
| Treasurer | 25.00 |
| Organization | 40.00 |
| Press and Publicity | 5.00 |
| Program | 3.00 |
| Public Relations | 3.00 |
| Hygeia | 10.00 |
| Archives | 5.00 |
| National Exhibit | 15.00 |
| Philanthropic | 2.00 |
| Miscellaneous | 129.00 |
| Total | $340.00 |

The budget is figured on the basis of 80 per cent of our dues plus an annual contribution of $100 from the State Medical Society. The amount allocated to the treasurer includes the cost of her bond. The miscellaneous item includes the amount needed for the mid-year and preconvention Board meetings, the past president's pin, as well as incidental items which occur from time to time. While a budget can never be considered as completely exact and binding, it should be used as a guide for expenditure. Planned spending is as necessary in organization work as it is in business and, therefore, we urge each chairman to examine the amount still remaining in her allocation and make a sincere effort to live within it. The present committee feels that certain adjustments should be made and for that reason a survey is being made which will result in the proposed 1941–42 budget to be presented to the Board of Directors for approval at the preconvention meeting.

Mrs. Robert E. Fitzgerald, *Chairman*
Mrs. Edwin P. Bickler, *Treasurer*
Mrs. Frank W. Pope, *Board Member*

# Let the First Be First

By MRS. ROBERT E. FITZGERALD*
*Wauwatosa*

IT IS interesting to observe the jealous pride with which most men and women regard their own intelligence. Any remark which may be construed as belittling a person's mental ability is resented infinitely more than a much more severe criticism of that person's conduct or a disparaging comment on his appearance. You may tell a man (or woman) he is too tall, too fat, too thin, too dark, too light, too fast, too slow, too almost anything, but if you value your friendship with him never impugn his mental acumen. Whether this attitude has its foundation in the subconscious realization that none of us knows as much as he should or could is a question for psychologists but the theory has its points. These troubled times, however, do not permit us to sit back pampering this precious pride in our so-called intellect. Dr. William Sadler gives us a definition of intelligence when he calls it "the possession of discriminative information respecting the subject of thought." Our duty is to grasp every opportunity within our reach to cultivate our minds, to become informed on subjects that are of interest and importance to us.

The first objective of the Woman's Auxiliary to the American Medical Association, as it is stated in the Constitution, is "through its members, to extend the aims of the medical profession to all its organizations which look to the advancement of health and education." The phrase apt to be overlooked in this pronouncement is "through its members," for these three words presuppose a body of women able to act as a liaison group between organized medicine and the lay public. Unfortunately this is not always the case. It follows, then, that if we are to justify our existence as an auxiliary to organized medicine we must equip ourselves with the tools to do the work we have undertaken. One means is the formation of study groups.

The study group idea is one that has become increasingly popular in all organizations during the past decade. It has been demonstrated that people learn more about a subject when they expend some effort collecting material and coordinating what they have discovered through individual research than they do when they assume the role of listener. In the first instance they are active students; in the second they are passive auditors.

Programs for study groups should devote time to legislation that deals with the medical profession, to a consideration of the various agencies devoted to the safeguarding of public health, to the attitude of organized medicine toward social and economic trends which affect it. Bibliographies of articles appearing in current magazines which deal with subjects of special interest to us are obtainable and serve as a guide to that reading which will make us informed and valuable auxiliary members. Thoughtful study of medical legislation is urged. The county study group would do well to acquaint itself with the work done in other counties, for in no field is a provincial attitude with its accompanying feeling of self-sufficiency more regrettable. The whole plan of organized medicine is one that is founded on the premise that no one county unit is more important that any other; all unite to carry out the aims of the state organization, which in turn joins with other state groups to form the American Medical Association. A scrutiny of county, state, and national aims would provide any study group with an interesting and stimulating program. A normal and healthy curiosity concerning the organization which means so much to all of us seems to me a very natural thing. It

* Mrs. Fitzgerald, who is a past president of the Woman's Auxiliary to the State Medical Society of Wisconsin and American Medical Association, was the organizer of the Study Group of the Milwaukee County Auxiliary. News of the meetings of this group and their topics of discussion appear from time to time in the Milwaukee Auxiliary news in this section. The present leader of the Milwaukee Study Group is Mrs. Ervin Hansher.

would be infinitely more satisfying to me to be able to answer correctly when asked how Wisconsin rates in days lost by workers through illness, or in infant or maternal mortality than it would be to be able to solve the most difficult arithmetical progression with the Quiz Kids or to star on "Information Please."

I am convinced that until we admit that the first aim of the Auxiliary is really FIRST, that no matter how pleasant social contacts may be they are secondary to the main objective of our organization, we are not justifying our existence. When the Auxiliary was founded in 1922 we were entering that golden age when prosperity had not moved around the corner and down behind the eternal hills. We were not deeply concerned about the dangers that might threaten organized medicine; the social aspect of the Auxiliary was paramount. When the majority of doctors considered the organization at all it was with the feeling that it was something to keep their wives busy and entertained during scientific sessions (and golf tournaments) at the annual meeting. Those days are gone now, certain trends have grown in strength and need to be studied: the public has become increasingly health conscious, and we, who are doctors' wives, belong in the vanguard of important social movements. As a means to assuming our rightful place none is more efficacious than an active, earnest, and interested study group.

### Brown—Kewaunee—Door

Newspaper clippings sent by Mrs. E. S. McNevins of Green Bay to the state press and publicity chairman concerning a tea on January 23 at the home of Mrs. H. S. Atkinson of Green Bay, included a photograph showing Mrs. D. F. Gosin, state president; Mrs. L. D. Quigley, county president; Mrs. J. R. Goggins, county president elect, and the hostess at the tea table. At this meeting Mr. John McHale gave a talk on "Domestic Relations," drawing from his extensive experience in social service work. There was also a short business meeting.

On the evening of February 13 at the Hotel Northland, Green Bay, the members of the Brown–Kewaunee–Door Auxiliary heard Mrs. W. H. Garner of De Pere give a review of Ernest Hemingway's latest novel, "For Whom the Bell Tolls." About thirty members were present, and plans were discussed for the annual public card party to be held in April.

### Dane

Mrs. E. H. Grumke of Madison reports that the Woman's Auxiliary to the Dane County Medical Society met on February 10 for luncheon at the home of Mrs. J. F. Gallagher, Madison. Mrs. Gallagher was assisted by Mrs. L. E. Holmgren, Mrs. H. M. Carter, Mrs. J. C. Doolittle, Mrs. L. V. Littig, and Mrs. W. C. Keettel.

After the luncheon, additional events and plans for the state convention, to be held in Madison in 1941, were discussed by the various committee members. Mrs. W. A. Werrell, chairman of public relations, announced a tea to be held May 12 at the Y. W. C. A. Mr. P. C. Barton, director of the Bureau of Investigation of the American Medical Association, will be the guest speaker.

### Fond du Lac

Mrs. J. E. Twohig of Fond du Lac submitted the following account of the meeting on January 23:

Members of the Woman's Auxiliary to the Fond du Lac County Medical Society were entertained at a 6:30 p. m. dinner meeting on January 23 at the home of Mrs. H. A. Devine, with Mrs. L. A. Hoffmann (Campbellsport), Mrs. O. M. Layton, Mrs. L. J. Keenan, Mrs. C. W. Leonard, and Mrs. J. R. Longley as co-hostesses.

Dinner was served at small tables decorated with flowers and lighted candles, and travel motion pictures were shown during the social hour. At a brief business session reports on distribution of dolls and toys by the Auxiliary at Christmas time were presented.

### Kenosha

Mrs. E. F. Andre of Kenosha reports that the February meeting of the Kenosha County Auxiliary was held at the home of Mrs. Theodore Sokow on Tuesday evening, the fourth of February. Mrs. A. L. Mayfield and Mrs. C. G. Richards were the assistant hostesses. There were twenty-three members present.

Dr. Helen Binnie reviewed the book, "Born in Paradise," by Armine von Tempski.

The Auxiliary decided to buy 100 copies of the pamphlet, "Health Achievements in Wisconsin," issued by the State Medical Society of Wisconsin, and Mrs. C. E. Pechous will distribute these to the public, to private schools in the county, and to any other places where she feels they will be read.

Mrs. A. J. Randall will place all magazines and playing cards given to her by members in the various hospitals in the city. There seems to be a special need for fairly current magazines at Willowbrook Sanatorium and for playing cards at the old peoples' home.

A social hour and refreshments followed the business meeting.

### La Crosse

A newspaper clipping from Mrs. F. H. Wolf of La Crosse reports that the Woman's Auxiliary to the La Crosse County Medical Society held its January meeting on the twenty-sixth of the month at the Lutheran Nurses Home. Sewing for the Red Cross occupied the afternoon hours. During the business session plans were announced for the mid-winter meeting in Milwaukee on February 20 of the Board of Directors of the Woman's Auxiliary to the State Medical Society of Wisconsin. It was announced that Mrs. S. A. Montgomery, state vice president, and Mrs. B. W. Mast, member of the nominating committee, would attend.

During the social hour Mmes. E. H. Townsend, W. J. Jones, N. P. Anderson, and E. S. Carlsson were hostesses. The Auxiliary's next meeting will be March 19.

### Marinette—Florence

In a letter from Mrs. J. V. May of Marinette regarding histories of pioneer physicians, which are now being published in the Centennial Anniversary Section of the Journal, we learn that Mrs. Haldor Barnes of Marinette has accepted the county presidency for another year, and has appointed Mrs. J. D. Zeratsky of Marinette as press and publicity chairman. The election was held in January.

### Milwaukee

Milwaukee's press and publicity chairman, Mrs. G. H. Friedman, reports that the Valentine luncheon of the Woman's Auxiliary was held on Friday, February 14, at the Pfister Hotel. Eighty-five members attended.

Dr. T. J. Howard, president of the Medical Society of Milwaukee County, gave a short talk on how the Auxiliary could cooperate with the medical profession. He emphasized knowledge of what the Medical Society was doing regarding prevention of disease, under-privileged children, and socialized medicine.

Mr. J. G. Crownhart, secretary of the State Medical Society of Wisconsin, discussed important problems confronting the profession, particularly on pending health legislation and the basis for sound sickness care.

A symposium on telephone technique for the doctor's wife was conducted by the study group. Mrs. Lillian English of the Physicians' Service Bureau stressed these points: the proper way to answer the telephone, whether or not advice should be given, how to obtain the facts for the doctor, training a maid to answer the telephone intelligently, and how the Bureau assists in locating physicians.

The Board of Directors elected these members to the nominating committee: Mmes. V. L. Baker, N. W. Bourne, R. D. Champney, R. E. McDonald, G. W. Neilson, R. C. Pfeil, and W. B. Walton.

Mrs. G. H. Friedman, state Hygeia chairman, reported the results of the Hygeia contest.

### ATTENTION IS CALLED . . .

The attention of Auxiliary members is called to the Centennial Anniversary Section of this issue of The Journal. The histories of pioneer physicians appearing therein represent the first installment of material contributed by county auxiliaries.

### Outagamie

Mrs. R. T. McCarty of Appleton, press and publicity chairman for the Outagamie Auxiliary, reports that the regular quarterly meeting was held on January 23 at the Guest House in Appleton. Mrs. G. W. Carlson was in charge of dinner arrangements.

The following committee changes were announced: Archives chairman, Mrs. D. M. Gallaher of Appleton, and Hygeia chairman, Mrs. L. B. McBain of Appleton. Among the questions discussed was the annual tea and open meeting which will coincide with the Medical Society's monthly meeting in April or May so that the same speaker may appear at both meetings. Arrangements for the speaker have been placed in charge of the public relations committee. This committee is also endeavoring to establish a Doctors' Speakers' Bureau for use by lay groups. Tentative plans for entertaining the wives of doctors attending the district meeting in May were also discussed.

The Auxiliary voted to provide a six month's subscription to Hygeia to each of ten units of County Four-H Clubs. Bulletin articles were read by the president and the public relations and Hygeia chairmen.

### Rock

Press and publicity chairman, Mrs. L. J. Friend of Beloit, reports a meeting of the Rock County Auxiliary at the home of Mrs. H. M. Helm, Beloit, on January 28, with a 6:30 dinner preceding the regular monthly meeting. Mrs. Helm was assisted by Mrs. C. M. Carney and Mrs. H. A. Raube. Mrs. H. E. Kasten, president, presided at the meeting.

During the business session three letters of interest were read by the secretary, Mrs. F. E. Brinckerhoff. Miss M. Johnston, superintendent of Beloit Municipal Hospital, expressed thanks for the Christmas box sent by the Auxiliary to nurses and patients at the hospital. Thanks also came from the president of the Good Fellowship Club, a patient's welfare organization at Pinehurst Sanatorium, for Christmas gifts from the Auxiliary. A letter from Mr. Mjaanes, general secretary of the Beloit Y. M. C. A., expressed appreciation for the Auxiliary's gift of Hygeia to the Y. M. C. A. He said that the magazine was much in demand by the younger members of the organization and is helpful in aiding the health program.

A number of articles in Hygeia were reviewed, among them "The Miracle of Plasma," "Hand Made

Mercy," "Foods Furnishing Vitamine $B_1$," and "Super Vegetables for Health."

The Bulletin was also briefly reviewed, and members were urged to subscribe to this national magazine.

After the business meeting Mrs. Helm conducted a quiz program, first, on "Books and Authors," and secondly, on "What Do You Know About Your Government." Prizes were tiny American flag pins and bookmarks.

### Sheboygan

From Mrs. Ludwig Gruenewald of Sheboygan came clippings of the February meeting of the Sheboygan County Auxiliary, which was held at the Guest House, Sheboygan. A one o'clock luncheon was followed by a business meeting and an interesting program planned by the president, Mrs. A. J. Brickbauer of Plymouth. Bridge concluded the afternoon's entertainment.

### Waukesha

From Mrs. F. W. Aplin of Waukesha comes the following news:

The Auxiliary to the Waukesha County Medical Society met at the home of Mrs. F. J. Woodhead, Waukesha, on February 5, with sixteen members and two guests in attendance. Dr. Irene Stemper of Oconomowoc presented some interesting information on "Women in Medicine."

Owing to the fact that some members will be out of the county for at least a year, due to the national defense program, it was decided to issue membership cards.

Plans for an open meeting were discussed. This will be a presidents' tea at the home of Mrs. H. G. Nixon, Hartland, to be held in May. Presidents of various organizations throughout the county will be guests, and Mr. G. B. Larson, assistant secretary of the State Medical Society of Wisconsin, will speak on "The Present Status of Voluntary Sickness Insurance."

Yearbooks have been distributed to members and list the following officers and committee chairmen:

President—Mrs. T. H. Nammacher
President Elect—Mrs. H. M. Coon
Vice President—Miss Hertha Voje
Secretary—Mrs. F. W. Aplin
Treasurer—Mrs. W. H. Oatway
Parliamentarian—Mrs. D. C. Wilkinson
Program—Mrs. W. D. James
Social—Mrs. Elizabeth Doege
Public Relations—Mrs. A. J. Loughnan
Press and Publicity—Mrs. F. W. Aplin
Hygeia—Mrs. F. L. Grover
Membership—Mrs. O. C. Clark
Philanthropic—Mrs. Elizabeth Doege
Archives and History—Mrs. J. B. Noble
Telephone—Mrs. W. T. Murphy and Mrs. D. C. Wilkinson

### Waupaca—Shawano

Mrs. E. A. Weller of Weyauwega, president of the Woman's Auxiliary to the Waupaca–Shawano County Medical Society, reports that the absence of monthly reports from their organization is due to their having meetings only once every three months. She reports further that they have been trying to stimulate public interest in Hygeia; each of the members donated $1 to help finance the subscriptions, the balance being taken from the treasury. The magazine is placed in the libraries, schools, and in the beauty shops in the different localities. It is estimated that about thirty subscriptions have been placed.

Mrs. A. M. Christofferson of Waupaca, new press and publicity chairman, reports that eleven members were present at the February 4 meeting, which was a one o'clock luncheon at the Hotel Delavan. After a short business meeting, at which Mrs. E. A. Weller, newly elected president, presided, the members played bridge. Prizes went to Mrs. H. E. Breckenridge, Wisconsin Veterans Home, and Mrs. W. J. Irvine, Manawa. The next regular meeting will be held in Weyauwega the first Tuesday in May.

### Winnebago

Mrs. E. F. Cummings of Oshkosh sends news of the Oshkosh members of the Winnebago Auxiliary. The Neenah members held separate meetings during January and February due to weather and road conditions.

The Oshkosh members held a one o'clock luncheon meeting at Stein's on January 27. There were twenty-two members present, and Miss Margaret Senn was a guest. After a brief business meeting with Mrs. W. N. Linn presiding, the chairman of the program committee, Mrs. G. C. Owens, took charge. Mrs. Owens introduced Mrs. C. J. Combs who gave an interesting reading of Robert E. Sherwood's "There Shall Be No Night."

*To County Auxiliary Presidents:*

Is your chairman of press and publicity sending news of your activities to the state chairman of press and publicity?

We want to know about your programs, your projects, and your social events.

# Society Proceedings

## Barron—Washburn—Sawyer—Burnett

The Barron–Washburn–Sawyer–Burnett County Medical Society met on February 3 at the Land O'Lakes Hotel, Rice Lake. Dr. F. A. La Breck, Eau Claire, discussed "A New Obstetrical Forceps," and a motion picture in color on "Radium Treatment of Angiomas," prepared by Dr. F. E. Simpson of Chicago, was presented by his secretary.

## Brown—Kewaunee—Door

The Brown–Kewaunee–Door County Medical Society met on February 13 at the Northland Hotel, Green Bay. Twenty-nine attended to hear Dr. Milton Trautmann, Madison, discuss "Public Health Aspects and Management of Syphilis," and Mr. George Larson of the State Medical Society talk on plans for the Spring Clinics to be held throughout the state the latter part of April and the first part of May.

## Columbia—Marquette—Adams

The Columbia–Marquette–Adams County Medical Society met on February 18 at 8 p. m., at St. Savior's Hospital, Portage. Featuring the scientific program was a clinical conference. A luncheon was served to members of the society and its woman's auxiliary following the scientific session.

## Dane

At the February 11 meeting of the Dane County Medical Society in Madison, Dr. J. Ernest Breed, Chicago, spoke on "Radium Treatment of Angiomas," and Dr. Arnold S. Jackson, Madison, on "Diagnosis and Treatment of Thyroid Disease." Refreshments were served following the scientific session.

## Dodge

The Dodge County Medical Society had as its guest speaker on February 27, Dr. S. A. Morton, Milwaukee radiologist, who discussed "Radiological Aspects of Chest Diseases." Prior to Dr. Morton's address, the group enjoyed dinner at St. Joseph's Hospital, Beaver Dam.

## Eau Claire—Dunn—Pepin

The Eau Claire–Dunn–Pepin County Medical Society met on February 24 in Eau Claire. Dinner was served at 6:30 p. m., and a scientific program presented. Guest speakers were Dr. J. E. Ziegler, Eau Claire, who discussed "Prostatic Resection," and Dr. F. A. La Breck, Eau Claire, whose subject was "A New Obstetrical Forceps."

## Forest

The following officers have been elected by the Forest County Medical Society:

President—Dr. G. W. Ison, Crandon
Vice-president—Dr. O. Tenley, Wabeno
Secretary–treasurer—Dr. G. E. Carroll, Laona
Delegate—Dr. H. Marsh, Crandon
Alternate delegate—Dr. G. E. Carroll, Laona

## Green Lake—Waushara

The Green Lake–Waushara County Medical Society met at the Hotel Whiting in Berlin on February 20 at 6 p. m. A motion picture on "Radium Treatment of Angiomas," prepared by Dr. F. E. Simpson, Chicago, was presented by the doctor's secretary, Miss Ragsdale; Dr. S. Rosenthal, Milwaukee, discussed "Disturbances of Water Balance and Its Treatment" and Dr. M. E. Gabor, Milwaukee, "Intestinal Obstruction."

## Jefferson

The Jefferson County Medical Society met on February 20 at Shorecrest, Fort Atkinson. A business meeting was held. Twenty-three members were present.

## La Crosse

Dr. T. J. Snodgrass, Janesville, was the guest speaker at a meeting of the La Crosse County Medical Society in La Crosse on February 11. Fifty members of the society came to hear him discuss "Surgery in the Treatment of Tuberculosis."

## Marinette—Florence

The Marinette–Florence County Medical Society met on February 19 in Menominee. Dinner was served at 6:30 p. m. and a scientific program presented. The speaker of the evening was Dr. Moses Cooperstock of Marquette, Michigan. He spoke on poliomyelitis.

## Milwaukee

At the February 14 meeting of the Medical Society of Milwaukee, Dr. Kellogg Speed, Chicago, spoke on "Gunshot Wounds" and Dr. James R. Regan, Milwaukee, on "Fractures of the Hand." A buffet luncheon was served after the business and scientific sessions.

The society cooperated with the Milwaukee County Hospital and the Milwaukee Children's Hospital on February 14 in the presentation of the fourth annual Milwaukee Clinical Day. Clinics covered coronary thrombosis and its management, malignant tumors of the breast and pediatric subjects.

## Monroe

The Monroe County Medical Society elected the following officers for the coming year at its meeting on February 12 in Sparta:

President—Dr. Dewitt C. Beebe, Sparta
Secretary–treasurer—Dr. Thomas J. Sheehy, Tomah
Delegate—Dr. Chauncey D. Beebe, Sparta
Alternate delegate—Dr. C. S. Phalen, Sparta

Dinner was served at 6 p. m. and local medical problems were discussed by the fifteen members attending.

## Outagamie

The Outagamie County Medical Society met on February 20 in Appleton. Dinner was served at 6:30 p. m. and a scientific session held which featured a talk by Dr. M. G. Peterman, Milwaukee, on "Cerebral Birth Injuries."

## Pierce—St. Croix

The Pierce–St. Croix County Medical Society met in Hudson on February 20 for dinner and a scientific discussion. Dr. A. J. Moss, Minneapolis, the guest speaker, gave an address on "Diagnosis and Treatment of Eczema." Sixteen attended.

## Portage

The Portage County Medical Society met in Stevens Point on February 12 at 8:15 p. m. Dr. L. M. Morse, Neillsville, presented a paper on "Infantile Paralysis," and Dr. W. C. Keettel of the State Board of Health, Madison, spoke on "Recent Advances in Obstetrics." Dr. Keettel illustrated his talk with motion pictures. Dr. W. F. Cowan, Stevens Point, opened discussion of Dr. Morse's paper. Fifteen attended.

## Racine

Two Milwaukee physicians appeared on the scientific program of the Racine County Medical Society at its February 20 meeting in Racine,—Drs. William E. Grove and Maurice R. Reuter. Dr. Grove spoke on "Diagnostic Aids in Head Injuries," and Dr. Reuter on "Common Dermatoses." The society also held a business session and dinner.

## Rock

The Rock County Medical Society met on February 25 at the Hotel Monterey, Janesville. Dr. William R. Cubbins, Loyola University, Chicago, discussed "Treatment of Fractures."

## Sheboygan

The Sheboygan County Medical Society met at St. Nicholas Hospital on January 30 at 8:15 p. m. Dr. W. S. Middleton, dean of the University of Wisconsin Medical School, discussed "Use of Sulfonamides in Practice." Forty-seven attended.

## Winnebago

A dinner meeting was held by the Winnebago County Medical Society on February 6 in Oshkosh. Speakers of the evening were Dr. R. H. Quade, Neenah, and Dr. S. R. Beatty, Oshkosh. They discussed protruding intravertebral disks and allied lesions of the spine.

## Wood

The Wood County Medical Society has elected the following officers for the coming year:

President—Dr. L. A. Copps, Marshfield
Vice-president—Dr. Leland Pomainville, Wisconsin Rapids
Secretary–treasurer—Dr. R. W. Mason, Marshfield
Delegate—Dr. Karl H. Doege, Marshfield
Alternate delegate—Dr. F. X. Pomainville, Wisconsin Rapids

## Milwaukee Specialty Societies

The **Milwaukee Academy of Medicine** met on February 18 at the University Club. Dr. Joseph J. Furlong, Milwaukee, presented a paper on "Gold Treatment of Rheumatoid Arthritis," and Dr. Lester R. Dragstedt, Chicago, spoke on "Physiology and Clinical Significance of Lipocaic."

**Milwaukee Society of Clinical Surgery.**—Dr. J. W. McRoberts, Sheboygan, was named president-elect of the society recently, and Dr. R. W. Roethke, Milwaukee, was installed as president.

The **Milwaukee Neuropsychiatric Society** met on February 27 at the University Club. The speaker of the evening was Dr. Lloyd H. Ziegler of Milwaukee Sanitarium, who discussed "Psychoses and Allied States Occurring Subsequent to Thyroidectomy."

The **Milwaukee Oto-Ophthalmic Society** met on February 11 at the University Club for dinner and a scientific session. Dr. Sanford R. Gifford, Chicago, addressed the group on "Use of Vitamins in Ophthalmology," and Dr. William Egan, Milwaukee, spoke on "Ultra Short-Wave Therapy; Its Uses in Diseases of the Eye, Ear, Nose and Throat." Drs. Thomas Tolan and Leon Guerin opened discussion on the papers.

**Milwaukee Roentgen Ray Society.**—Officers of the society elected in February are:

President—Dr. J. Edwin Habbe
Vice-president—Dr. C. A. H. Fortier
Secretary–treasurer—Dr. Irving Cowan

Drs. Sidney J. Silbar, N. Warren Bourne and William McKillip were named to a committee to form plans for the organization of a urological society.

# News Items and Personals

A testimonial dinner in honor of *Dr. Emerson A. Fletcher*, Milwaukee, was held on February 6 at the Gettelman Rathskeller, Milwaukee, under the auspices of the Milwaukee Hospital Interns' Association. Dr. Fletcher, 72 years of age, retired recently after forty-seven years in the active practice of his profession. The dinner, attended by about fifty physicians, was presided over by *Dr. Arthur C. Hansen*, president of the association. Speakers included *Drs. H. W. Hefke, John S. Gordon* and *R. A. Toepfer*. Dr. Fletcher, a graduate of the University of Pennsylvania Medical School, has practiced urology in Milwaukee since 1908.

—△—

*Dr. Samuel A. Freitag*, Janesville, spoke on "The Progress of Medicine," at a meeting of the Rotary Club of Janesville recently.

—△—

*Dr. W. W. Kelly*, Green Bay, discussed expert testimony from the physician's viewpoint, at a bar "clinic," held in Wausau in January.

—△—

*Dr. H. J. Lee*, Oshkosh, spoke on "Food Allergies," at a large meeting of the Neenah Homemakers' Club, in February.

—△—

The *Registry of Medical Technologists* of the American Society of Clinical Pathologists has announced the removal of its headquarters from Denver to Ball Memorial Hospital, Muncie, Indiana. Dr. Philip Hillkowitz, chairman of the Board of Registry of Medical Technologists since its organization in 1928, has relinquished his office because of serious illness. Dr. Lall G. Montgomery, Muncie, has been chosen by members of the Board to fill the vacancy.

—△—

*Dr. Armand J. Quick*, co-editor of The Journal's "Comments on Treatment" section, on February 3 and 10, delivered the annual Beaumont Lectures before the Wayne County Medical Society at Detroit on the subject "Coagulation of the Blood and Its Relation to Hemorrhagic Diseases." A dinner was held in Dr. Quick's honor on February 3 at society headquarters. While in Detroit, Dr. Quick also spoke before a convocation of the student body of Wayne University College of Medicine; his subject was "Function of the Liver."

On February 4, the doctor addressed a group of graduate students at the University of Michigan, Ann Arbor, on "Recent Developments in the Field of the Coagulation of the Blood."

—△—

*Dr. R. B. Quinn* has sold his interest in the Quinn–McConnell Hospital, Darlington, to *Dr. Norbert A. McGreane*, and has retired from active practice.

Speakers at recent meetings of the *University of Wisconsin Medical Society* were Dr. Henrik Dam, University of Copenhagen, Denmark, and Prof. Karl P. Link of the department of biochemistry, University of Wisconsin. Dr. Dam discussed "Vitamin K" and Prof. Link "Hemorrhagic Sweet Clover Disease."

—△—

*Dr. Joseph Pessin*, Madison, described the use of "truth serum" at the three-day meeting of the Wisconsin District Attorneys Association in Madison in February. *Dr. E. L. Tharinger*, Milwaukee, presented a lecture on the medical aspects of crime detection.

—△—

*Dr. Elmer L. Sevringhaus*, Madison, president of the American Association for the Study of Internal Secretions, is now in South America as official representative of the United States at the Pan–American Congress of Endocrinology. Dr. Sevringhaus, who made the trip by airplane, not only appeared before the congress but gave lectures at the University of Montevideo and the University of Buenos Aires. He will return to Madison on March 28.

—△—

*Dr. John S. Wier*, Fond du Lac, spoke on "War Chemistry," at a meeting of the Fond du Lac County Dental Society recently.

—△—

The results of investigations in cancer research at the *McArdle Memorial Laboratory*, Madison, were reviewed on February 4 at a meeting of the Wisconsin General Hospital staff. Speakers were: Drs. V. R. Potter, H. P. Rusch, C. A. Baumann, B. E. Kline, and F. E. Mohs.

—△—

The mayor of Oconto Falls proclaimed February 2 "Ohswaldt Day" in honor of *Dr. Herman F. Ohswaldt*, 83-year-old physician who has spent more than fifty of his sixty-two years in practice in that city. A feature of the day's festivities was a radio program broadcast over a Green Bay station, portraying the doctor's characteristics as "physician, surgeon, poet, musician and nature lover." Some of the doctor's favorite musical compositions and one of his poems were included in the broadcast and friends and patients spoke words of tribute. *Dr. A. N. Tousignant*, secretary of the Oconto County Medical Society, said: "He has a multitude of friends and has cemented these friendships with the mortar of service and sacrifice."

—△—

*Dr. Florence E. MacInnis*, Milwaukee, has been named superintendent of the tuberculosis division of the Milwaukee Health Department.

## MARQUETTE ALUMNI TO HOLD SPRING CLINIC

**The annual spring clinic of the Marquette University Medical Alumni will be held on Friday, May 2, 1941 at Marquette University Medical School in Milwaukee. Coach Tom Stidham of Milwaukee will be the guest speaker at the annual banquet of the group.**

*Dr. W. D. Stovall*, Madison, discussed the importance of early diagnosis in cancer, before a large group of Farm and Home Week visitors in Madison, February 3.

—△—

*Dr. M. W. Meyer*, Ashland, spoke on influenza control before about 100 students at the Ashland High School and on scarlet fever before a similar number at Glidden during January.

—△—

*Dr. W. E. Bayley*, La Crosse, called hospital laboratory workers, "detectives looking for hidden clues to murder," in an address on "What Use Is the Hospital Laboratory?" before the La Crosse County Community council on February 1.

—△—

"New Trends in Public Health," was the subject of a talk by *Dr. Carl Neupert* of the State Board of Health given at a joint meeting of the Madison Home Economics Club and the Madison Dietetics Association, February 17.

—△—

*Dr. Michael W. Shutkin*, Milwaukee, was certified as a member of the American Board of Internal Medicine at a meeting of the board in San Francisco, February 20.

## BIRTHS

A daughter, Anne Elizabeth, to Dr. and Mrs. Maurice Byrnes, Milwaukee, on February 10.

A daughter to Dr. and Mrs. E. R. Krumbiegel, Milwaukee, on February 7.

A daughter to Dr. and Mrs. J. F. Wyman, Milwaukee.

A son to Dr. and Mrs. W. G. Huibregtse, Sheboygan.

## MARRIAGES

Dr. Mark E. Foley, St. Nazianz, and Miss Mary Gaffney, Kenosha, on February 1.

Dr. Ralph E. Campbell, Madison, and Miss Mariel M. Geer, Chicago, on January 25.

Dr. Theron G. Randolph, Milwaukee, and Miss Janet Sibley, Chicago, on February 15.

## DEATHS

**Dr. Edwin L. Campbell**, Superior, died on February 14 of a heart attack. He was 32 years of age.

Dr. Campbell was graduated from the University of Colorado School of Medicine in 1934. He had resided in Superior for three years, the first of which he spent as an interne at St. Mary's Hospital.

He was a member of the Douglas County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow, a daughter and a son.

**Dr. Clarence M. O'Hora**, Beaver Dam, died suddenly of a heart attack on February 5. He was 45 years of age.

Following his graduation from the University of Illinois College of Medicine in 1925, Dr. O'Hora practiced his profession in Excelsior, Wisconsin. He moved to Beaver Dam about nine years ago.

The doctor was a member of the Dodge County Medical Society and the State Medical Society of Wisconsin. He was a fellow of the American Medical Association. Survivors include his widow, a daughter and a son.

**Dr. John A. Regner**, Deronda (near Amery), died of uremic poisoning on January 17, one week after his eighty-fifth birthday. He was a member of the 1889 class of the University of Minnesota Medical School, of which only one member now survives.

The doctor, who was born in Sweden, came to the United States in 1856, settling at Marine, Minnesota. He intended to enter the ministry and studied for it until a throat ailment forced him to choose another calling; he chose medicine.

Dr. Regner studied in Berlin for a year following his graduation from medical school. He practiced in Superior, Wisconsin, and in Wheaton, Alexandria, and Minneapolis, Minnesota, before his retirement in 1931. He had lived in Deronda since 1932.

**Dr. Elmer M. A. Sizer**, formerly of Fall Creek and Eau Claire, Wisconsin, died on January 30 in Rio Hondo, Texas, from injuries sustained in an automobile accident. He was 73 years of age and had lived in Rio Hondo since leaving Wisconsin nearly twenty years ago. The doctor was graduated in 1894 from the Chicago Homeopathic Medical College. He is survived by his widow, a son and a daughter.

**Dr. Robert A. Waite**, Milwaukee, died on January 29. He had been head physician for the International Harvester Company since 1917.

Dr. Waite was born in Waukesha in 1877. He was graduated in 1902 from the Wisconsin College of Physicians and Surgeons, Milwaukee. He practiced in Columbus, Wisconsin, for ten years and in Chicago for five years before joining the medical staff of the International Harvester Company.

The doctor was a member of the Central States Society of Industrial Medicine and Surgery, Phi Rho Sigma—honorary medical fraternity, the Medical Society of Milwaukee County and the State Medical Society of Wisconsin. He was a fellow of the American Medical Association. Surviving Dr. Waite are his widow and a son.

# Coming Events

**Clinics of the University of Wisconsin Medical School.**—Physicians are invited to attend clinics held on Saturdays from 11 a. m. to 12:30 p. m., in the sixth floor lecture room of Wisconsin General Hospital, Madison, and also to attend ward rounds, operating clinics, conferences and seminars, a detailed schedule of which may be obtained from Dr. W. S. Middleton, dean of University of Wisconsin Medical School.

Clinics for the remainder of March and for April are as follows:

March 15:
Otolaryngology: Office treatment of the ear, nose and throat patient—Dr. Wellwood Nesbit and associates
March 22:
Obstetrics and gynecology: Vomiting of pregnancy; prevention and treatment—Dr. Madeline J. Thornton and associates
March 29:
Medicine: Clinical approaches to the diagnosis of early pulmonary tuberculosis—Dr. R. H. Stiehm and associates
April 5:
Otolaryngology: Treatment of acute infections of the ear—Dr. Wellwood Nesbit and associates
April 12:
Pediatrics: Problems in infant feeding—Dr. John E. Gonce and associates
April 19:
Ophthalmology: Management of the Squinting Child—Dr. E. E. Neff and associates
April 26:
Medicine: Chronic non-tuberculous infections of the lung—Dr. W. H. Oatway and associates

**Postgraduate Courses at the University of Wisconsin, April 20–25.**—Enrollment for these courses in medicine, pediatrics, surgery, obstetrics and gynecology is still possible since four vacancies still exist. Physicians interested in them should write at once to Dr. R. C. Buerki, superintendent, State of Wisconsin General Hospital, Madison.

**Clinics of Marquette School of Medicine.**—Physicians are cordially invited to attend the weekly clinics, conducted by Dr. Francis D. Murphy and Dr. Joseph King, at the Milwaukee County Hospital on Fridays at 10:30 a. m. Subjects of clinics for the remainder of March and for April are:

March 14:
Coma; differential diagnosis and treatment.
Treatment of back injuries.
March 21:
Pneumonia; chemotherapy.
Principles underlying modern treatment of empyema.
March 28:
Peripheral vascular diseases.
Treatment of gangrene of the extremities.
April 4:
Goiter heart.
Thyroid surgery.
April 11:
Rheumatic fever in children.
Anesthesia and anesthetic agents.
April 18:
Diseases of the gallbladder and jaundice.
Surgery of obstructive jaundice.
April 25:
Acute cardiac emergencies.
Treatment of esophageal lesions.

**Clinics of Milwaukee Children's Hospital.**—Surgical clinics will be conducted on Mondays, orthopedic clinics and clinics of the fracture service will be conducted on alternate Tuesdays, and pediatric clinics will be conducted on Fridays. Dr. Stanley J. Seeger will direct the surgical clinics. Dr. Walter P. Blount will direct the orthopedic and fracture service clinics, and Dr. A. L. Kastner will direct the pediatric clinics. These men will be assisted in the presentations by staff members of the hospital. A tentative program for the remainder of March and for April follows. The time of the clinical presentations will be from 12:30 to 1:30 p. m. with the exception of the clinics conducted on the second Friday of each month. On that day a special clinic will be arranged in cooperation with the Medical Society of Milwaukee County. The time of this special clinic will be from 1 to 3 p. m.

Surgical Clinic, Monday, March 10:
Presentation of cases. Discussion of septicemia.
Fracture Service Clinic, Tuesday, March 11:
Fractures of the leg in children. Discussion by R. P. Montgomery, M. D., Milwaukee.
Pediatric Clinic, Friday, March 14:
Special Clinic. 1 to 3 p. m.
Surgical Clinic, Monday, March 17:
Presentation of cases. Discussion of lung abscess.
Orthopedic Clinic, Tuesday, March 18:
Acute poliomyelitis. Discussion by W. P. Blount, M. D., Milwaukee.
Pediatric Clinic, Friday, March 21:
The evaluation of childhood tuberculosis. Discussion by Karl Kassowitz, M. D., Milwaukee.
Surgical Clinic, Monday, March 24:
Presentation of cases. Discussion of pericarditis—suppurative and adhesive.
Fracture Service Clinic, Tuesday, March 25:
Miscellaneous fractures in children. Discussion by G. W. Fox, M. D., Milwaukee.
Pediatric Clinic, Friday, March 28:
Immunization. Discussion by F. R. Janney, M. D., Milwaukee.
Surgical Clinic, Monday, March 31:
Presentation of cases. Discussion of empyema.
Orthopedic Clinic, Tuesday, April 1:
Residual Poliomyelitis. Discussion by Howard Johnson, M. D., Milwaukee.
Pediatric Clinic, Friday, April 4:
Subject open. Discussion by Clara M. Davis, M. D., Winnetka, Ill.
Surgical Clinic, Monday, April 7:
Presentation of cases. Treatment of Superficial Infection.
Fracture Service Clinic, Tuesday, April 8:
Miscellaneous Fractures in Children. Discussion by A. C. Schmidt, M. D., Milwaukee.
Pediatric Clinic, Friday, April 11:
Special Clinic. 1:00 to 3:00 p. m.

*Clinics of Milwaukee Children's Hospital—continued*

Surgical Clinic, Monday, April 14:
Presentation of cases. Discussion of Kidney Tumors and Congenital Defects of Genito-Urinary Tract.
Orthopedic Clinic, Tuesday, April 15:
The Roentgenographic Diagnosis of Bone Lesions. Discussion by H. W. Hefke, M. D., Milwaukee.
Pediatric Clinic, Friday, April 18:
Chemotherapy in Meningitis. Discussion by V. J. Cordes, M. D., Milwaukee.
Surgical Clinic, Monday, April 21:
Presentation of cases. Discussion of Hernia—Inguinal and Umbilical.
Fracture Service Clinic, Tuesday, April 22:
Compound Fractures in Children. Discussion by W. P. Blount, M. D., Milwaukee.
Pediatric Clinic, Friday, April 25:
Open.
Surgical Clinic, Monday, April 28:
Presentation of cases. Discussion of Surgical Lesions of the Neck—Infections.
Orthopedic Clinic, Tuesday, April 29:
Posture in Childhood. Discussion by L. D. Smith, M. D., Milwaukee.

**Special Lectures at New York Polyclinic.**—The New York Polyclinic Medical School and Hospital announces a special lecture by Dr. Russell L. Cecil, professor of internal medicine there, on March 26, on "Present Status of the Theory of Focal Infection." Dr. Walter C. Alvarez of the Mayo Clinic will give a lecture, April 18, on "Puzzling Types of Abdominal Pain," and Dr. Ralph Moore Tovell, Hartford Hospital, Hartford, Connecticut, will speak on "Regional Anesthesia," May 2.

**Wisconsin Chapter of International College of Surgeons and the Milwaukee Society of Clinical Surgery to Hold Joint Meeting in Milwaukee, March 25.**—The program of the meeting is given below:

a.m.
9–12 Surgical clinics—Mt. Sinai Hospital
p.m.
1– 2 Surgical pathology—N. Enzer, M. D.
2– 3 X-ray conference—I. I. Cowan, M. D.

Dinner will be served at the University Club at 6 p.m. The guest speaker will be Dr. Desiderio Roman, Philadelphia, president, United States Chapter, International College of Surgeons.

**Annual Convention of Catholic Hospital Association.**—Under the patronage and by the invitation of His Eminence, Dennis Cardinal Dougherty, Archbishop of Philadelphia, the officers and executive board of the Catholic Hospital Association of the United States and Canada announce that the 26th annual convention of the Association will be held at Convention Hall, Philadelphia, June 16 to 20, 1941.

**Wisconsin Urological Society.**—The next meeting of the Wisconsin Urological Society will be held in Green Bay, April 12. Clinics will be conducted at the Bellin Hospital beginning at 9 a. m.

**Annual Meeting, Wisconsin Anti-Tuberculosis Association; Spring Meetings Wisconsin Tuberculosis Society (medical), Sanatorium Trustees Association, Sanatorium Superintendents Association.**—The meeting dates and outline of the program are given below:

*Hotel Pfister, Milwaukee*

March 27:
10 a. m. to 5 p. m.—Wisconsin Tuberculosis Society
3:30 p. m.—W. A. T. A. annual business meeting
6:45 p. m.—W. A. T. A. annual dinner
March 28:
9 a. m. to 5 p. m., including luncheon meeting
Central theme—"Tuberculosis in Industry"
Evening free for recreation

*Health Service Building*

March 29:
Personal conferences and round table discussions

The tentative program of the Wisconsin Tuberculosis Society, mentioned above, is as follows:

*Morning Session*

10:00. Value of Cultures for Tubercle Bacilli, Compared with Guinea Pig Inoculations—Miss Mary Warren, Wauwatosa.
10:20. Discussion—Dr. John Grill, Milwaukee.
10:30. Discussion—Dr. Edward Birge, Madison.
10:40. Use of Cod Liver Oil in Oleothorax (Summary of Work Done in Wisconsin by 25 Physicians)—Mr. Bernard Hulbert, Madison.
10:50. *Symposium*—Pneumoconiosis and Tuberculosis—Dr. O. A. Sander, Milwaukee, Dr. H. F. Ringo, Montreal.
11:10. General Discussion.
11:20. Bronchoscopy in Pulmonary Tuberculosis—Dr. W. H. Oatway, Jr., Madison.
11:40. Discussion—Dr. John D. Steele, Milwaukee.

Luncheon

*Afternoon Session*

2:00. *Symposium*—X-Ray in the Diagnosis of Pulmonary Tuberculosis—Dr. George Turner, Chicago Municipal Tuberculosis Sanitarium, Chicago, Ill.
Results of Various X-ray Methods:
2:20. (1) Fluoroscopy—Dr. E. K. Steinkopff, Milwaukee.
2:30. (2) Photo-Fluoroscopy—Dr. H. M. Coon, Statesan.
2:40. Discussion—Dr. I. I. Cowan, Milwaukee
2:50. (3) Further Results from Planigrams—Dr. S. A. Morton, Milwaukee.
3:00. (4) Angular Roentgenology of Pulmonary Apex—Dr. R. H. Stiehm, Madison.
3:10. X-RAY CONSULTATION SERVICE FINDINGS—Dr. Florence E. MacInnis, Milwaukee.
3:20. Case Reports:
(a) Demonstration of two unusual cases using various methods of x-ray examinations.
Dr. E. E. Carpenter, Hawthorne.
Dr. R. J. Schowalter, Milwaukee.
(b) Presentation of films, with histories and laboratory findings from the audience.

**Marquette Alumni Spring Clinics and Banquet.**—The Marquette University Medical Alumni Association will hold its annual spring clinic on Friday, May 2, 1941, at the Marquette University Medical School. A program of professional talks in the morning and afternoon will be announced later. At the annual alumni banquet in the evening, Coach Tom Stidham, new football mentor on the Hilltop, will be the guest speaker.

## SOCIETY RECORDS

### New Members

R. H. Jackson, 16 South Henry Street, Madison.

F. N. Pansch, Irving Zuelke Building, Appleton.

R. C. Groendahl, Seymour.

D. F. Weaver, 107 Columbus Building, Green Bay.

F. B. Vande Loo, Brillion.

R. H. Schmidt, Statesan.

P. J. Trier, 104 South Main Street, Fond du Lac.

R. L. Dana, City Hall, Fond du Lac.

R. E. Schrank, Oakfield.

G. E. Carroll, Laona.

E. E. Seedorf, St. Francis Hospital, La Crosse.

H. N. Dricken, 408 West Greenfield Avenue, Milwaukee.

Allen Rabin, 1143 North Jackson Street, Milwaukee.

D. D. Feld, Muirdale Sanatorium, Wauwatosa.

L. F. Sherman, Siren.

Elizabeth A. Reddeman, Marshfield.

### Changes in Address

E. P. Ludwig, Wausau, to Camp Shelby, Mississippi.

J. H. Bristow, Monroe, to 1812 Ninth Street, Bay City, Michigan.

W. E. Klockow, Avoca, to Muscoda.

E. T. Rechlitz, Milltown, to Fort Knox, Kentucky.

E. L. Lochen, Waukesha, to Chanute Field, Rantoul, Illinois.

L. F. Kaiser, Rhinelander, to Fort Sam Houston, Texas.

J. S. Wier, Fond du Lac, to Fort Benning, Georgia.

G. J. Hathaway, Superior, to Camp Beauregard, Louisiana.

Carl Greenstein, Sheboygan, to Chanute Field, Rantoul, Illinois.

J. J. Young, Appleton, to Station Hospital, Camp Grant, Illinois.

Louis Stern, Milwaukee, to Fort Bliss, Texas.

B. R. Walske, Independence, to Station Hospital, Camp Grant, Illinois.

D. F. Weaver, Green Bay, to Fort Sam Houston, Texas.

M. T. Mitchell, Eau Claire, to Fort Sam Houston, Texas.

H. H. Prudowsky, Milwaukee, to Fort Custer, Michigan.

E. D. Schwade, Milwaukee, to Station Hospital, Camp Grant, Illinois.

H. A. Kennedy, Winneconne, to Field Hospital, Corpus Christi, Texas.

E. H. Federman, Eau Claire, to Randolph.

H. C. Johnson, Madison, to Camp Grant, Illinois.

Eleanora F. Jorgensen, Mosinee, to Fitzsimmons General Hospital, Denver, Colorado.

P. B. Jorgensen, Mosinee, to Fitzsimmons General Hospital, Denver, Colorado.

R. K. Pomeroy, Port Washington, to Great Lakes Naval Training Station, Great Lakes, Illinois.

M. F. Huth, Carlisle Barracks, Pennsylvania, to Camp Grant, Illinois.

R. J. Winkler, Hilbert, to Armored Forces, Fort Benning, Georgia.

S. M. Mokrohajsky, Green Bay, to Station Hospital, Camp Grant, Illinois.

Edward McCormack, Niagara, to 123d Field Artillery, Monmouth, Illinois.

H. F. Martini, Wausau, to Fifth Division, Fort Custer, Michigan.

E. C. Kocovsky, Milwaukee, to Reception Center, Camp Grant, Illinois.

W. H. Frackelton, Milwaukee, to William Beaumont General Hospital, El Paso, Texas.

M. E. Foley, St. Nazianz, to Fifth Division, Fort Custer, Michigan.

E. C. Cary, Reedsville, to Fort Benning, Georgia.

George B. Benson, Richland Center to Fort Benning, Georgia.

S. S. Salinko, Milwaukee, to 813 Central Avenue, Asbury Park, New Jersey.

## MEMBERS IN ACTIVE MILITARY SERVICE

The following is a list of men who are in active service according to reports received by the Journal:

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Benson, George B.. | Richland Center | Fort Benning, Georgia |
| Bleckwenn, W. J.. | Madison ..... | Camp Shelby, Mississippi |
| Bristow, J. H. ... | Monroe ..... | 1812 Ninth Street, Bay City, Michigan |
| Cary, E. C..... | Reedsville ..... | Fort Benning, Georgia |
| Foley, M. E..... | St. Nazianz ... | Fort Custer, Michigan |
| Frackelton, W. H.. | Milwaukee .... | William Beaumont General Hospital, El Paso, Texas |
| Greenstein, Carl... | Sheboygan .... | Chanute Field, Rantoul, Illinois |
| Hathaway, G. J... | Superior ..... | Camp Beauregard, Louisiana |
| Heiden, H. H..... | Sheboygan .... | Camp Beauregard, Louisiana |
| Huth, M. F. ..... | Baraboo ..... | Camp Grant, Illinois |
| Johnson, H. C.... | Madison ..... | Camp Grant, Illinois |
| Kaiser, L. F..... | Rhinelander ... | Fort Sam Houston, Texas |
| Keck, E. B..... | Madison ..... | Marine Barracks, Quantico, Virginia |
| Kennedy, H. A... | Winneconne ... | Field Hospital, Corpus Christi, Texas |
| Kocovsky, E. C... | Milwaukee .... | Reception Center, Camp Grant, Illinois |
| Kuehl, F. A..... | Green Bay .... | Fort Knox, Kentucky |
| Lochen, E. L..... | Waukesha .... | Chanute Field, Rantoul, Illinois |
| Ludwig, E. P..... | Wausau ..... | Camp Shelby, Mississippi |
| Martini, H. F..... | Wausau ..... | Fort Custer, Michigan |
| McCormack, Edw.. | Niagara ..... | 123d Field Artillery, Monmouth, Illinois |
| Millard, A. L..... | Marshfield .... | Fort Custer, Michigan |
| Mitchell, M. T.... | Eau Claire .... | Fort Sam Houston, Texas |
| Mokrohajsky, S. M. | Green Bay .... | Camp Grant, Illinois |
| Moran, C. J..... | La Crosse ..... | Camp Beauregard, Louisiana |
| Nowack, L. W.... | Watertown .... | Camp Beauregard, Louisiana |
| Peterson, L. W.... | Sun Prairie ... | Camp Shelby, Mississippi |
| Pomeroy, R. K.... | Port Washington | Great Lakes Naval Training Station, Great Lakes, Illinois |
| Prudowsky, H. H.. | Milwaukee .... | Fort Custer, Michigan |
| Rechlitz, E. T.... | Milltown ..... | Fort Knox, Kentucky |
| Schwade, E. D.... | Milwaukee .... | Camp Grant, Illinois |
| Stern, Louis ..... | Milwaukee .... | Fort Bliss, Texas |
| Talbot, J. R..... | Marshfield .... | Fort Riley, Kansas |
| Vetter, E. W..... | Randolph ..... | Camp Shelby, Mississippi |
| Wagner, A. J..... | Brillion ..... | Fort Sheridan, Illinois |
| Walske, B. R..... | Independence .. | Camp Grant, Illinois |
| Weaver, D. F..... | Green Bay .... | Fort Sam Houston, Texas |
| Weissmiller, L. L.. | Madison ..... | Camp Shelby, Mississippi |
| Wier, J. S..... | Fond du Lac.. | Fort Benning, Georgia |
| Winkler, R. J..... | Hilbert ..... | Fort Benning, Georgia |
| Wyatt, T. E..... | Marshfield .... | Camp Beauregard, Louisiana |
| Young, J. J..... | Appleton ..... | Camp Grant, Illinois |

# Relationship of the Nurse in Industry to the Physician*

By STANLEY J. SEEGER, M. D.

*Chairman of Committee on Industrial Health, State Medical Society of Wisconsin, and Chairman of Council on Industrial Health, American Medical Association*

*Milwaukee*

THE industrial nurse is part of the health and safety program of industry and her duties include all nursing services which promote the health of workers. These are not only the usual first-aid measures and nursing care, but also the important duties connected with the control of those factors which cause illness, fatigue and reduced productivity. In discussing the nurse in industry there is need for a concept of her position which is broader than that usually held. Most people think of industrial nursing as confined to first aid in large manufacturing plants, but surveys such as that made by Helen Lehmann in Cleveland show that this is not correct. Some of the best work of the industrial nurse is done in organizations where there is no manufacturing.

In giving consideration to the problem of physicians and nurses in industry it must be realized at the outset that, contrary to the usual belief, most workers are employed in small plants. A majority of workers, 80 per cent, work in groups of less than 100, and 97 per cent work in groups of less than 250. Industrial physicians may be classified as those who are full-time in one plant, those who are on part-time in one or more plants, and those who are on call. This grouping may also be applied to nurses. It becomes apparent that the difficulties of establishing relationships and of coordinating activities will reside in those activities which are centered about the small plant rather than those of the large manufacturing establishment. In large plants with full-time medical direction the duties of the nurse are largely clinical duties and the scheme of organization of the establishment will define her ethical relationships with physicians. In the small plant the nurse will find that a restriction of her duties to the clinical type of service will not justify her employment, and the necessity of well understood and well defined medical contacts and supervision are most needed in this particular field. If the physician's concept of industrial nursing is based purely on ideas of clinical nursing obtained in hospital practice, the nurse will find it difficult to fulfill all of the possibilities in the industrial field. In order properly to develop the possibilities of nursing services in industry, the nurse should be trained in sanitary inspection and supervision and employment activities, in the maintenance of legal requirements of health control, in safety supervision, in recreational programs and in the safeguarding of conditions connected with eating facilities. Her value in the small plant is proportional to her ability to take responsibility for other than usual clinical activities.

This definition of the place of the nurse in industry is somewhat extended because it serves as a basis for discussing her relationships with the physician. Because of the fact that nurses are often employed through non-medical personnel management in plants, the medical contacts are, in many instances, of a casual nature. The necessity of establishing the proper liaison between the medical profession and the large body of nurses now practicing in small industry with relatively little medical supervision is obvious. As this field of nursing endeavor develops, the need for medical supervision will become more and more apparent. As is true throughout industrial medical practice, the advances of scientific and industrial processes have, in many instances, outstripped the organization which we have perfected to make this knowledge of practical value to the workers. Through programs such as this, various professions concerned with the health of workers have an opportunity to present the problems with which they must deal, and gain

* Presented at the symposium on industrial public health nursing services, sponsored by the State Board of Health, in cooperation with the State Medical Society of Wisconsin and ten other health, nursing and educational groups, February 20, in Milwaukee.

from the discussion a more satisfactory answer to the problems of medical control of nursing services in the small industry.

The National Organization of Public Health Nursing has outlined the qualifications of the industrial nurse in a most satisfactory manner. The problem of training nurses to meet the requirements demanded in this exacting field has been the object of study of various groups including the National Organization of Public Health Nursing and the Council on Industrial Health of the American Medical Association. Schools of nursing should be brought to emphasize the possibilities in this field for the properly qualified nurse. Training in industrial health nursing, as in public health nursing, should be developed on the graduate level. The question has been raised as to whether it is advisable to establish training centers for nurses in this field before a demand arises. The argument which ensues is quite similar to that regarding the chicken and the egg. It is argued by some training centers that they do not wish to give training because they cannot assure their graduates of positions when they have completed their courses. On the other hand, the employers have had the experience that the capacities of the usual nurse are limited and unless a campaign of education can be carried out informing employers of the position which the nurse can assume, no great demand for individuals with this type of training can be expected. Industry, in plants above the size of the smallest, needs some type of nursing activity, and nothing would do more to promote the development of a demand than the existence of a group well trained in this field.

The answer to the problems of the small plant will probably be found through part-time nursing services. One promising development in this field is the interest of the Visiting Nurses' Associations throughout the country in the possibility of extending their activities in public health to the industrial field. County medical societies and state medical societies in the industrial areas, through their committees on industrial health, should carry on the necessary contact and supervision of industrial nursing activities. With the emphasis which has been placed on the worker in the defense program, this type of health activity is particularly important, and the nursing profession can make a most valuable contribution by promoting the necessary activities. The community of interest between the nursing profession and the medical profession has long been recognized and it is unfortunate that the present methods of coordinating the activities of physicians and nurses are as haphazard as they appear to be.

In 1932 a special committee of the State Medical Society of Wisconsin prepared a list of suggestions for the guidance of the nurse in industry which was very largely an outline of first-aid measures. At the time of its first publication the foreword stated: "The nurse has many opportunities for splendid service. She is a nurse, an educator and the first line of service to the injured or sick employee. Her services, however, must not exceed that which by training and license she is prepared to render." It is recognized that the industrial health nurse in the past has not generally had the opportunity or the preparation for building a broad program of prevention in education and this need has been apparent to leaders both in medicine and in nursing. The national preparedness program has given great impetus to the entire field of industrial health work. Industrial nursing, as industrial medicine, will, as a result, experience rapid development in the next few years. The Council on Industrial Health has recognized the desirability of encouraging efforts to improve the professional standing of the industrial nurse. Current projects being undertaken by nurses themselves are (1) the definition and establishment of suitable training courses; (2) the prepartion of a handbook on industrial nursing; and (3) an investigation of the possibilities of employment of industrial nurses as the first step to providing preventive nursing practice to the small plant. It is important for Wisconsin physicians and nurses to realize that their state, through Miss Joanna Johnson, chairman of the committee on industrial nursing of the National Organization of Public Health Nursing, has assumed an important part in the promotion of this program.

# Tuberculosis Costs and Control

## With Special Reference to Tuberculosis Costs in Sanitary District No. 5, Wisconsin

By L. M. MORSE, M. D.
*District Health Officer, Sanitary District No. 5*
*Neillsville*

TUBERCULOSIS, which is a communicable disease and also a preventable disease, is costly to the taxpayers of Wisconsin. Any complete discussion of tuberculosis costs involves the computation of direct and indirect expenditures. It is not within the scope of this paper to delve into all the factors but to discuss those costs which are of common knowledge. No consideration will be given to such items as: Christmas seal sale, private medical care, social security aids, money value of lost earnings due to invalidism and money value of lives lost.

Moreover, the actual expenditure in money is insignificant compared to the havoc the disease spreads in the family, community, and the individual who is removed from society in the prime of life. It is impossible to estimate the greatest cost to humanity,—the intangible one of sorrow, mental strain, and insecurity. This paper presents the direct and indirect costs of tuberculosis as they were computed in Sanitary District No. 5 (see map).

Table 1 shows that $545,459 were spent for tuberculosis in Sanitary District No. 5 over a four-year period from 1936 to 1939. Of this sum, *$23,916* were spent for *preventive* work in tuberculosis. The various county boards in the district (Buffalo, Clark, Jackson, Marathon, Pepin, Portage, Trempealeau and Wood) appropriated this money for mass tuberculin testing and x-ray examination of the school population as part of a program in a case finding study to determine the source of infection.

The only direct expenditures that we can calculate with a certainty are those listed as sanatoria costs, which, over the four-year period, amounted to $401,242. This sum of money went for the care of tuberculous patients from this district who were hospitalized in Wisconsin sanatoria.

The average individual when talking about the cost of tuberculosis usually refers to sanatoria costs only. Very seldom are the miscellaneous expenditures for tuberculosis considered which amounted to $68,370. This figure was derived by computing a number of items, for instance:

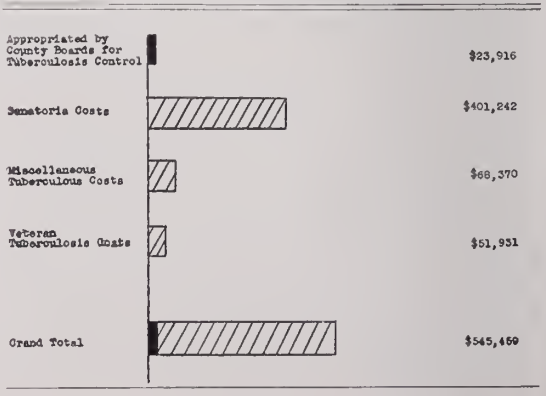
(1) Cost of making a diagnosis, whether it be by a private physician, the sanatorium, or the general hospital.
(2) Cost of direct relief, or the increase in relief to tuberculous families.
(3) Aid to dependent and neglected children.
(4) Rehabilitation costs.
(5) Transportation charges.
(6) Burial costs.

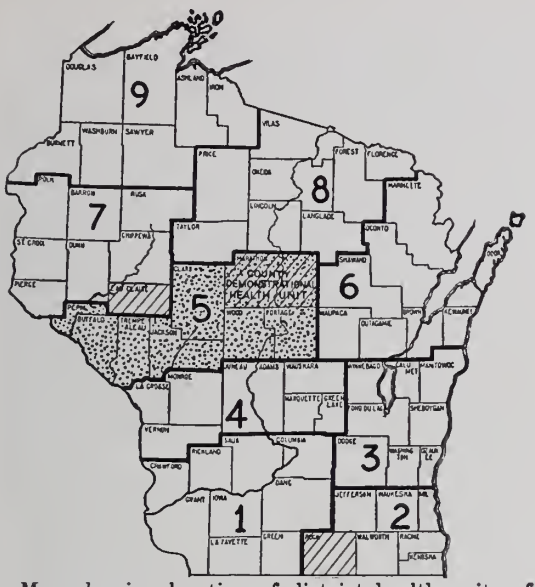
Although $68,370 was spent by the various agencies, this figure is an extremely low estimate since the records of the various organizations were incomplete, inadequate, or could not be found.

There is no need to dwell upon each of these items individually, but it should be pointed out that altogether too frequently the cost of transportation of the patient is forgotten as well as the cost of rehabilitation in the arrested case.

The federal government takes care of the tuberculous veterans within their own facili-

TABLE 1.—*Tuberculosis Expenditures in Sanitary District No. 5, 1936–1939*






Map showing location of district health units of the Wisconsin State Board of Health. The dotted portion indicates Sanitary District No. 5.

ties whether or not the tuberculosis was service or nonservice connected. As a result, the taxpayer's burden, so far as the local tax is concerned, is lessened. It is true that the sum of $51,931* over a four-year period might be considered insignificant but it should be remembered that these figures are incomplete and represent the figures for only a portion of the state.

The federal government estimates the daily hospitalization cost for patients with tuberculosis at more than $3.75 per day, whereas in Wisconsin the cost is approximately $2.50 per day. Most of the veterans in District No. 5 use the Veterans' Hospital for their medical care. With the amount of money spent by the federal government for the care of tuberculous veterans, a thorough study of the tuberculosis problem among veterans is in order. No doubt there is a high monthly turnover, a high per cent of readmissions, and, in addition, many of the veterans probably have the chronic fibroid type of tuberculosis and are ambulatory.

It is evident from a glance at the grand total in Table 1, that a very small sum of money has been spent for preventive work in tuberculosis, whereas an overwhelming amount has been spent for the after care of tuberculosis—more than twenty times as much.

## Discussion

Our communities realize that millions of dollars can be saved the taxpayers if tuberculosis is controlled. It is the function of the state health department, in its program of public health education, to teach that health is purchasable and that the prevention of tuberculosis, although it costs money just as does the prevention of fire or the prevention of crime, is an investment that will decrease institutional expense. It is evident that the money spent on the after effects of tuberculosis far outweighs the amount spent on prevention in the district (Table 1). It bears reemphasis that the money used in preventive work produced a successful program[1] in that 232 active or suspiciously active cases were discovered in the district and placed in sanatoria, thereby preventing the spread of infection and endangering the community.

To decrease tuberculosis costs it is essential to look for tuberculosis where it is: among "contacts," females, men employed in industry, Indians, Negroes, and discharged sanatorium patients. It is estimated[2] that there is eighty times as much tuberculosis found in discharged sanatorium patients as in the unselected population and thirty times more tuberculosis in the contact group than in the general population. The records for the state at large show that only about 16 per cent of the admissions to sanatoria are minimal cases and about 84 per cent of the admissions are moderate or far advanced cases. These percentages alone are a challenge to the medical profession and present a specific problem, namely, that we still do not discover the majority of cases in the incipient stage. What a reduction there would be in the taxpayer's burden if the percentages were reversed, especially since the patient in the minimal stage is usually hospi-

* This figure was derived by contacting all the veterans' hospitals and sanatoria throughout the United States and obtaining the list of the veterans who resided in Sanitary District No. 5 and the duration of their periods of hospitalization for tuberculosis during the four-year period, from 1936–1939. After obtaining the number of patient weeks and multiplying this by the average weekly rate of $18 a week, which is the average cost for the care of a tuberculous patient in Wisconsin, we derived the figure shown in Table 1.

talized only for a period of a few months and those patients in the advanced stage average at least two years of hospitalization.

It is interesting to note that of the persons who died in sanatoria 94.4 per cent had moderate or far advanced tuberculosis on admission and one-fourth of the admissions during the year were readmissions. Thirty-two per cent came from homes where there had been a previous case of tuberculosis. There are more than 700 families in the state that have at least two deaths from tuberculosis.[2]

In a survey conducted recently by the State Board of Health[3] of 759 families it is estimated that the cost to the families on relief from which tuberculous persons have been sent to sanatoria is $446,289. There is evidence to show that about 50 per cent of these persons come from families who are on relief; therefore it is not at all impossible that the general expenditure for tuberculosis outside of the sanatoria may be equal to or exceed the expenditure for tuberculosis within the sanatoria due to aid extended to families where tuberculosis was a material factor. Certain individuals have cost the state and county as much as $10,000, $15,000, and in one instance two persons cost the county and state $30,000. One patient has been in the sanatorium for over seventeen years.

It is believed custodial type of care for maximum benefit cases could be given for probably $10 a week, making more beds available for open cases. On the basis of this figure it would be possible to almost cut the cost in half, since the average weekly rate for sanatorium care is about $18. This is important when we know that about 90 per cent of the patients in the sanatorium are there at the expense of the county and state and only 10 per cent pay a nominal sum.

In the fiscal year 1938–1939, people afflicted with tuberculosis in sanatoria cost the taxpayers of Wisconsin over two million dollars, even though the state experienced the fewest deaths in its history. How much sympathy should be given the waster of public funds, the individual who leaves the sanatorium against advice or who wishes to stay out of the sanatorium during the summer but will return during the winter?

As further progress is made in the control of tuberculosis, the preclinical or the symptomless patient must be discovered if the infective rate in the community is to be lowered. How many times x-ray films showing evidence of tuberculosis have been seen when the physical findings are negative and the patient is symptomless, going about his usual duties! Respectfully scrutinize the very aged for active tuberculosis. Any control program in tuberculosis embodies three important points—case finding, treatment, and rehabilitation. *It is in case finding that the family physician occupies the key position. He, in the final analysis, plays the most important part in the reduction of tuberculosis costs because the control of tuberculosis begins in his office.*

## Summary

(1) The facts and figures on tuberculosis costs for sanitary District No. 5 and other pertinent data for the state at large have been presented.

(2) Appropriation of monies for preventive work in tuberculosis will return dividends to the taxpayer by decreasing the sanatoria expenditures, preventing suffering and disabilities, and saving lives.

(3) It has been suggested that custodial type of care can be given in maximum benefit cases for $10 a week instead of $18.

(4) Rehabilitation in the arrested case as well as periodic check in the discharged sanatoria cases is important.

(5) The preclinical case must be discovered and open cases segregated.

(6) Continued improvement and progress in medical and public health facilities is essential.

### BIBLIOGRAPHY

1 Morse, L. M.: Mass tuberculin testing and x-raying survey in sanitary district No. 5. (Unpublished).
2. Wisconsin Anti-Tuberculosis Association statistics.
3. Harper, C. A., State Health Officer, Wisconsin: Personal communication.

Many physicians recognize the pioneer efforts on the part of **Mead Johnson & Company** by specifying Mead's Cereal and Pablum.

# Annual Spring Clinic Dates Set for April 28, 29 and 30 and May 1 and 2

SPRING clinic time will soon be here again! Select the city and the date most convenient for you and mark your calendar "Reserved for State Society spring clinics."

The Council on Scientific Work of the Society has been working for several months to arrange an interesting and valuable scientific program for you. Subjects of interest to every physician in general practice have been selected. Each hour will be packed with practical information on conditions encountered in every members' day-by-day practice.

Dr. George W. Krahn, the member of the Council on Scientific Work who is in charge of the development of the program, has secured such outstanding teachers and clinicians as Drs. Everett D. Plass of Iowa City, Charles McKhann of Ann Arbor, Albert H. Montgomery of Chicago, and from among our own membership, Dr. Eben J. Carey of Milwaukee and Drs. Edgar Gordon and Wm. C. Keettel, both of Madison.

Dr. Eben J. Carey, chairman of the Council on Scientific Work, will act as general chairman and correlator of the program when it is given in each of the several cities.

Round-table sessions have always proved to be so popular with Wisconsin physicians that at the spring clinics this year there will be four. A separate room will be provided for each of the round tables in order that there may be free and intimate discussion between the leaders and those attending. The round-table dinners begin at 6 p. m. The subjects to be discussed are surgery, obstetrics and gynecology, endocrinology and pediatrics. At each dinner plate there will be placed slips on which can be written questions which members wish to have the speaker answer. The question slips will be gathered during the dinner and answered by the speaker immediately following.

A special feature of the spring clinics this year will be the availability of a special instructor and adviser in the field of obstetrics and gynecology. Dr. Wm. C. Keettel, special obstetrical and gynecological instructor associated with the State Board of Health, will attend each of the five clinic centers and will be available to all members attending who have any questions to ask him bearing on this phase of medical practice. A separate room will be provided where individual problems, difficulties and questions may be answered. Dr. Keettel will have with him a manikin and a doll upon which can be demonstrated the various delivery presentations and the management of each.

A registration fee of $5 will be charged for the full-day session. This registration fee includes the evening dinner reservation at any one of the four round-table dinners. A registration blank and descriptive folder will be issued to all members of the State Medical Society late this month. It is urged that as soon as the registration blank reaches you, you fill it in and mail it to the State Medical Society office in Madison so that proper reservation may be made at the clinic center selected by you and at the round-table dinner which you prefer to attend.

The program dates and places, as arranged by the Council on Scientific Work, are as follows:

**ASHLAND—APRIL 28**
**MARSHFIELD—APRIL 29**
**GREEN BAY—APRIL 30**
**WEST BEND—MAY 1**
**JANESVILLE—MAY 2**

EBEN J. CAREY, M. D.
*General Chairman and Correlator*

A. M.

10:00–10:30. **Debunking Vitamins**
Edgar Gordon, M. D., Madison

10:30–11:00. **Diagnosis and Management of the Physical and Mental Defects of Childhood**
Charles McKhann, M. D., Ann Arbor

11:00–11:15. Recess

11:15–11:30. **The Female Pelvis**
Eben J. Carey, M. D., Milwaukee

11:30–12:00. **Prevention of Accidents in Pregnancy**
Everett D. Plass, Iowa City

P. M.

12:00–12:30. **Value of Chemotherapy in Everyday Surgery**
Albert H. Montgomery, Chicago

12:30– 2:00. **Luncheon**

2:00– 2:40. **Acceptable Endocrines**
Edgar Gordon, M. D., Madison

2:40– 3:20. Subject and Speaker to Be Announced

3:20– 3:30. Recess

3:30– 3:45. **The Rectum**
Eben J. Carey, M. D., Milwaukee

3:45– 4:25. **Diagnosis and Treatment of Hemorrhoids and also Early Diagnosis of Malignancies of the Lower Bowel**
Albert H. Montgomery, Chicago

4:25– 5:05. **Obstetrical Emergencies**
Everett D. Plass, M. D., Iowa City

5:05– 5:45. **Nutritional Feeding Problems**
Charles McKhann, M. D., Ann Arbor

5:45– 6:00. **Recess**

6:00– 7:50. **Dinner Round-Tables**
Surgery—Albert H. Montgomery, M. D.
Endocrines—Edgar Gordon, M. D.
Pediatrics—Charles McKhann, M. D.
Obstetrics and Gynecology—
Everett D. Plass, M. D.
Wm. C. Keettel, M. D.

8:00– 9:00. Subject and Speaker to Be Announced

9:00–10:00. Subject and Speaker to Be Announced

Dr. Eben J. Carey, Milwaukee, general chairman and correlator of Spring Clinics.

Dr. George W. Krahn, Oconto Falls, member of Council on Scientific Work in charge of program arrangement for Spring Clinics.

Dr. Wm. C. Keettel, Madison, special instructor and adviser in obstetrics and gynecology for Spring Clinics.

# Over 40,000 Workmen's Compensation Panels Mailed to Wisconsin Employers

EVERY Wisconsin employer subject to the workmen's compensation act has received a printed panel of all physicians in his county who have indicated their willingness to treat injured workmen. Each employer also received letters from the Wisconsin Industrial Commission and the State Medical Society urging him to post the panel in a prominent place in his plant. A complete list of the insurance companies participating in the open panel agreement appeared on the back of each panel.

The Wisconsin compensation act was amended in 1939 to allow the injured worker reasonable choice in the selection of the physician who is to care for his injury. This amendment to the compensation act removed the previous statutory provision which made the posting of a limited panel of five physicians a compliance with the act. With this amendment, the posting of a limited panel of five physicians would not be construed by the Industrial Commission as being a reasonable choice in many Wisconsin communities. In communities where three or less physicians reside the injured employe is entitled to select any one of the available physicians in the community, whether his name is posted or not.

The list of employers subject to the workmen's compensation act, from which the envelopes were addressed, is the only official list in Wisconsin. Every employer on the list in the office of the Industrial Commission was mailed a panel for his county. There is a possibility, however, that some employers did not receive the panel. Each member is asked to assist the Conference Committee on Open Panels in the distribution of the panel by advising the Society of failure of an employer to receive a panel for his county. Additional copies of panels are available for distribution upon request.

For the first time since the Physical Examination of Employes in Industry program was announced by the Industrial Commission, all Wisconsin employers have been invited to participate in it. This program of the Industrial Commission has been discussed monthly in the Wisconsin Medical Journal for the past six months. With the announcement of the Industrial Commission in the letter addressed to all employers, it is anticipated that there will be a wide discussion of the subject by employers. Physicians will be interrogated as to the operation of the program and their thoughts concerning it. A review by the physician at this time of the material which has appeared in recent issues of the Wisconsin Medical Journal would be timely.

The distribution of the panels is the culmination of many weeks of extended effort by the Society to compile them as a service to Wisconsin workmen, employers and insurance companies. The task of arranging and proofreading the printed panels, addressing of envelopes and sorting them county by county, together with inserting the proper panel in the appropriate envelope, has been a Gargantuan one.

A specimen panel, together with a reproduction of the Society's letter to each employer and of the letter of the Industrial Commission which was enclosed in the same envelope, appears on the following pages.

# Specimen of Workmen's Compensation Panels Mailed to Wisconsin Employers

(Front)

## 1941

## WORKMEN'S COMPENSATION

and

Wisconsin Employees Physical Examination Program

## PANEL OF PHYSICIANS OF MANITOWOC COUNTY

## IN CASE OF INJURY

Report at once to .....
and secure an order for treatment. You may choose any physician listed below in your town.

| NAME | OFFICE ADDRESS | OFFICE PHONE |
|---|---|---|
| **CATO** | | |
| Kelley, John M. | | Whitelaw 29F11 |
| **CLEVELAND** | | |
| Reinert, Edwin N. | | Mosel 74-1L |
| **KIEL** | | |
| Knauf, F. P. | 628 Fremont St. | 47 |
| Nauth, D. F. | Fremont St. | 1 |
| O'Donnell, Steven P. | 618 Seventh St. | 32 |
| **MANITOWOC** | | |
| Bonner, Nelson A. | 713 Washington | 4567 |
| Donohue, William E. | 910 So. Eighth St. | 5765 |
| Erdmann, Norman C. | 104 No. Eighth St. | 9141 |
| Gregory, L. W. | 709 Washington | 8018 |
| Hammond, F. W. | 902 Jay St. | 5383 |
| Hammond, R. W. | 902 Jay St. | 5383 |
| Hoffman, George M. | 707 Franklin St. | 6737 |
| MacCollum, C. L. R. | 104 No. Eighth St. | 5111 |
| Meany, J. E. | 836 Lincoln Blvd. | 8982 |
| Rauch, W. A. | 903 So. Eighth St. | 3451 |
| Rees, Thomas H. | 811 York St. | 8888 |
| Scherping, W. H. | 817 So. Eighth St. | 3349 |
| Sobush, Leon D. | 1004 So. Tenth St. | 3424 |
| Steckbauer, J. W. | 926 So. Eighth St. | 7265 |
| Strong, R. G. | 821 Washington | 7373 |
| Stueck, Arthur F. | 709 Franklin St. | 7931 |
| Teitgen, Arthur | 927 So. Eighth St. | 6841 |
| Teitgen, Theodore A. | 927 So. Eighth St. | 6841 |
| Turgasen, Francis E. | 926 So. Eighth St. | 7141 |
| Wall, Charles E. | 904 So. Eighth St. | 9343 |
| Yost, R. G. | 918 Washington St. | 5678 |

| NAME | OFFICE ADDRESS | OFFICE PHONE |
|---|---|---|
| **Eye, Ear, Nose and Throat** | | |
| Andrews, Malcolm P. | 826 So. Eighth St. | 8321 |
| Belson, Harold J. | 902 So. Eighth St. | 6987 |
| Schneck, Nathan | Commerce Bldg. | 7654 |
| **MARIBEL** | | |
| May, Joseph H. | | Denmark 8F5<br>Whitelaw 17F5 |
| **MISHICOT** | | |
| Huth, Edgar W. | | 2541 |
| Skwor, Chas. J. | | 2751 |
| **REEDSVILLE** | | |
| Cary, Erwin C. | | 36 |
| Wilson, Nilas M. | | 20R |
| **ST. NAZIANZ** | | |
| Foley, M. E. | | Valders 2906 |
| **TWO RIVERS** | | |
| Barnstein, Norman J. | 1421 Seventeenth St. | 4321 |
| Kozelka, Adolph W. | Empire Bldg. | 190 |
| Martin, R. E. | 1806 Washington St. | 313 |
| Moriarty, Leo J. | 1522 Washington St. | 363 |
| Rau, Gerald A. | 1523 Washington St. | 5911 |
| Richardson, R. C. | 1524 Washington St. | 363 |
| Zlatnik, A. P. | 1421 Seventeenth St. | 4321 |
| **VALDERS** | | |
| Simenson, Raymond S. | | 58 |

### INSTRUCTIONS

"The Wisconsin compensation law provides that the employe be given reasonable choice of his attending physician. A panel of at least three physicians in a community where three physicians reside is always to be given. If the employer fails to provide a choice upon request, the employe may choose any licensed physician, and the reasonable expense of necessary treatment will be chargeable to the employer."

Prepared by
The State Medical Society of Wisconsin
Madison, Wisconsin

## POST IN A PROMINENT PLACE

# Specimen of Workmen's Compensation Panels Mailed to Wisconsin Employers

(Back)

## MEMBER INSURANCE COMPANIES OF ASSOCIATIONS PARTICIPATING IN WISCONSIN OPEN PANEL AGREEMENT

Accident & Casualty Insurance Co.—111 John St., New York City.

Aetna Casualty & Surety Co.—151 Farmington Ave., Hartford, Conn.

American Employers' Insurance Co.—110 Milk St., Boston, Mass.

American Mutual Liability Co.—142 Berkeley St., Boston, Mass.

American Re-Insurance Co.—99 John St., New York City.

American Surety Co.—100 Broadway, New York City.

Bankers Insurance Indemnity Insurance Co.—15 Washington St., Newark, N. J.

Car and General Insurance Corp., Ltd.—111 John St., New York City.

Celina Mutual Casualty Co.—Celina, O.

Central Surety & Insurance Corp.—1737 McGee St., Kansas City, Mo.

Century Indemnity Co.—670 Main St., Hartford, Conn.

Chicago Ice Producers' Mutual Liability Co.—51–53 W. Wacker Drive, Chicago, Ill.

Columbia Casualty Co.—1 Park Ave., New York City.

Eagle Indemnity Co.—150 William St., New York City.

Employers Liability Assurance Corp., Ltd.—110 Milk St., Boston, Mass.

Employers Mutual Liability Insurance Co.—502 Third St., Wausau, Wis.

Employers Re-Insurance Corp.—Insurance Bldg., Kansas City, Mo.

European General Reinsurance Co., Ltd.—99 John St., New York City.

Fidelity & Casualty Co.—80 Maiden Lane, New York City.

Fireman's Fund Indemnity Co.—401 California St., San Francisco, Calif.

General Accident Fire & Life Assurance Corp., Ltd.—Fourth & Walnut Sts., Philadelphia, Pa.

General Re-Insurance Corp.—90 John St., New York City.

Glens Falls Indemnity Co.—Glens Falls, N. Y.

Globe Indemnity Co.—150 William St., New York City.

Great American Indemnity Co.—1 Liberty St., New York City.

Hardware Mutual Casualty Co.—200–208 Strongs Ave., Stevens Point, Wis.

Hartford Accident & Indemnity Co.—690 Asylum Ave., Hartford, Conn.

Hartford Steam Boiler Inspection & Insurance Co.—56 Prospect St., Hartford, Conn.

Indemnity Insurance Co. of North America—1600 Arch St., Philadelphia, Pa.

Iowa Mutual Liability Insurance Co.—Cedar Rapids, Ia.

Liberty Mutual Insurance Co.—175 Berkeley St., Boston, Mass.

London & Lancashire Indemnity Co. of America—108 John St., New York City.

London Guarantee & Accident Co., Ltd.—55 Fifth Ave., New York City.

Lumbermen's Mutual Casualty Co.—Mutual Insurance Bldg., Chicago, Ill.

Maryland Casualty Co.—Baltimore, Md.

Massachusetts Bonding & Insurance Co.—14–20 Kilby St., Boston, Mass.

Master Plumbers Ltd. Mutual Liability Co.—326 W. Brown St., Milwaukee, Wis.

Metropolitan Casualty Insurance Co.—10 Park Place, Newark, N. J.

Michigan Mutual Liability Co.—163 Madison Ave., Detroit, Mich.

New Amsterdam Casualty Co.—227 St. Paul St., Baltimore, Md.

New York Casualty Co.—100 Broadway, New York City.

Occidental Indemnity Co.—401 California St., San Francisco, Calif.

Ocean Accident & Guarantee Corp., Ltd.—1 Park Ave., New York City.

Phoenix Indemnity Co.—55 Fifth Ave., New York City.

Royal Indemnity Co.—150 William St., New York City.

St. Paul Mercury Indemnity Co.—St. Paul, Minn.

Security Mutual Casualty Co.—506 S. Wabash Ave., Chicago, Ill.

Standard Accident Insurance Co.—640 Temple Ave., Detroit, Mich.

Standard Surety & Casualty Co.—80 John St., New York City.

Sun Indemnity Co.—55 Fifth Ave., New York City.

Travelers Indemnity Co.—700 Main St., Hartford, Conn.

Travelers Insurance Co.—700 Main St., Hartford, Conn.

United States Casualty Co.—60 John St., New York City.

United States Fidelity & Guaranty Co.—Baltimore, Md.

United States Guarantee Co.—90 John St., New York City.

Utica Mutual Insurance Co.—185 Genesee St., Utica, N. Y.

Zurich General Accident & Liability Insurance Co., Ltd—135 So. LaSalle St., Chicago, Ill.

# Over 40,000 Workmen's Compensation Panels Mailed to Wisconsin Employers—continued

*Set forth below and on the opposite page are reproductions of letters sent to Wisconsin employers by the State Medical Society and the Wisconsin Industrial Commission.*

J. G. CROWNHART
*Secretary*

G. B. LARSON
*Assistant Secretary*

The STATE MEDICAL SOCIETY of WISCONSIN
Madison

February 24, 1941

TO ALL WISCONSIN EMPLOYERS:

A very greatly broadened choice of physician for panels under the Wisconsin Workmen's Compensation Act is made available through the enclosed panel. This plan was evolved under an agreement between the associations of insurance carriers (names listed on the reverse of the panel) and the State Medical Society. Three years of trial have now proved its greater usefulness in complying with the act. A conference committee operates to insure smooth administration.

The Wisconsin Industrial Commission and this Society join in urging you to post the enclosed panel of physicians in a conspicuous place where all of your employes may see it. If you have elected, under the Workmen's Compensation Act, to be classified as a "self-insurer" you are also invited and urged to use this panel. Through an agreement by the association of mutual insurance companies, the association of stock insurance companies and the State Medical Society of Wisconsin, upwards of 2,000 physicians have agreed to abide by the conditions imposed for this panel listing.

The panel which is enclosed may be used for the Wisconsin Industrial Commission's "Physical Examination Program" as well.

If you would like to have additional copies of this panel or copies of panels for other counties, we will supply you with such panels in any numbers that you desire.

A further message from the Commission is also enclosed.

Yours very sincerely,

J. G. Crownhart
Secretary

COMMISSIONERS
VOYTA WRABETZ, Chairman
HARRY J. BURCZYK
C. L. MILER
HELEN E. GILL, Secretary

# The State of Wisconsin

INDUSTRIAL COMMISSION

STATE OFFICE BUILDING

1 WEST WILSON ST., MADISON

FUNCTIONS
Apprenticeship
Employment Service
Painter's Licenses
Safety and Sanitation
Statistics
Unemployment Compensation
Wage Collection
Woman and Child Labor
Workmen's Compensation

In Reply Please Refer to E

February 24, 1941

*To Employers Subject to the Wisconsin Workmen's Compensation Act:*

The Industrial Commission calls attention to the fact that failure to make report promptly to the insurance carrier of injury to an employe results in delay of payment of compensation. That causes hardship to the employe, and at times even raises doubt as to liability which would not have been questioned had report been promptly made. The law provides that where the employer is to blame for delay in payment of compensation by reason of failure to report, or for other reason, he becomes liable for 10% increased compensation to be paid directly by the employer and which cannot be paid by the insurer.

The law requires that every injury which results in disability of more than three days is to be reported to the Industrial Commission and provides severe penalties for failure to report. The commission earnestly requests employers to *report all injuries, no matter how trivial, to the insurance carrier* immediately, and also to the commission where any disability remains *following the third day* after the day of injury. Where disability has ceased on or before the third day after injury, and no permanent disability has resulted, no report need be made to the Industrial Commission. The same form is to be used for the report to the insurance carrier and to the Industrial Commission, so that in all cases report may be made in duplicate, forwarded at once to the insurance carrier, and sent to the Industrial Commission when more than three days' disability (or any permanent disability) results.

When the employe is able to return to some work it is of utmost importance that he be given work by the employer if possible. The doctor should be consulted and work afforded of a type which the employe is able to do in view of his condition. Failure to give work to employes after injury often results in unnecessary prolonging of disability, and creates dissatisfaction on the part of the employe.

It is well known that many injuries occur because of unsafe practices on the part of both employer and employe. Failure to guard machines and equipment in accordance with law results in numerous injuries. The maintaining of a safety organization for the purpose of getting employes to make suggestions for the improvement of working conditions and to let them feel that they have a responsibility in accident prevention, bears rich fruit, particularly in the matter of safe practices and the prevention of injury and the consequent lowering of insurance rates as the incidence of injury is reduced.

The commission calls attention to its program on Pre-employment Physical Examinations. We urge all employers as a matter of safety to have physical examinations made of employes, both before and during employment, as outlined in the Wisconsin Plan for Physical Examinations, a copy of which will be supplied upon request. It should be the earnest endeavor of every employer to place every employe who is safe to himself and to others in the kind of work which is suitable for him in view of the condition which may be disclosed upon examination. Slight physical defects should not bar an applicant from employment, nor should more serious defects bar an employe who can be placed in work which is suitable and safe for him and his co-employes.

Yours very truly,

INDUSTRIAL COMMISSION,
HARRY A. NELSON, *Director,*
*Workmen's Compensation.*

HAN/OS

# The Fight on Cancer

By MRS. G. E. STODDART
*State Commander, Women's Field Army*
*Beaver Dam*

APRIL 1 to 30, 1941, will mark the fifth campaign in the Women's Field Army, Wisconsin Division to wage *war on cancer.* We again urge your cooperation and help from the smallest hamlet to the largest city in the state.

The weapons used, in waging our war at home, are literature, films, radio and physicians' addresses to groups, organizations, schools and service clubs. Is it not better to fight to save lives than to participate in wars that destroy life and property? Cancer is on the increase in Wisconsin; the records show that in 1939, there were 4,141 deaths charged to public enemy number two, cancer. This is a great challenge to all volunteers in the Women's Field Army, a definite challenge that we must carry on in spite of obstacles; carry on by educational work throughout the year and by giving great emphasis to the financial enlistment campaign in April.

April, by act of Congress, has been proclaimed "Cancer Control Month" and we in Wisconsin have a deep sense of responsibility in bringing the hopeful message to everyone everywhere that "Early Cancer is Curable."

As editor of the Women's Field Army Bulletin in Wisconsin, I have been privileged to mail to every member of the State Medical Society of Wisconsin our bi-monthly Bulletin. I regret it has not been possible to forward to you all of the literature material we have available. If you desire to become better acquainted with Field Army literature please write for "Cancer Facts for Men and Women" or "Answers to 76 Common Questions." Our new film "Choose to Live" has received the highest commendation of those doctors using it in presenting lectures. "The Story of Cancer for High Schools," by Dr. F. L. Rector, is a ready help for those presenting the work to high school and college groups. The new book "Youth Looks at Cancer" is a text prepared for colleges, preparatory schools and high schools. It was prepared by the New York, Westchester Cancer Committee and will prove a help in working with laymen, especially youth groups. Wisconsin Division has been privileged to purchase "The Cancer Woman Unit" which will prove to be a most outstanding exhibit for visual education. The latex models shown at fairs and conventions will continue to serve a most useful purpose.

As Vice-chairman of the State Board of Public Welfare, it is my privilege and duty to visit our many state and county institu-

Mrs. G. E. Stoddart, State Commander
Women's Field Army
Beaver Dam

tions. This field brings me in close contact with all health problems and to contrast aids in other states with those in our state. At all times I am proud of the splendid record made in Wisconsin in the field of public health. In this, I feel it an honor and privilege to share, not only in public welfare but in serving as State Commander of the Field Army. With your help, the assistance of the medical auxiliaries, and our State Medical Society we cannot fail. Won't you please lend your moral support, encourage and assist our volunteer officers, and enlist in the Field Army in April? Contributions should be sent to Mr. E. H. Jacobs, State Treasurer, at the State Headquarters in Beaver Dam.

The cooperation received in past campaigns from community leaders has been most gratifying. Men and women today recognize the importance of supporting the fight against this malignant disease. Cancer is our great problem, even the word has spelled fear for generations, but gradually we note a change in the public's attitude. This is most encouraging and while much has been done in recent years to improve situations and community viewpoints, we have only made a beginning. The unnecessary loss of life from cancer is a challenge. It would be a challenge at any time, but today when our country is integrating all its energies and all its power for national defense, there must be no waste of life. We realize that cancer threatens the older industrial workers who now are most necessary to our economy. The fathers and mothers of the soldiers, as well as the men in training, must be protected from this disease.

To fortify them with knowledge is our objective. We go forward in Wisconsin with hope high and undaunted courage that this fifth campaign may mark another victory. Knowing that your President, Dr. Sproule, and President-elect, Dr. Gundersen, together with State Chairman Dr. Fidler and the chairman of the American Society for the Control of Cancer, Dr. W. D. Stovall, are willing and ready to help and counsel our Field Army leaders, we look to you, the family doctor in your community, for guidance and counsel to the end that more may be saved from cancer deaths and our citizenry enjoy happiness and good health.

# In the Service?

IN THE case of many of the physicians called into the service of our country, the responsibility of continuing medical service for the community and of maintaining the professional establishment will be of major concern. The State Medical Society holds itself ready to be of assistance to its members in this problem at any time.

In those cases where a locum tenens is secured, the Society urges that the arrangements be confirmed by a written contract, drawn with the assistance of a local attorney. In arriving at the terms of such an agreement members should consider these fundamental points:

1. *Licensure.*—The locum tenens must be licensed in Wisconsin as one entitled to practice medicine and surgery, with his license filed in the county in which he resides. He should be a member of the local and state society as a further assurance of his ethical standing and abilities.

2. *Staff privileges.*—Association on the hospital staff, where necessary, should be arranged. The locum tenens should be apprised of the conditions necessary to a continuation of this association, and his compliance with them should be a continuing condition of the contract.

3. *Malpractice liability.*—Malpractice insurance should be maintained by both parties under all circumstances.

4. *Partners, independent contractor, or employe.*—One of the most important matters for decision is that of determining the relationship under which the locum tenens is to assume management of the office. Your own attorney can best describe the practical aspects of this problem. It is sufficient to say that there is a real distinction between these

with respect to liability of the principal party for the acts of the locum tenens, and with respect to his power to bind or otherwise obligate his absent confreré. In deciding this relationship, consideration must necessarily be given to the extent the locum tenens is to control the practice. For example, may he move the office acting upon his best judgment alone? Or may he make such purchases to the office account as his judgment dictates? Are the costs of operation to be a joint burden, and in any event, what are they?

5. *Financial arrangements.*—Whether the locum tenens is reimbursed on a salary or drawing basis, arrangements must be made with respect to handling withdrawals, the financial records to be kept, collection policy and obligations of locum tenens with respect to accounts receivable of the physician. In this connection note the article appearing in the December, 1940, *Wisconsin Medical Journal* dealing with Collection Laws and particularly the article beginning on page 1081 dealing with The Soldiers' and Sailors' Civil Relief Act.

Physicians and their attorneys are also referred to the article and opinions of the attorney general relative to division of fees between physicians, appearing in the December, 1940, *Wisconsin Medical Journal* on page 1062.

6. *Locum tenens to give entire time.*—As an essential provision of the contract, provision should be made with reference to the amount of time that the locum tenens is to devote to the practice. Is he to give his entire time and not to engage in any business which would detract from his abilities to serve the community professionally?

7. *Costs of operation.*—If the salary or drawing arrangement with the locum tenens is to be based on the percentage of net income after payment of operating costs, items of costs should be specified so nearly as can be determined. If the physician should own his own office it is only proper that a rent basis for use of the office be established, and such items as light, heat, wages, insurance, supplies and equipment and the like should all be taken into consideration.

The physicians must likewise determine their policy with reference to accounting for collections for services rendered prior to execution of the agreement by the reserve officer. Are these to be considered income under the contract or are they excluded?

8. *Restriction on practice after termination of agreement.*—Wisconsin courts recognize the validity of clauses restricting practice after termination of a contract of employment. Your attorney may refer to the cases of *Eureka Laundry Company v. Long,* 146 Wis. 205, and *Madson v. Johnson,* 164 Wis. 612. The test is whether such a clause is in itself fair and reasonable and necessary for the proper protection of the professional interest involved. A frequent provision reads that the assistant may not maintain an office or hold himself out for practice in the city or within a reasonable area surrounding the city for a period of five years after termination.

9. *Arbitration of disputes.*—A clause may be inserted in the contract providing that in the event of disputes the matter may be referred to an arbitration committee of three, one to be selected by each party to the contract, the two so selected to select a third. The decisions of such an arbitration committee are ordinarily binding under the Wisconsin statutes.

10. *Termination.*—A provision for termination of the contract should be made. At the option of the party a definite date may be selected or termination can depend upon the time when the absent associate returns, or may be of indefinite duration, and terminable upon sixty or more days' notice. In any event it should be stated that failure on the part of the locum tenens to carry out in good faith the provisions of the contract should be cause for termination without notice.

11. *Miscellaneous matters.*—Other matters which a physician may desire to pass upon may include questions concerning the handling of bank accounts, power of attorney with reference to writing checks and the handling of certain business and personal matters of the absentee member, as well as the form of stationery, billing head, prescriptions, liquidation after termination of the

agreement of accounts receivable arising during the operation by the locum tenens of the practice, care and replacement of medical instruments and the like.

* * *

The State Medical Society is most willing to cooperate with its members and their attorneys in the preparation of these contracts to meet the varying need of special circumstances and of the communities. If the physician is already in partnership, but a locum tenens is still necessary, the arrangement should be among all of the parties and the same applies even though the physician going into service is employed on a salary basis at the present time but wants to protect his particular practice.

## NEW SOUND FILM TELLS STORY OF X-RAYS IN LAYMEN'S LANGUAGE

To be released shortly by the General Electric X-Ray Corporation is a new four-reel sound motion picture, "Exploring with X-Rays." The film is strictly educational in nature, having as its purpose the telling of the story of x-rays and their many applications in language easily understandable to people without technical training. A leaflet describing the picture and including instructions for reserving it for exhibition may be obtained by writing Mr. G. E. Simons, General Electric X-ray Corp., 2012 Jackson Blvd., Chicago.

## RECENT WISCONSIN LICENTIATES

The Wisconsin State Board of Medical Examiners, at a meeting held in the Hotel Loraine, Madison, on January 14, 15, and 16, licensed the following physicians in the practice of medicine after they had successfully passed an examination.

| *Name* | *School of Graduation* | *Year* | *Present Address* |
|---|---|---|---|
| Canterbury, Ellis A. | Northwestern | 1940 | 2200 West Kilbourn Avenue, Milwaukee, Wis. |
| Cornwell, Philip M. | Yale | 1934 | Wisconsin General Hospital, Madison, Wis. |
| Dickie, Helen A. | Wisconsin | 1937 | Wisconsin General Hospital, Madison, Wis. |
| Eichenberger, Charles R. | Marquette | 1940 | 5841 West Bluemound, Milwaukee, Wis. |
| Filipek, Walter J. | Loyola | 1939 | 1506 West Oneida, Appleton, Wis. |
| Flaherty, Wilfrid A. | Rush | 1939 | Milwaukee County General Hospital, Wauwatosa, Wis. |
| Fraser, James M. | George Washington | 1939 | Vanderbilt Hospital, Nashville, Tenn. |
| Jackson, Russell, Jr. | Northwestern | 1939 | 16 South Henry Street, Madison, Wis. |
| Johnston, Ray C. | Marquette | 1940 | 1545 South Layton, Milwaukee, Wis. |
| Jurishica, August J. | Louisville | 1939 | 1545 South Layton, Milwaukee, Wis. |
| Oldenburg, Frank A. | Marquette | 1940 | Hartford General Hospital, Hartford, Conn. |
| Phelps, Richard E. | Iowa | 1940 | Methodist Hospital, Madison, Wis. |
| Polan, Charles M. | Washington | 1937 | Wisconsin General Hospital, Madison, Wis. |
| Russo, John G. | Loyola | 1938 | Wisconsin State San., Statesan, Wis. |

The following physicians were granted licenses through reciprocity:

| *Name* | *School of Graduation* | *Previous Address* | *Present Address* |
|---|---|---|---|
| Baumgartner, Wilbur W. | Illinois | Illinois | Wild Rose, Wis. |
| Carswell, John A. | Toronto | New York | 710 East Glenn Avenue, Milwaukee, Wis. |
| Emrich, Paul S. | Louisville | Kentucky | 412 West Ionia, Lansing, Mich. |
| Enos, Arthur A. | Nebraska | Nebraska | Central City, Neb. |
| Fischer, Otto H. | Loyola | Illinois | Earlville, Ill. |
| Hesser, Herbert H. | Kansas | Kansas | St. Joseph's Hospital, Milwaukee, Wis. |
| Houkom, Samuel S. | Minnesota | New York | 607 Bellim Building, Green Bay, Wis. |
| Kindschi, Leslie G. | Harvard | Minnesota | 4141 Hiawatha Drive, Madison, Wis. |
| Lozoff, Milton | Wisconsin | Kansas | 7513 West Harwood Avenue, Wauwatosa, Wis. |
| McDonald, Dorothy | Univ. of California | Arizona | 512 West Wisconsin Avenue, Madison, Wis. |
| Paradis, Charles O. | Michigan | Ohio | 323 East Chestnut Street, Louisville, Ky. |
| Partipilo, Anthony V. | Loyola | Illinois | 509 Briar Place, Chicago, Ill. |
| Richter, Maurice R. | Univ. of Kansas | Kansas | Wisconsin General Hospital, Madison, Wis. |
| Rose, Jack M. | Northwestern | Illinois | 84 Temple Court, Winnetka, Ill. |
| Smith, Robert W. | Vanderbilt | Kentucky | Columbia Hospital, Milwaukee |
| Vickers-Smith, Evelyn J. | Minnesota | Minnesota | Box 251, Sparta |
| Whitefield, Bryan W. | Tulane | Louisiana | Murphy, N. C. |

KEEP YOUR WISCONSIN MEDICAL BLUE BOOK (December issue of The Journal) WITHIN EASY REACH

# CENTENNIAL ANNIVERSARY SECTION

*In this section of The Journal in 1941 will appear special historical articles, and items relating to the 100th anniversary of the State Medical Society of Wisconsin, which was organized under the provisions of a bill enacted by the Wisconsin Territorial Legislature in 1841.*

One of the projects of the Woman's Auxiliary to the State Medical Society of Wisconsin in the last few years has been research in the field of medical history, with subsequent submission of collected historical material concerning pioneer physicians to the Wisconsin State Historical Society. The histories from the Woman's Auxiliary to the Waukesha County Medical Society, reproduced below, represent only a small part of the auxiliary's effort, that group under the chairmanship of Mrs. J. B. Noble having compiled a total of 362 sketches, which have been exhibited at various medical meetings.

## Solomon Blood, M. D.

Nothing is known of date, or place of birth.

Records show he came to Mukwonago, Waukesha County in 1839. The outstanding events in his medical career were connected with the active part he took in the State Medical Society of Wisconsin

1856—2nd Vice Pres. of State Medical Society
1858–1859—1st Vice Pres. of the State Medical Society
1862—President of the State Medical Society

—*Transactions, State Medical Society of Wisconsin* 23: 284, 1889.

## Mrs. Grace McPherson Grant, M. D.

Born June 25, 1807, at Inverness, Scotland, graduated Edinburgh, Scotland. She first started the practice of medicine in Kerr, Scotland. Date of coming to Waukesha County, Ottawa Township, 1842. Dr. Grant was the mother of eight children.

The following excerpt is taken from a letter written by Mrs. Emma Grant Boesh (Bush), granddaughter of Dr. Grace McPherson Grant:

"Although busy at home, after coming to Waukesha County in 1842, she continued to practice midwifery and care of children in the pioneer community of Ottawa.

"When called she often locked the yoke on an ill-tempered team of oxen, that were too much trouble to any one else, and made her call—fearless at night, despite the wolves, etc., of that early day.

"Sometimes she travelled on foot over the Indian trails. Stayed in the home for days—even weeks—with her patients. Even the Indian women brought their babies for treatment and called her the 'Good White Squaw'."

Emma Grant Bush,
6749 Emerald Avenue,
Chicago, Illinois.

September 25, 1938.

Died January 20, 1883 at Ottawa Township and buried at the Ottawa Cemetery with marker.

## Henry Augustus Youmans, M. D.

In the late fifties, Mukwonago Township, Waukesha County, claimed Henry Augustus Youmans, M. D., as one of its pioneer physicians and a leader in state politics.

Dr. Youmans was born in 1816 and died in 1893.

Excerpts from his interesting history taken from the History of Waukesha County, 1888, tell of his being one of the first members of the newly formed Republican Party organized at Madison, July 13, 1854.

Dr. H. A. Youmans who joined the State Medical Society of Wisconsin in 1859 was elected Secretary and Treasurer of the Society, also censor.

—*Proceedings, State Medical Society of Wisconsin,* 2: 22, 1859.

In a paper read before the State Medical Society Dr. Youmans spoke of spasmodic croup and said he

"generally resorts to the use of tobacco smoke, by inhalation, until vomiting ensues."
—*Proceedings, State Medical Society of Wisconsin,* 3: 43–44, 1869.

Dr. Youmans attended meetings of the State Medical Society regularly for twenty years and is listed as being present from 1870 to 1889.
—*Proceedings, State Medical Society of Wisconsin,* 1870–1889.

Born at Coeymans, N. Y., on the Hudson River, on March 22nd, 1816. In early youth he removed with his parents to western New York, near Warsaw, grew to manhood, following the usual avocations which come to the farmer boy in a pioneer agricultural settlement, and taking his full share in all the exposure, fatigue and hardships, inseparable from his surroundings.

Having an ambition to lift himself into a higher plane, by dint of energy, strict economy and persistent, personal effort, he secured an advanced education, sufficient to qualify as a teacher in the public schools of his native state; and earnestly engaging in the work, secured means, and devoted his unoccupied time to medical studies, and in the winters of 1842 and 1843, attended the sessions of the medical department of Geneva College, Geneva, N. Y., then one of the leading medical schools in the state of New York, and in the spring of 1843, he received his degree of Doctor of Medicine.

On the completion of his medical course, he realized Solomon's adage "That a prophet hath no honor in his own country," and promptly ante-dated Horace Greeley's famous "Go west, young man, and grow up with the country," and on the line of the famous old saw, pushed his way around the great lakes, arriving in the, then, village of Milwaukee in the early summer of 1843.

Finding the field about Milwaukee, almost exclusively, German in population and proclivities, and not promising much to a young, uncouth Yankee doctor, who could not talk or understand their vernacular, he wandered forth, west and south, through the valley of the Fox and Rock Rivers, on foot and alone, through brush and slough, sleeping where night overtook him, visiting many of the budding settlements, which, then, gave little promise of the development into which they have since entered, seeking a place to prove his skill and earn his bread.

Where the trail from Milwaukee to the lead mines at Galena crossed the trail from Green Bay Chicagoward, at the ford of the Fox River, the village of Mukwonago had succeeded the Indian village and trading post of the same name and being settled, mainly, by advanced New York people, was one of the liveliest places between Lake Michigan and the Mississippi River and, here, the young doctor erected his professional and family altars, and for half a century he labored, through good and ill report, through storm and sunshine, through summer's heat, winter's cold, through the blinding blizzard and through treacherous slough and the more serious snow-drift, tired, chilled and storm-pelted, but never faltering or failing, he ministered to his clientele with such skill as his rugged mind determined, and with such appliances as circumstances offered.

For surgical instruments, the village black-smith was oft-times an important factor, and the carpenter's chest of tools was drawn upon to furnish an efficient armamentarium in osteomyelitis (only we didn't call it by that name then). The elaborately finished obstetric equipment of today was, then, scarcely dreamed of; neither was it needed, as every woman was good for her marital contract to the extent of a baker's dozen, singles or in pairs, without any balk in the delivery of the goods.

The fashionable bacillus, with his many strangely named relatives, was of unknown history and without a pedigree. The famous and invincible COR. SUB. spent its force in the destruction of the universal bedbug, which was the only bug-iographic element which infested doctor and patient alike, without regard to birth, education, pedigree or condition of life.

In person Dr. Youmans was tall, massive and angular, without superfluous flesh to smooth or modify his angularity, and his mental equipment was as indomitable and rugged as his anatomy, and to formulate judgment and carry it into fearless action, was a well-known characteristic of this man, both in personal and professional life.

In politics, Dr. Youmans was an *original believer* in the *errancy* of the Democratic party, and while a member of the Assembly of the famous war session of 1861, was a stalwart of the stalwarts, and not only supported all appropriations required by the exigencies of the situation, but loaned to the state all his own money, and all he could safely borrow on his personal responsibility, and on the altar of his country laid a promising son in the years of early manhood.
—*Transactions, State Medical Society of Wisconsin,* 28: 477–479, 1894. (Quoted almost verbatim).

## Hugo Philler, M. D.

Born January 4, 1838. Died February 17, 1916.

Some highlights of his professional work in his forty-one years of practice in Waukesha County are:

### A New Physician and Surgeon

Dr. Hugo Philler, physician and surgeon, has opened an office in Clarke's stone block. Dr. Philler is a regular graduate from Germany and served four years as assistant surgeon in the United States Army. He comes well recommended in his profession.
—*Waukesha Plain Dealer,* December 12, 1865.

### A Good Surgical Operation

On January 24th, Dr. H. Philler, of this village, in company with Dr. Clark, of Menomonee Falls, went to Genesee and cut from the shoulderblade of Mr. William Kelly, a tumor weighing over 2 lbs. We saw it at the doctor's office this afternoon and it measured nearly two feet in circumference. It has

been gathering nearly twenty-five years. It was taken out without the loss of more than 4 ounces of blood and we learn that the patient is all right and will soon be about his business again.

—*Waukesha Plain Dealer*, Jan. 30, 1866.

### A Card

Mr. Editor: I desire, through your paper, to give my testimony to the public in regard to the medical skill and ability of Dr. Hugo Philler.

I have been afflicted for 18 months with synovitis in the right hand which rendered it, much of the time, useless. Had employed six physicians in succession before coming to this town, and one here, without deriving any benefit. As a last resort I called upon Dr. Philler and, under his treatment, am able to use the hand in writing this which three months ago would have been impossible. As a family physician he is kind, attentive, sympathizing and a gentleman, under all circumstances. Having employed him in my family, I can heartily recommend him to all those who need medical assistance as a safe, careful and able practitioner.

—Frank A. Davis, *Waukesha Plain Dealer*, January 1, 1871.

### A Card

Whereas some malicious person, or persons, have thought it convenient, in order to injure my business and produce a little excitement in our quiet village, to spread the report that my family (including myself) were sick with the small-pox, I take the liberty to inform the public, in general, that the Germans are just as fond of their children as other nationalities, and that I, in attending people suffering with that terrible scourge, use all possible precaution against spreading the same, and the fact that my family, and myself, have been spared, so far, from contracting the disease, evidently proves the truth of my assertions. Therefore, I advise those well-known calumniators to keep quiet and mind their own business in the future.

Nov. 13, 1871.

—Hugo Philler, M. D., *Waukesha Plain Dealer*, November 14, 1871.

### Return Those Pants!

Some poor benighted victim of the devil got himself into trouble and if his eye happens to fall on these lines we trust he will repent of his evil deeds, get vaccinated, and pray that he may escape the ravages of smallpox. The case is this: Dr. Philler had a suit of clothes that he used only on occasions when visiting small-pox patients. As our readers know he had occasion to use them early in the winter, but after the patients he cared for, were cured, he hung the infected garments in one of the unoccupied rooms of the Commercial Block. The door of the room was unlocked and some time had elapsed since visiting it but desiring to secure a button from the pants, he went into the room a few days ago and, after a diligent search, he failed to find the whereabouts of the garments. The inference is that someone helped themselves and if a case of small-pox develops soon, Dr. Philler, for one, will know and, perhaps, be able to explain how it happened.

—*Waukesha Freeman*, January 24, 1878.

Dr. Hugo Philler never fails to awaken and retain the interest of his pupils and his examinations in German have been found to be one of the most interesting features of commencement week.

—Carroll College News, *Waukesha County Democrat*, July 30, 1881.

### The Laugh is on Dr. Philler Now!

The other evening he was asked to deliver a telegram at a certain residence on East Avenue, it being in the immediate line of his travel and in reaching the house he had to ascend several steps.

On starting away, he failed to remember the latter fact and, it being dark, he plunged from the upper step to the stone below. In his flight through space his arms made pretty violent movements while his medicine case preceded him in a way that rendered it a dilapidated affair on reaching the walk. The bottles all flew around, breaking several, and throwing others to such a distance that nothing since has been seen of them.

The doctor is not very excitable and scarcely ever profane but he admits that on this one occasion, it required the whole of fifteen minutes to enable him to get control of himself sufficiently to stop his tongue from running away.

—*Waukesha Freeman*, October 26, 1882.

Dr. Philler has been kindly remembered by the Pension Department at Washington, having a few days since received the fifth and last volume of "Medical and Surgical History of the Rebellion", probably the most desirable work of the kind ever published and which is worth not less than $250 to any active growing medical man.

Of it Sir William McCormack recently said, "For magnificence, completeness of detail, and for abundance of illustrations, it can be equalled nowhere else in the world".

It is enough to make glad the heart of any practicing physician and we congratulate Dr. Philler on his great good fortune.

—*Waukesha Freeman*, December 20, 1883.

### Waukesha Circuit Court Proceedings

#### State of Wisconsin vs. Joseph Lynch

Some excitement was caused by Dr. Philler refusing to testify unless paid expert fees; stating that he was thus instructed by the Northwestern Medical Association. Upon being informed by Judge Sloan that unless he did testify it would be necessary for him to go to jail Dr. Philler told what he knew about the matter.

—*Waukesha Republican*, December 17, 1887.

Dr. Philler propounds the following hypothetical question to the Board of Health Committee appointed by the President of the Business Men's Association:

Given—a town of 6000 inhabitants supplied with water by hydraulic pressure water works of ample capacity for all exigencies, but without any system of sewerage of value for the reason that its river is lacking in water during the summer; a watering place, the summer population of which is nearly 50% larger than its permanent population. With these conditions what is the best means of sewerage disposal?

In conclusion Dr. Philler says: "Let me express the hopeful desire that all good citizens of Waukesha may co-operate with the health officer and Board of Health in the attempt to prevent and control the outbreak of any infectious, filthy disease, heartily and constantly.

After due reflection of the subject I lay before you my plan for consideration and for action at your earliest convenience.

It being a fact that cremation is the only practical, safe and sensible way of disposing of garbage and sewerage, destroying the noxious odors that pollute the air and the disease germs pregnant in air, earth and water. I suggest that this village erect a garbage furnace of ample capacity in proportion to our growing population after the pattern of the Engle Cremator.

I further suggest that the village procure for the cleaning of cess pools, vaults, cisterns, etc., a Dewey's Odorless Excavating Tank which would render the removal of night soil, etc., in open daylight to the crematory entirely inoffensive.

In conclusion let me express the desire that all good citizens of Waukesha may operate with the Board of Health and Health Officer in an attempt to control an outbreak of typhoid fever, diphtheria, spinal-meningitis, dysentery, etc.; and the rapid diminution of the number and mortality of the victim, and the corner-stone of the far-famed Bethesda will not need to be called, in the near future, the tomb-stone of Bethesda. We commence to work, at the eleventh hour and that is not too late, is the hearty conviction of

Your obedient servant,

—Hugo Philler, *Waukesha Journal*, December 15, 1888.

### Victory For Physicians

The case of Drs. H. Philler, A. J. Hodgson, and B. U. Jacobs vs. the County came up before Judge Dick in the Circuit Court. The County Board at the January session disallowed the physicians' bills in full, or in part, and the physicians, subsequently, commenced an action in the Circuit Court to recover. The bills were principally for services in conducting post mortems.

The result of the hearing was a victory for the physicians Judge Dick allowing the bills of Drs. Philler and Jacobs in full and Dr. Hodgson all but one charge for $25.

Under a resolution passed by the County Board, District Attorney Coombs will be required to appeal the cases to the Supreme Court. The County Board was anxious to have several points settled and the present cases were to act as tests.

—*Oconomowoc Enterprise*, February 13, 1903.

Dr. Philler acted as one of a Committee of three to present a Resolution from the Brainerd Medical Society for the establishment of Sanatoria for the treatment of consumption and that the State Medical Society of Wisconsin cooperate with the smaller societies of the state for the dissemination of such knowledge.

—*Proceedings, Wisconsin Medical Journal*, June 5, 1903, p. 271.

Dr. Hugo Philler was appointed Vice-President for the State of Wisconsin for the American Congress on Tuberculosis at the World's Fair and Universal Exposition at St. Louis in 1904. Dr. Philler has, for years, been Health Commissioner of this city and one of its able and prominent physicians.

—*Waukesha Freeman*, October 15, 1903.

Paper—"Injuries of the Spinal Cord" was read by Dr. Philler at the November meeting of the Waukesha County Medical Society.

—*Waukesha Freeman*, November 9, 1903.

Dr. Hugo Philler, Waukesha, has taken an appeal for the decision of the County Board in cutting his bill. The bill was $30.20 for services at post mortems and was cut $10 by the auditing committee. Last year one of the physicians bills was cut by the County Board and he, subsequently, recovered the entire amount in the Circuit Court.

—*Wisconsin Medical Journal*, February, 1904, p. 578.

Dr. Hugo Philler was elected Vice President of the Waukesha County Medical Society for the ensuing year, and also elected delegate to the State Convention of the State Medical Society of Wisconsin.

—*Wisconsin Medical Journal*, December, 1906.

Paper—"Paranoia" was read by Dr. Hugo Philler at the January meeting of the Waukesha County Medical Society.

—*Wisconsin Medical Journal*, January, 1907, p. 445.

Dr. Hugo Philler was honored by being unanimously elected an honorary member of the State Medical Society of Wisconsin.

—*Wisconsin Medical Journal*, July, 1908, p. 94.

Dr. Hugo Philler was elected an honorary member for life of the Waukesha County Medical Society on November 5th.

—*Wisconsin Medical Journal*, December, 1908, p. 431.

Dr. Hugo Philler, one of the Nestors among Wisconsin physicians has retired from active practice and has moved to Minneapolis. Dr. Philler's influence upon matters medical in this state has been

far-reaching. While we regret his exit from the ranks of the active, we appreciate how well he has served the cause of medicine. It is highly gratifying that he is now enabled to enjoy a well-earned rest from his labors.

—*News Item—Wisconsin Medical Journal* December, 1908.

### Dr. Hugo Philler Made Honorary Member of State Medical Society of Wisconsin

At the annual meeting of the State Medical Society, June 29, 1909, Dr. M. R. Wilkinson, Oconomowoc, made the following motion:

Waukesha County reports show that the County has lost one member. I am not positive as to whether this is the time to bring up this matter or not, but Dr. Philler, who has been a member of the Waukesha County Medical Society from its inception, has retired from active practice on account of advanced age. If we are to look to high ideals and to place a laurel on those who have practiced them, it seems to me it is a fitting time, if it is in order, to do as our County Society has done and, I believe, the Brainerd Medical Society of Milwaukee, also. They have recognized his loyal labors and high ideals by making him an honorary member of those societies, and I think it would be a fitting crown to the labors of Dr. Philler, if the State Society could see its way to do likewise. He has retired, and has left the state, making his home with a daughter at Minneapolis.

The motion was seconded by the President and unanimously carried.

—*Wisconsin Medical Journal*, June, 1909, p. 384.

From T. W. Haight's "*Memoirs of Waukesha County*," p. 586–587 we find the following:

"Hugo Philler, M. D., a popular and successful physician of Waukesha, was born at Patachkau, Silesia, Prussia, January 4, 1838, his parents being Gustave and Augusta (Galle) Philler, both natives of that province. The parents passed their lives in their native land and of their four children, Dr. Philler is the only son. One sister, Clara, married a man named Hartwig and died at Patachkau, and Anna and Paula both live in Prussia.

"Dr. Hugo Philler was educated in the gymnasiums of Glatz and Neisse, where he prepared for entering the university—eight years being required for such preparation. He then studied medicine at Breslau and Greifswald, and on his 23rd birthday, (Jan. 4th, 1861), he received his degree of Doctor of Medicine.

"On August 1, 1861, he landed in New York and three days later enlisted as a private in the 46th N. Y. Vol. Inft.; having had no military training prior to his coming to America. His early service in the Union Army was along the coast, taking part in the skirmishes about James Island, S. C., and Ft. Pulaski, Ga. He was, then, with his regiment in the Army of the Potomac and participated in the battles of Second Bull Run, Antietam, Fredericksburg, Chancellorsville and Gettysburg, after which he was with General Sherman in the Atlanta campaign and was later with General Thomas at Nashville when the Army of the Cumberland defeated the Confederate forces under General Hood. After he had perfected himself in the English language he was made 1st Asst. Surgeon of the 45th N. Y. Inft. and served in that capacity until the close of the war.

"In November, 1865, he took up his residence in Waukesha, where he has ever resided, and where he has built up a successful professional business.

"He has taken several post-graduate courses since coming to the U. S., has been a contributor to the standard medical journals, and keeps well abreast of the new discoveries in fields of medical and surgical practice.

"He is a member of the American Medical Assn.; the State and County Societies; the Brainerd Medical Society, and the American and C. M. & St. P. Railway Associations of Railway Surgeons. He has been honored with the presidency of the County and Brainerd Associations and with the vice-presidency of the State Medical Society.

"In addition to his membership in professional organizations Dr. Philler belongs to the Wisconsin Historical Society, the State Academy of Science, Arts and Letters, the G.A.R., and the Military Order of the Loyal Legion. In the Grand Army he was Surgeon-General under Commander Tanner.

"On June 3, 1868, Dr. Philler was united in marriage with Miss Helen, daughter of Otto and Louise (Pitzmann) Lorleberg, of Pewaukee, and this union has been blessed with two children; Frances, who married Leslie Edgerton and lives in Minneapolis, and Otto F. who is married and lives in Beloit."

*(The Centennial Section in the April issue of The Journal will contain a paper by Dr. Hugo Philler, "The Old Family Doctor Passing Away; Personal Recollections." He presented the paper at a meeting of the Waukesha County Historical Society, September 5, 1908.)*

### REMEMBER!

Remember to send to the State Medical Society the names and present addresses of any former Wisconsin physicians who would enjoy returning to the state for the Centennial Anniversary Meeting. Special invitations will be issued to such physicians by the Society.

"Bricks, travertine marble, and apparatus cannot solve problems or make discoveries but may be tremendously useful at the command of knowledge and skill."

## Preoperative Hypnosis

Administered the night before operation and again previous to the anesthetic, 'Sodium Amytal' (Sodium Isoamyl Ethyl Barbiturate, Lilly) allays fear and apprehension in the surgical patient. 'Sodium Amytal' is rapidly destroyed in the body and does not add to the burden of renal excretion.

*ELI LILLY AND COMPANY*

*Principal Offices and Laboratories, Indianapolis, Indiana, U. S. A.*

## CENTENNIAL ANNIVERSARY SECTION—Continued

# Epitomized Record of Progress of Medicine, 1840-1940*

**1840**—Jacob Heine describes infantile poliomyelitis.
Basedow describes exophthalmic goiter.
Henle publishes statement of germ theory of communicable diseases.
Clarke describes sleeping sickness in Sierra Leone.
Medical Department of Kemper College (St. Louis) first medical school west of the Mississippi.
Brompton Hospital for Consumption and Diseases of the Chest (London).
Free Vaccination Act (3–4 Victoria, cap 39) England.
École préparatoire de médecine at Tours.
G. J. Mulder founds chemistry of proteins.
Chapin A. Harris founds first dental school and society (Baltimore).
Illinois State Medical Society organized.
First dental school established: first dental society organized: first dental journal published.

**1840–49**—Pandemic cholera.

**1841**—Henle's Allgemeine Anatomie published.
Medico-Psychological Association (London) founded.
Académie royale de médecine (Belgium) founded.
Dieffenbach treats stammering by section of the lingual muscles.
Kölliker describes development of spermatozoa.
Longet describes innervation of the larynx.
Longet allocates voluntary movements and sensation to the anterior and posterior column of the cord.

**1842**—J. R. Mayer states law of Conservation of Energy.
Rokitansky publishes treatise on pathology.
Long operates with ether anesthesia.
Wöhler effects synthesis of hippuric acid from benzoic acid.
Wöhler effects proteolysis.
Berard differentiates between septicemia and pyemia.
Liebig publishes treatise on organic chemistry.
Dieffenbach publishes treatise on strabismus.
Bartolomeo Signorini excises lower jaw (September 27).
Anatomical Institute and New Canton Hospital (Zürich) opened.
Joussens (Brussels) introduces spot (colored pin) maps for localizing infectious diseases.
School of Pharmacy (Pharmaceutical Society of Great Britain) in London.
Henle and Pfeufer found Zeitschrift für rationelle Medicin (Zürich).
Wunderlich founds Archiv für physiologische Heilkunde (Stuttgart).

**1842–44**—Relapsing fever epidemic in Scotland.

**1842–50**—Cerebrospinal meningitis in United States.

**1843**—O. W. Holmes points out contagiousness of puerperal fever.
Dubini discovers ankylostoma duodenale.
Carl Ludwig investigates mechanism of urinary secretion.
Klencke inoculates rabbits with tuberculosis.
Charles Gerhardt obtains acetanilide.
Charles Robin discovers Oidium albicans.
Kychler introduces test types.
Wheatstone bridge invented.
Simpson, Huguier and Liwisch introduce uterine sound.
Farr publishes life-table.
Sydenham Society founded (London).
École préparatoire de médecine at Dijon.
Société de chirurgie (Paris) founded.

**1843–55**—Chadwick reports on intramural burial in English towns.

**1844**—Rokitansky demonstrates tubercular nature of Pott's disease.
A. J. Balard discovers amyl nitrate.
Grüby discovers Trichophytin tonsurans as cause of herpes tonsurans.
Metropolitan Health of Towns Association (London) founded.
Society for Improvement of the Condition of the Laboring Classes (London) founded.
New York Pathological Society founded (Incorporated 1886).
Société centrale de médecine vétérinaire (Paris) founded.
Royal College of Veterinary Surgeons (London) founded.
Association of Obstetricians and Gynecologists (Berlin) founded.
Negri first obtains smallpox vaccine by inoculation from cow to cow.
Dr. Horace Wells discovers anesthesia.
Robert Remak discovers the cardiac ganglia, which are regarded as the generators of cardiac muscle activity.

**1845**—Queen's College (Belfast) founded.
Virchow elucidates embolism as the cause of pyemia.
Virchow and Hughes Bennett describe leukemia.
Andrew Buchanan investigates coagulation of the blood.
Langenbeck detects Actinomyces.
University of Honduras (Tegacigalpa) founded (opened 1847).
Academia médico-quirugica español (Madrid) founded.
Veterinary Society in Berlin.

**1845–61**—Rynd (Dublin) employs hypodermic injections.

**1846**—Weber brothers discover inhibitory effect of vagus nerve.
Morton introduces ether anesthesia.
Marion Sims invents vaginal speculum.
Claude Bernard discovers digestive function of pancreas.
Stokes describes heart block.
Liebig discovers tyrosin.
Elias Howe patents sewing machine.
Royal Saxon Academy of Sciences (Leipzig) founded.
Smithsonian Institution of Washington founded.
American Medical Association organized (first meeting, Philadelphia, 1847).
Pathological Society (London) founded.

**1846–48**—Dysentery and typhus in Europe.
Kölliker describes smooth muscle.

**1846–49**—Great famine and fever period in Ireland.

**1846–51**—Epidemic cerebrospinal meningitis in Sweden.

**1847**—The American Medical Association organized.
Helmholtz publishes treatise on Conservation of Energy.
Virchow founds Archiv für pathologische Anatomie (Berlin).

---

* Reprinted with permission of Dr. Charles J. Whalen, M. D., editor of the Illinois Medical Journal, from the June, 1940, issue of that Journal, and with permission of W. B. Saunders Co., publishers of "An Introduction to the History of Medicine," by Dr. Fielding H. Garrison.

The swaddled infant pictured at right is one of the famous works in terra cotta exquisitely modeled by the fifteenth century Italian sculptor, Andrea della Robbia. In that day infants were bandaged from birth to preserve the symmetry of their bodies, but still the gibbous spine and distorted limbs of severe rickets often made their appearance.

*A bambino from the Foundling Hospital, Florence, Italy,—A. della Robbia*

Glisson, writing in 1671, described an ingenious use of swaddling bands — "first crossing the Brest and coming under the Armpits, then about the Head and under the Chin and then receiving the hands by two handles, so that it is a pleasure to see the Child hanging pendulous in the Air . . . This kind of Excercise . . . helpeth to restore the crooked Bones. . . ."

# STRAPPED FOR RICKETS

SWADDLING was practised down through the centuries, from Biblical times to Glisson's day, in the vain hope that it would prevent the deformities of rickets. Even in sunny Italy swaddling was a prevailing custom, recommended by that early pediatrician, Soranus of Ephesus, who discoursed on "Why the Majority of Roman Children are Distorted."

"This is observed to happen more in the neighborhood of Rome than in other places," he wrote. "If no one oversees the infant's movements, his limbs do in the generality of cases become twisted. . . . Hence, when he first begins to sit he must be propped by swathings of bandages. . . ." Hundreds of years later swaddling was still prevalent in Italy, as attested by the sculptures of the della Robbias and their contemporaries. For infants who were strong Glisson suggested placing "Leaden Shooes" on their feet and suspending them with swaddling bands in mid-air.

How amazed the ancients would have been to know that bones can be helped to grow straight simply by internal administration of a few drops of Oleum Percomorphum. What to them would have been a miracle has become a commonplace of science. Because it can be administered in drop dosage, Oleum Percomorphum is especially suitable for young and premature infants, who are most susceptible to rickets. Derived from natural sources, this product is rich in vitamins A and D. Important also to your patients, Oleum Percomorphum is an economical antiricketic.

**Oleum Percomorphum offers not less than 60,000 U.S.P. vitamin A units and 8,500 U.S.P. vitamin D units per gram. Supplied in 10 and 50 c.c. bottles, also in boxes of 25 and 100 ten-drop soluble gelatin capsules containing not less than 13,300 vitamin A units and 1,850 vitamin D units.**

**MEAD JOHNSON & COMPANY, Evansville, Indiana, U. S. A.**

*Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons.*

When writing advertisers please mention the Journal.

Joule determines mechanical equivalent of heat.
Sir J. Y. Simpson introduces anesthesia in obstetrics.
Semmelweis discovers pathogenesis of puerperal fever.
Donders elucidates movements of the eyes.
Carl Ludwig invents kymograph.
Gerlach injects capillaries with carmine stain.
K. B. Reichert obtains oxyhemoglobin.
James Young distils petroleum.
Royal Academy of Sciences founded at Vienna.
New York Academy of Medicine founded (Incorporated 1851).
Warren Anatomical Museum (Harvard University).
O. W. Holmes appointed Parkman professor of anatomy at Harvard.

**1847–49**—Dysentery pandemic in United States.
University of Messina closed.

**1847**—Charles Babbage invents the ophthalmoscope.

**1848**—Helmholtz locates source of animal heat in the muscles.
Claude Bernard discovers glycogenic function of the liver.
Du Bois-Reymond publishes treatise on animal electricity.
Fehling introduces test for sugar in urine.
Société de biologie founded (Paris).
University of Wisconsin (Madison) founded.
American Association for Advancement of Science founded.
School of Veterinary Medicine at Cordova (Spain).
English Public Health Act creating general and local boards of health passed.
Elizabeth Blackwell, the first woman to receive M. D. degree.

**1848–49**—Cholera reaches England and Scotland.

**1848–51**—University of Pavia closed.

**1848–52**—Second French Republic.

**1848–53**—Indian Government constructs Ganges Canal and restores Delhi Canal.

**1848–58**—General Board of Health (England).

**1849**—Addison describes pernicious anemia and suprarenal disease.
Claude Bernard produces diabetes by puncture of the fourth ventricle.
Marion Sims operates for vesico-vaginal fistula.
Virchow professor of pathology at Würzburg.
J. M. Mitchell publishes treatise on cryptogamous origin of malarial fever.
Sédillot performs gastrostomy.
Millon introduces reagent for proteins.
John Snow publishes views on water-borne cholera.
James Thomson establishes absolute scale of temperature (Thermometry).
Hutchinson invents spirometer.
Physico-Medical Society at Würzburg.
Central Board of Health (Canada) organized.
Royal Canadian Institute (Toronto) founded.

**1850**—University of Pisa reopened.
Helmholtz measures the velocity of nerve current.
Clausius demonstrates and establishes second law of thermo-dynamics (Carnot, 1824).
Waller states law of degeneration of spinal nerve.
Rayer and Davaine discover anthrax bacillus (Polender, 1849).
Thomas Way demonstrates purification of sewage by fertilization of soil.
Vierordt introduces sphymograph.
Daniel Drake publishes treatise on Diseases of the Mississippi valley.
William Detmold (New York) opens abscess of the brain.
Northwestern University (Chicago) founded.
Report on Sanitary condition of Massachusetts (Lemuel Shattuck).
Steady decline of population in Ireland (end of famine and fever).
Royal Scientific Society of Dutch East Indies (Weltvreden) founded.
Chicago Medical Society organized (April 19).
Metropolitan Interments Act (England).
Women's Medical College of Pennsylvania (Philadelphia) founded.
Epidemiological Society (London) founded.

**1850–52**—Chatin employs iodine for prophylaxis of goitre.

**1851**—University of Minnesota (Minneapolis) founded.
Helmholtz invents ophthalmoscope.
Claude Bernard explains vasomotor function of sympathetic nerves.
Ludwig and Rahn investigate nerves of salivary secretion.
Michaelis publishes Das Enge Becken.
Funke discovers hemoglobin.
Fairet describes circular insanity.
Nélaton describes pelvic hematocele.
University of Pavia reopened (November 5).
Medical Faculty of Georgetown University (D. C.) founded.
Wiener medicinische Wochenschrift founded.

**1851–53**—Pravaz introduces hypodermic syringe.

**1852**—Kölliker's treatise on histology published.
Pirogoff employs frozen sections in his Topographische Anatomie.
International Congress of Hygiene at Brussels.
Obstetrical Society (London) founded.
Farr reports on cholera epidemic of 1848–9.
Greisinger shows ankylostoma to be the cause of Egyptian chlorosis.
Babo demonstrates the rapid separation of blood corpuscles from the serum by centrifugation.
Horace Green excises growths from larynx per os.
Magnus Huss defines alcoholism.
Langenbeck introduces subcutaneous osteotomy.
Remak shows that growth of tissues is due to cell division.
Société médico-psychologique (Paris) founded.
Hospital for Sick Children at Great Ormond Street, London.
School of Military Medicine at Val-de-Grâce (Paris).
School for Javanese physicians at Weltvreden.
Mercy Hospital (Chicago) chartered (June 21).
Tufts College (Medford, Massachusetts) founded (Medical School, 1893).
St. Mary's Hospital (London) founded.
Veterinary School at León (Spain).

**1852–53**—B. A. Morel describes démence précoce.

**1852–70**—Second Empire in France.

**1853**—University of Melbourne founded.
Washington University (St. Louis) founded.
Marion Sims publishes treatise on vesico-vaginal fistula.
Stanislao Cannizarro obtains alcohols from aldehydes.
Budge establishes functional independence of spinal cord (localization of centers).
Farr publishes second English Life-table.
Cohn establishes vegetable nature of bacteria.
Virchow discovers neuroglia.
Gilman Kimball excises uterus for fibromyoma.

**1853–56**—Crimean War: Florence Nightingale.

**1854**—Hittorf investigates electrolysis (ions).
Sir W. R. Hamilton introduces quaternions.
California Academy of Sciences (San Francisco) founded.
Dysentery pandemic in Europe.
Graefe elucidates glaucoma and its treatment by iridectomy.
Universities of Marseilles, Clermont-Ferrand and Nancy founded.

# *Confirmed by Clinical Evidence...*

# Amniotin Relieves Menopausal Symptoms

THE list of papers attesting to the clinical value of Amniotin in alleviating distressing menopausal symptoms is very substantial in number. As early as 1929 Sevringhaus and Evans[1] reported Amniotin to be "of marked value in the relief of the vasomotor phenomena of the menopause."

Indicative of the effectiveness of this endocrine therapy is the recent statement by Novak[2] that: "Whereas formerly there was much difference of opinion among clinicians as to the efficacy of hormone treatment, opinion is now unanimous that it is of genuine value. In fact, organotherapy for menopausal symptoms is looked upon as one of the more satisfactory applications of endocrine knowledge in the field of gynecological practice."

Complete relief is more easily obtained if treatment is started early and adequate dosage used. The milder forms of disturbance often can be controlled by the oral administration of Amniotin in capsules. Larger doses, administered intramuscularly, are suggested for resistant cases or in the surgical menopause.

Amniotin is a highly purified preparation of naturally occurring estrogens. It is available in Capsules containing the equivalent of 1000, 2000 and 4000 International units of estrone; in Pessaries of 1000 and 2000 I. U.; and in 1-cc. ampuls containing 2000, 5000, 10,000 and 20,000 I. U.

[1] Sevringhaus, E. L., and Evans, J. S.: *Am. J. M. Sc.* 178:638, Nov. 1929.
[2] Novak, Emil: *Surg. Gynec. & Obst.* 70:124, Jan. 1940.

*For literature address the Professional Service Department, E. R. Squibb & Sons, 745 Fifth Avenue, New York, N. Y.*

**Amniotin** A SQUIBB PREPARATION OF ESTROGENIC SUBSTANCES OBTAINED FROM THE URINE OF PREGNANT MARES

Ehrenberg publishes treatise on micro-organisms.
Boston Medical Library founded.
Claude Bernard discovers function of vasodilator nerves.
Graham investigates osmosis.
Crédé introduces method of removing placenta by external manipulation.
Middledorpf introduces galvanocautery in major surgery.
Chlorine treatment of London sewage authorized (English Royal Commission).
Beauperthuy states theory of mosquito transmission of yellow fever.
Spanish law regulating public health.
Aerztliches Intellgenz–Blatt (Münchner medicinische Wochenschrift, 1886) founded.
Graefe founds Archiv für Ophthalmologie (Berlin).
Dr. N. S. Davis began regular publication of reports on health of Chicago.
Dr. Daniel Brainard advocates infiltration of iodine solution in treatment of poisoned wounds.
Robert Arthur, D. D. S., demonstrated adhesive properties of gold for dental fillings.

**1854–56**—Belgrand constructs sewers of Paris.

**1854–60**—Cerebrospinal meningitis epidemic in Sweden and Germany.

**1855**—Manuel Garcia introduces laryngoscope.
Addison publishes memoir on diseases of the suprarenal capsules.
Farr publishes classification of diseases.
Burmeister classifies insects.
Remak employs galvanic current in diagnosis and therapy.
Marion Sims founds Hospital for Women's Diseases (New York City).
Royal Academy of Sciences (Amsterdam) founded.
Water filtration compulsory in London.
Bessemer steel process and Bunsen burner invented.
Paris Exposition.
Discovery of Trichinae.
First use of quarantine placards in Chicago.
A. S. Cheesbrough, engineer, advised flushing Chicago river with water from Lake Michigan.

**1855–61**—Sidney Herbert's reforms in military sanitation.

**1855–76**—John Simon serves as Central Medical Officer (London).

**1856**—Sir W. H. Perkin (1838–1907) obtains aniline dyes (coal-tar products).
Panum investigates chemical products of putrefaction.
Brücke investigates speech (phonetics).
Caspar's treatise on medical jurisprudence published.

**1856–57**—Berlin water supply filtered.

**1856–59**—Pandemic diphtheria.

**1856–60**—General spread of diphtheria in Europe and America.
Virchow becomes professor of pathology in Berlin.
Jobst and Hesse discover physostigmine.

**1857**—Graefe introduces operation for strabismus.
E. B. Elliot prepares first Massachusetts Life-table.
Typhoid fever traced to milk (Penryth, England).
Petters discovers acetone in urine and expiration of diabetics.
Bouchut performs intubation of the larynx.
Universities of Chicago, Calcutta and Madras founded.
Lucien Corvisart shows that pancreatic juice can digest proteins.
Pathological Society of Philadelphia founded.
National Sanitary Convention in Philadelphia.

*(To be continued)*

# Comment Continues on "Health Achievements in Wisconsin"

*John F. Austin, executive secretary, Sedgwick County Medical Society:* "I have just finished perusing the supplement to the January issue of the Wisconsin Medical Journal on 'Health Achievements in Wisconsin.' I believe this is the finest bit of constructive health education I have yet seen. You are to be congratulated upon a job well done. What impresses me is the make-up and lack of superfluous type and verbiage. The pictures do a fine job of story telling and the reading explanation is concise. The pictograms are clever and impressive. Let me toss in my compliments on your December Blue Book too."

*Eben J. Carey, M. D., dean, Marquette University School of Medicine, Milwaukee:* "I wish to thank you sincerely for a copy of 'Health Achievements in Wisconsin.' I have found this most interesting and instructive."

*Morris Fishbein, M. D., editor J. A. M. A., Chicago:* "May I congratulate you on the pamphlet, entitled 'Health Achievements in Wisconsin.' "

*Joseph F. Smith, M. D., Wausau:* "I have just received the reprint of 'Health Achievements in Wisconsin,' supplement to the Wisconsin Medical Journal. I think this is one of the finest things that has come from your office."

*Lloyd V. Ballard, member State Board of Public Welfare of Wisconsin, Beloit:* "I have examined with much profit the pictorial report of the State Medical Society published in this its centennial year. It is excellently done—it is especially valuable because it presents so graphically the health achievements in Wisconsin. I am much indebted to you and the Society for these insights into medical work in the state."

*Olin West, M. D., secretary and general manager, A. M. A., Chicago:* "I am very greatly obliged to you for your kindness in sending me a copy of the booklet entitled 'Health Achievements in Wisconsin.' It is a beautiful job and carries a great deal of information of a most important nature."

*Mrs. R. E. Mosiman, president-elect, Woman's Auxiliary, A. M. A., Seattle, Wash.:* "Thank you very much for my copy of 'Health Achievements in Wisconsin.' I have read it through with great appreciation."

*W. W. Bauer, M. D., director, Bureau of Health Education, A. M. A., Chicago:* "Thank you for your letter of January 11 and for the copy of 'Health Achievements in Wisconsin' for this Bureau's files. I have just come from Manitowoc where several members of the auxiliary mentioned the pamphlet

# ORTHOPEDIC BRACES

**DESIGNED WITH YOUR COOPERATION TO SUIT EACH CASE**

**76TH YEAR OF "KNOWING HOW" ESTABLISHED 1865**

● Even before the founding of the Wisconsin State Medical Society we were cooperating with physicians in making surgical and orthopedic supplies. The confidence and cooperation of Wisconsin physicians more than any other factor has made the House of Doerflinger the largest orthopedic supply house in Wisconsin.

**ARTIFICIAL LIMBS ● TRUSSES ● ABDOMINAL BELTS**
**ARCH SUPPORTS ● ELASTIC HOSIERY**

# DOERFLINGERS

**770 N. WATER STREET, MILWAUKEE, WISCONSIN DALY 1461**

*For the Local Treatment of Acute Anterior*

# URETHRITIS

(DUE TO NEISSERIA GONORRHEAE)

**SILVER PICRATE** *

*Wyeth*

*A complete technique of treatment and literature will be sent upon request*

●

**JOHN WYETH & BROTHER, INCORPORATED, PHILA.**

Silver Picrate, Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by Neisseria gonorrheae. (1) An aqueous solution (0.5 percent) of silver picrate or water-soluble jelly (0.5 percent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," Am. J. Syph. Gon. & Ven. Dis., 23, 201 (March) 1939.

*Silver Picrate, is o definite crystalline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

*Comments on "Health Achievements" pamphlet—*
*continued from page 250*

with enthusiasm.. I think it is a very nice job and should be very useful."

*Joseph A. Padway, general counsel, A. F. of L., Washington, D. C.* "It was nice to receive a copy of 'Health Achievements in Wisconsin.' I am going to stick this in my grip and read it over the weekend. Merely glancing through it, it appears like a most interesting document because of the charts, graphs and pictures."

*Harold R. Wilde, secretary to Hon. Alexander Wiley, U. S. Senate, Washington, D. C.:* "The Senator is in Wisconsin for the holidays at the present time, but you may be certain that the extremely interesting printed report on Wisconsin health will be directed to his personal attention upon his return. I know that he will be gratified to read that Wisconsin health standards are so high."

*Nathan S. Davis, M. D., treasurer National Physicians Committee for the Extension of Medical Service, Chicago:* "I wish to congratulate you on 'Health Achievements in Wisconsin.' Its graphic presentation of statistical material and dependence on illustration to make its points rather than on text, make it particularly valuable. I have hoped that this organization might get out something of the sort as it will have much more popular appeal than even such an excellent piece of work as 'Priceless Heritage.'

I also enjoyed reading 'Mental Hygiene' by John Favill, M. D., who was my mother's family doctor and whose son, Henry B. Favill, I know and whose grandsons, John Favill and Kent Tenney, of Madison, I have known for years.

You will shortly receive an order for copies of 'Health Achievements in Wisconsin' from N. P. C."

*R. L. MacCornack, M. D., Whitehall, Wis.:* "To say that I am pleased with your illustrated pamphlet, 'Health Achievements in Wisconsin,' is to make an understatement. It is evidence that the State Medical Society is aggressive and on the job; it is a factual presentation of the all-important subject of health in an artistic manner; and, finally, it is concrete evidence of a cooperative spirit existing between the State Board of Health and the State Medical Society, which is invaluable."

*Gilbert E. Seaman, M. D., acting director, division of mental hygiene, State Department of Public Welfare, Madison:* "I congratulate you on the excellence of the publication, 'Health Achievements in Wisconsin.' I am sure it will be very helpful."

*A. F. Berens, S. J., regent, Marquette University School of Medicine, Milwaukee:* "I wish to thank you for the copy of 'Health Achievements in Wisconsin.' This is a very fine booklet and it is an excellent summary of the health work in the state. It will undoubtedly do a great deal of good. I wish to congratulate you upon it."

*Mr. R. R. Rosell,* executive secretary, Minnesota State Medical Association, St. Paul, Minn.: "I wish to compliment you on your supplement to your medical Journal. It is most interesting and certainly illustrates the activities of the profession."

*Mr. A. J. Altmeyer, chairman, Federal Security Agency, Social Security Board, Washington, D. C.:* "Let me congratulate you on its (Health Achievements in Wisconsin) attractive set-up. I found it most interesting and informative."

# Danger in Socialized Medicine*

By ARTHUR W. HOESSEL
*Madison*

THE popular conception of socialized medicine today would be more aptly expressed by the term "regimented medicine."

The present medical setup is more truly socialized than any other brand of our economic system. A thoroughly proven cure of a new method of treatment discovered by a member of the medical profession is not hurriedly patented but is published in the various medical journals, thus making it available for all members of the profession.

In industry and some of the other sciences, however, new inventions and discoveries are kept secret until the discoverer has insured himself of having complete control and rights to his discovery for his own personal gain.

"Regimented medicine" or sickness insurance is medicine under the supervision of the state. It is not applicable to all people usually being restricted to certain income groups.

Subscribers to the plan would contribute a certain percentage of their monthly income to the state which would collect a similar amount from their employers. The state would administer these collected funds, meanwhile spending approximately 15 to 20 per cent of the funds in the process of administration.

What would the doctor derive from this tax? Possibly he would receive enough income each month from the state to pay his office rent and maybe in rare cases some of his office assistant's salary.

In order to make a decent and respectable living the doctor would have to establish a private practice besides his panel of 200 to 300 consignees. Naturally the private practice on which his future depends will

* Reprinted with permission from the Madison Capital Times of January 17, 1941. Mr. Hoessel is a medical student at the University of Wisconsin.

receive the better treatment and attention at the expense of the poor 300.

As prospective medical men, we would despise the forces causing us to be "pill dispensers" to the subscribers of sickness insurance.

* * *

One of the cardinal weaknesses of "socialized medicine" is that it ignores the fundamental right of a patient to choose his own physician. The patient must go to some physician in his district.

In case a specialist is needed the patient and also his physician are without choice and must accept the assigned man no matter what their opinion of him may be.

The patient's faith in his doctor and the physician's real interest in his patient so vital in the good practice of medicine in our opinion is not likely to exist under such conditions.

**"Neither the American people nor their government intend to socialize medical practice any more than they plan to socialize industry. In American life the family doctor, the general practitioner, performs a service which we rely upon and trust.**

**"No one has a greater appreciation than I of the skill and self-sacrifice of the medical profession. And there can be no substitute for the personal relationship between doctor and patient which is a characteristic and a source of strength of medical practice in our land."** (Excerpts from Pres. Roosevelt's address at the dedication of the National Institute of Health near Bethesda, Md., The Evening Star, Washington, D. C., Nov. 1, 1940.)

* * *

We fervently hope that the people of the United States have the same opinion that our president states in the second paragraph above. The thought of being a clerk in the employ of "regimented medicine" taking care of a designated number of customers is repulsive.

In a program of "regimented medicine" competition, a factor important in good performance in any field, would be greatly lessened. As a result of this, progressive medicine would gradually become static and another "dark age" in medicine would be upon us.

The medical profession has in the past and will in the future turn to the state for aid when health problems exceed their resources. The various state operated sanitaria and asylums were not conceived in a legislative session but were born in the minds of medical men pregnant with the desire to cure and to prevent disease.

The beneficent system of prepaid hospital insurance so prevalent in this state is the result of much research at a considerable cost by the State Medical Society.

If our mode of life ever reaches the plane where "regimented medicine" is a necessity, the medical profession would be the first to recognize the need.


*Effective, Convenient and Economical*

THE effectiveness of Mercurochrome has been demonstrated by twenty years' extensive clinical use.

For the convenience of physicians Mercurochrome is supplied in four forms—Aqueous Solution for the treatment of wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

*Mercurochrome, H.W.&D.*
(*dibrom-oxymercuri-fluorescein-sodium*)

is economical because solutions may be dispensed at low cost. Stock solutions keep indefinitely.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Mercurochrome is accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

*Literature furnished on request*

HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND

**BIDWELL BETTER LIMBS**

Everyone Receives the Personal Attention of G. L. Bidwell the well-known Orthopedic Appliance Expert.

EXPERIENCED LADY ATTENDANT

Artificial Limbs, Braces, Trusses, Elastic Stockings, Crutches, Invalid Chairs, Abdominal Belts.

**934 N. WATER ST.**
PHONE BROADWAY 4369
**MILWAUKEE, WISCONSIN**


## SOUND FILM ON ARTIFICIAL PNEUMOTHORAX AVAILABLE

The W. A. T. A. has purchased a 35 mm. sound film entitled "Artificial Pneumothorax in the Treatment of Pulmonary Tuberculosis," and will arrange for the showing of this film to various county and district medical societies in Wisconsin on request. Write to: W. A. T. A., Health Service Bldg., Milwaukee, Wisconsin.

# THE JOURNAL BOOKSHELF

## BOOK REVIEWS

**Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.**

**Strange Malady:** The Story of Allergy. By Warren T. Vaughan, M. D. Cloth. Price, $3. Pp. 268, illustrated. New York: Doubleday, Doran & Company, 1941.

"Strange Malady," the second in the series on popularizing diverse fields of medicine by the American Association for the Advancement of Science, will, no doubt, fill the same niche in allergy as do the various excellent diabetic primers in diabetes.

Dr. Vaughan, in a fascinating and clever method, correlates the various contributions in the field of immunology and allergy, beginning with Hippocrates' dissertation on "food allergy," and covers the studies of Pasteur, Calmette, Richet, Sewall, Roux, Von Behring, Wyman and Victor C. Vaughan, the author's father. Particularly, is this enhanced by the interesting character sketches and quotations from "A Doctor's Memoirs," by Victor C. Vaughan and the author's own impressions after visits with Pasteur, Calmette and Richet.

The side-chain theory is uniquely illustrated by the use of the Walt Disney-resembling characters so as to make it droll, simple and impressing.

The importance of the significant parts played by both Dr. Vaughan and his father in their contributions to the field of allergy has been unduly minimized. Dr. Victor C. Vaughan was the bearer of the first diphtheria serum from Von Behring to the United States and the leukopenic index and "food groupings" are the more obvious of the author's contributions.

Cleverly titled chapters as "Sun Shines Bright," "Forbidden Fruit," "Shall I Sneeze, Wheeze, or Itch," impress the reader with the importance of the various manifestations of allergy. Individual cases serve to illustrate the manner of study and treatment of these manifestations. Perhaps the consideration of periarteritis nodosa and thromboangiitis obliterans as primary allergic diseases would clearly arouse dissension. However, the importance ascribed to drug reactions following the administration of aspirin, amidopyrine, etc., will, no doubt, deter self-medications among the laity.

The importance of allergy in the study of angina pectoris is well emphasized. Adrenalin here acts to relieve spasm. Perhaps it is not too fantastic for a judge of "Court of Domestic Relations" to consider sensitivity to a spouse's dander or perspiration as a type of incompatibility recognized as grounds for divorce. Allergy in humans is considered similar to anaphylaxis in animals. A previous exposure to the allergen always exists, the unborn baby absorbing antigenic proteins from the mother in the cases that are difficult to explain.

The chapter on the relationship of the autonomic nervous systems to allergy is well written, and the role of the psyche is dwelt upon. In closing, the author predicts, some time in the future, a drug which will cure all allergic manifestations. J. R. K.

**The Doctor and the Difficult Child.** By William Moodie, M.D., F.R.C.P., D.P.M., medical director, London Child Guidance Clinic and Training Centre. Cloth. Price, $1.50. Pp. 214. New York: The Commonwealth Fund, 41 East 57th Street, 1940.

This is a very useful book for the general practitioner who is in need of clear information on the causes and treatment of the more common behavior problems in children. The book is divided into two parts. Part 1 contains a lucid exposition of (a) the recognition of a problem in a child (b) techniques of studying the problem, and (c) modes of treatment. In Part 2 the author discusses specific problems such as stealing, feeding difficulties, nervousness, enuresis, violent behavior, truancy, disturbances of sleep, anxiety, and other behavior complaints which may cause parents to consult physicians. There are many practical suggestions for treatment. Case illustrations, some of which may be paralleled in the office practice of many physicians, are presented and increase the usefulness of this book.

The author's outlook is wholesome. He cautions that the presence of a severe behavior symptom in a child does not necessarily indicate a poor prognosis because many severe disorders recover spontaneously. It is, however, unwise to ignore persistent

ZEMMER
PRESCRIBE OR DISPENSE ZEMMER
Pharmaceuticals, Tablets, Lozenges, Capsules, Ointments, etc. Guaranteed reliable potency.
Our products are laboratory controlled. *Write for general price list.*
THE ZEMMER COMPANY
Chemists to the Medical Profession Oakland Station Pittsburgh, Pennsylvania WI 3-41

symptoms since in large numbers of adults who suffer from various forms of nervous and mental disorders the earliest signs of trouble can be traced back to childhood. J. P.

**Foreign Bodies Left in the Abdomen; The Surgical Problems (Cases, Treatment, Prevention) and The Legal Problems (Cases, Decisions, Responsibilities).** By Harry Sturgeon Crossen, M.D., School of Medicine, Washington University, St. Louis, Mo., and David Frederic Crossen, LL.B., School of Law, Washington University, St. Louis, Mo. Pp. 762 with 212 illustrations, including 4 color plates. Cloth. Price, $10. St. Louis: C. V. Mosby Company, 1940.

This volume consists of two parts. The first is a complete review and analysis of foreign bodies found in the abdomen. A review of all reported cases in the literature is tabulated with the year of the report, surgeon, type of operation, article lost, circumstances of its removal and the end result. Following this the series is analyzed to show the pathological changes present at the different periods of time following the inclusion of the foreign body. A great deal of space is devoted to sponges,—considering the methods of counting sponges, the different types of sponges used, and suggesting the continuous type of sponge to prevent sponges becoming lost in the abdomen. Other chapters deal with lost forceps, needles and drains. One chapter deals with foreign bodies left in other operations particularly extra-peritoneal operations. One chapter deals with swallowed articles in the abdomen comparing their points in common with articles left at operation and giving differential diagnostic methods. The latter part of the book presents the legal problems involved and takes up the usual procedures dealt with in court actions.

The suggested lines of defense in such a case are outlined. This is an exceedingly worthwhile volume and should be read and digested by all of those doing surgery and those assisting in the operating room. K. E. L.

**A Textbook of Clinical Pathology.** Edited by Roy R. Kracke, Emory University, Ga., and Francis P. Parker, Emory University, Ga. Ed. 2. Cloth. Price, $6. Pp. 780 with 200 illustrations, 31 plates, mostly colored. Baltimore: The Williams & Wilkins Company, 1940.

Extensive revisions have been made and new material has been added tending to improve greatly this publication which made its first appearance in 1938. There are fourteen contributors, all experienced teachers in their respective fields. These individuals are as follows: Roy R. Kracke, editor, (Emory University, Georgia), Francis P. Parker, assistant editor, (Emory University, Georgia), Alfred P. Briggs (University of Georgia), I. Davidsohn (Rush, University of Chicago), L. W. Diggs (University of Tennessee), W. Elizabeth Gambrell (Emory University, Georgia), George Herrmann (University of Texas), Francis B. Johnson (South Carolina), Ralph McBurney (University of Alabama), Henry E. Meleney (Vanderbilt University),

Before you buy X-Ray Equipment

*Investigate* MATTERN

A complete line of Shock-Proof X-Ray Equipment, ranging from a 15 MA Portable Unit up to a Combination Unit for Radiography - Fluoroscopy - Therapy with a capacity of 200 MA-140 PKV.

**BARR X-RAY CO.**

Exclusive Wisconsin Distributors
F. Mattern Mfg. Co.

2540 W. Wells St. Milwaukee, Wis.
West 4344

We carry a complete stock of films and accessories.

PROFESSIONAL PROTECTION

SINCE 1899 SPECIALIZED SERVICE

A DOCTOR SAYS:

*"Your tact, cooperation and determination to protect the doctor at all cost have been surely demonstrated in this instance."*

THE MEDICAL PROTECTIVE COMPANY OF FORT WAYNE, INDIANA

## BOOK REVIEWS—Continued

A. J. Miller (University of Louisville), V. P. Sydenstricker (University of Georgia), Emmerich von Haam (Ohio State University), Joel G. Wahlin (University of Arkansas).

Approved, simple and reliable laboratory procedures are described throughout. In general, there is adequate emphasis on the interpretation of results and on the application of these to diagnostic problems.

This book can be heartily recommended not only to the student but also to the practicing physician. W. H. J.

**Plague on Us.** By Geddes Smith. Pp. 365. New York: The Commonwealth Fund, 1941. Cloth. Price, $3.

This ably written book, delving as it does into history to develop its background, should appeal to laymen as well as to members of the profession. It justifies itself in that it is an answer to the question raised in the prologue by the author:

"Are we then so wise that we have beaten our parasites? Sallow-faced farmers shivering and burning with malaria, bedside watchers listening to the anxious breathing of pneumonia, jaded nurses tending the wrecks of syphilis, millions exasperated by the nagging misery of the common cold know the answer. We have not rid the world entirely of any single infection known to man, and some we have not yet begun to fight. As for the premises for action, we do not yet know why one man sickens and the next goes free, why one pest seeks out the lungs and another the liver, how drugs cure the ills they seem to cure, how disease begins or how it ends.

"Influenza kept step with the last war. If it came tomorrow, we could not stop it. The lords of Europe are fighting again." R. C. B.

## FREEMAN—Prevention of Eclampsia

*(Continued from page 205)*

istration of magnesium sulfate in amounts sufficient to induce a watery catharsis.

Kidney elimination is not stimulated. In the early toxemias, salt and fluids are restricted to allow the kidney to more efficiently do its work. In the more advanced cases diuresis is obtained only by the use of the intravenous solutions mentioned above. For many years because of the loss of protein in the urine it was thought necessary to restrict it in the diet. Apparently the opinion predominated that to allow its continued ingestion would increase the degree of toxemia and further handicap the kidney. The well demonstrated maternal and fetal requirements for protein were ignored. The albuminuria was considered to be of prime importance although it may have been an evidence of maternal wastage. These needs should be supplied by an adequate allowance of meat, fish, milk and eggs in the diet.

The above measures of fluid restriction and elimination vary in intensity of application to the severity of the toxemia. In the advanced cases of toxemia when water retention has not been confined to the bodily tissues only but to the cerebral tissues as well and convulsive seizures are imminent, spinal drainage is necessary. In the unconscious patient it is repeated at six hour intervals until consciousness is restored.

It is not within the scope of this paper to discuss methods of delivery of the eclamptic patient.

### Four Essential and Simple Rules

In closing I should like to emphasize four essential and simple rules to be observed in the prevention of eclampsia:

1. The restriction of salt in the diet.
2. The balancing of the patient's fluid intake and output.
3. The ingestion of adequate protein in the diet.
4. The administration, in selected cases, of desiccated thyroid.

#### REFERENCES


Arnold, J. O.: More rational methods in the prevention and control of eclampsia. New England J. Med. 215: 1226–1240 (Dec. 24) 1936. Fluid balance and dehydration in the prevention and control of eclampsia. J. Indiana M. A. 30: 617–621 (Dec.) 1937.

Arnold, J. O., and Fay, T.: Eclampsia; its prevention and control by means of fluid limitation and dehydration. Surg., Gynec. & Obst. 55: 129–150 (Aug.) 1932.

Boyd, H.: Clinical management of pre-eclampsia and eclampsia. Pennsylvania M. J. 40: 835–837 (July) 1937.

Cockerill, L. L.: Office routine for treatment of early toxemias of pregnancy. M. Ann. District of Columbia 8: 103–106 (Apr.) 1939.

Curtis, A. H.: Obstetrics and gynecology, vol. 1, p. 1044. Philadelphia: W. B. Saunders Company, 1933.

Davis, M. E.: Water balance in relation to toxemias of pregnancy. Surg., Gynec. & Obst. 66: 426–431 (Feb. no. 2A) 1938.

Patterson, W. B., Nicodemus, R. E., Hunt, H. F.: Hypothyroidism—an etiologic factor in eclampsia. Pennsylvania M. J. 41: 983–987 (Aug.) 1938.

Ransom, E. M.: Eclampsia: the responsibility of the general practitioner in its prevention. Journal-Lancet 52: 701–706 (Dec. 1) 1932.

Seitz, L.: Wann darf eine Frau, die eine Eklampsie oder eine schwere Schwangerschaftsnephropathie durchgemacht hat, wieder empfangen? Monatschr. f. Geburtsh. u. Gynäk. 98: 129–143 (Nov.) 1934.

# WISCONSIN PHARMACISTS

When you order a prescription filled by one of the pharmacies named below you are assured of INTEGRITY AND FIDELITY in performance and QUALITY in ingredients.

## MATHER'S PHARMACY

Prescription Experts

Most complete line of Biologicals and largest prescription store in Northern Wisconsin.

Trusses, Wheel Chairs, Crutches, Electric Pads, etc.

**SUPERIOR, WISCONSIN**

## McCUE & BUSS DRUG CO.

Prescription Druggists
Physicians Supplies
Sick Room Needs

**14 So. Main St. JANESVILLE, WISCONSIN**

## BOCK DRUG STORES

*Dependable Druggists Since 1876*

Complete Stock of Biologicals—Ampoules and Vaccines—Mail Orders Promptly Filled

Trusses—Supports—Crutches—Elastic Goods

**Phone 4100 SHEBOYGAN, WISCONSIN**

Distributors of

Dependable Pharmaceutical & Biological Products for Physicians, including Lederle, Lilly, Parke Davis, etc.

## The Hebberd Drug Store

"EXPERT PRESCRIPTION SERVICE"

Phone 29 4th and Main LA CROSSE, WIS.

## RED CROSS DRUG CO.

DOCTORS!! *Save on Office and Dispensing Supplies.*

Mail orders filled in all parts of Wisconsin. Many doctors save hundreds of dollars yearly by concentrating their purchases. Let us quote you on your requirements. Orders shipped the same day received. We pay all delivery charges.

**RED CROSS DRUG CO.**
**RACINE, WISCONSIN**

## CHILSON DRUG COMPANY

*Benj. Chilson, Ph. G.*

Specializing in a complete stock of serums, vaccines and medical supplies. Carefully and accurately compounding prescriptions is the main feature of our drug store.

**BELOIT, WISCONSIN**

## BELLING'S DRUG STORE

*The Prescription Drug Store*

**204 E. College Ave. Appleton, Wis.**

**Phone 131**

A complete stock of Ampoules, Biologicals, including Rabies Vaccine, always under proper refrigeration.

## MAYER DRUG

Harry F. Mayer, Prop.

*A Complete Prescription Department*

Biologicals and Ampoules

**KENOSHA, WISCONSIN**

# Capital City Doctors

## Note These Reliable Madison Firms Which Sell Dependable Products, Services

Prescription Service at

**RENNEBOHM**

Better Drug Stores

is always

100% Dependable

Biologicals—Chemicals—Drugs

**FIRST CENTRAL DISPENSARY**

602 First Central Bldg.
Madison, Wis.
Phone: Badger 7929

RELIABLE PRESCRIPTION SERVICE

**LORAINE HOTEL**

Fireproof

SCHROEDER HOTELS

*Sleep in Safety*

**CENTRAL GARAGE**

15 South Webster St.

Parking and General Service

MODERN — CONVENIENT
ALWAYS DEPENDABLE

Ampoules, Biologicals, Chemicals, Bacteriological Stains, Trusses, Camp Surgical Supports, "Leeches."

**THE PRESCRIPTION PHARMACY**

Samuel R. Chechik, Ph.D.

20 S. Carroll St. Phone: Badger 755
"The Park Hotel Building"

*For Lovely Flowers*

Phone

**RENTSCHLER'S**

Badger 177

230 State St. Madison

Office: Badger 787 Residence: Badger 2308

**AUTO SERVICE COMPANY, Inc.**

Dan Bilsie

"Private Ambulance Service"

750 East Washington Ave. Madison, Wis.

**Frautschi Funeral Home**

120 E. Wilson St.
Madison, Wis.

ARTHUR A. FRAUTSCHI, *Director*

Phone Badger 733

For Correct Diagnosis

of all
office filing needs

*Phone Badger 5900*

**BLIED PRINTERS AND STATIONERS**

114 E. Washington Ave., Madison

Ask for Kennedy MANSFIELD MILK

TELEPHONE BADGER 7100

# INDEX TO ADVERTISERS IN THIS ISSUE


| | Page |
|---|---|
| American Can Co. | 174 |
| American Optical Co. | 184 |
| Audiphone | 259 |
| Auto Service Co., Inc. | 258 |
| Barr X-ray Co. | 255 |
| Belling's Drug Store | 257 |
| N. P. Benson Optical Co., Inc. | 265 |
| Bidwell Better Limbs | 253 |
| Blied Printers & Stationers | 258 |
| Bock Drug Co. | 257 |
| Borden Co. | 263 |
| S. H. Camp & Co. | 175 |
| Central Garage | 258 |
| Chilson Drug Co. | 257 |
| Cocomalt (R. B. Davis Co.) | 185 |
| Cook County Graduate School of Medicine | 183 |
| Corn Products Sales Co. | 176 |
| Doerflinger's | 251 |
| First Central Dispensary | 258 |
| Frautschi Funeral Home | 258 |
| General Electric X-ray Corp. | 179 |
| Kennedy-Mansfield Dairy | 258 |
| Hebberd Drug Store | 257 |
| Hynson, Westcott & Dunning | 253 |
| Lakeside Laboratories | 170 |
| Lederle Laboratories | 178 |
| Eli Lilly & Co. | 245 |
| Loraine Hotel | 258 |
| Marquette University School of Medicine | 264 |
| Mather's Pharmacy | 257 |
| Mayer Drug | 257 |
| McCue & Buss Drug Co. | 257 |
| Mead Johnson & Co. | 247 |
| Medical Protective Co. | 255 |
| Milwaukee Optical Manufacturing Co. | 186 |
| Milwaukee Sanitarium | 268 |
| New York Polyclinic | 264 |
| Normandale | 264 |
| Orthopedic Appliance Co. | 259 |
| Parke, Davis & Co. | 180 |
| Petrolagar Laboratories, Inc. | 267 |
| Physicians Casualty Ass'n | 184 |
| Physicians Radium Ass'n | 184 |
| Mary E. Pogue School | 264 |
| Prescription Pharmacy | 258 |
| Radiation Therapy Institute | 173 |
| Radium & Radon Corp. | 259 |
| Red Cross Drug Co. | 257 |
| Rennebohm Drug Stores | 258 |
| Rentschler Floral Co. | 258 |
| Riggs Optical Co. | 171 |
| Rogers Memorial Sanitarium | 268 |
| Sacred Heart Sanitarium | 172 |
| St. Croixdale Sanitarium | 173 |
| Schroeder Hotel | 183 |
| Shorewood Hospital Sanitarium | 186 |
| SMA Corp. | 262 |
| Smith-Dorsey Co. | 183 |
| Squibb & Sons | 249 |
| Stearns & Co. | 181 |
| Summit Hospital | 265 |
| Uhlemann Optical Co. | 261 |
| Upjohn Co. | 182 |
| Waukesha Springs Sanitarium | 170 |
| Winthrop Chemical Co., Inc. | 177 |
| Wyeth & Brother, Inc. | 251 |
| Zemmer Co. | 254 |



Western Electric
HEARING AID
Air and Bone Conduction
There's a Western Electric Ortho-Technic Audiphone designed by Bell Telephone Laboratories—embodying new principles, exclusive features, to meet the individual needs of your patients.
Small, Inconspicuous, High Fidelity
AUDIOMETERS — ELECTRICAL STETHOSCOPE
AUDIPHONE UTILITIES
Suite 205 739 N. Broadway Daly 2505
MILWAUKEE

Orthopedic Appliances
Abdominal Belts Elastic Stockings
Whitman Arch Plates Trusses
Braces of all Descriptions
Artificial Limbs
Trained Mechanics and Fitters Only
THE ORTHOPEDIC APPLIANCE CO.
123 East Wells St.
Tel. Daly 3021 Milwaukee, Wis.

RADIUM
RENTED
for the individual case at lowest rates. Instruments loaned.
LEASED
in any quantity of 50 milligrams or more, on a yearly basis. Continuous possession. No investment.
SOLD
in any quantity in latest platinum containers.
RADON in all-gold Implants at $2.50 per millicurie.
For details, address
RADIUM AND RADON CORP.
Marshall Field Annex • Randolph 8855
CHICAGO

# PHYSICIANS' EXCHANGE

**Advertisements for this column must be received by the 25th of the month preceding month of issue. A charge is made of $2.00 for the first appearance of copy occupying 1 inch or less of space and $1.00 for each succeeding insertion of the same copy. Kindly accompany copy with remittance to cover number of insertions desired. Advertisements from members of the State Medical Society will be accepted without charge. Such copy will be taken out after its second publication unless otherwise requested. Where numbers follow advertisements replies should be addressed care Wisconsin Medical Journal.**

FOR SALE—Complete medical and surgical equipment for office and hospital practice. New instruments, obstetrical bag, Castle sterilizer, etc. Address replies to No. 61 in care of Journal.

---

FOR SALE—Attractive growing practice. Including drugs and equipment. Located in a good industrial city. Leaving to specialize. Reasonably priced. Address replies to No. 10 in care of Journal.

---

FOR SALE—Office equipment of the late Dr. J. J. McGovern including drugs, books, instruments, Fischer diathermy, etc. Address replies to No. 65 in care of Journal.

---

FOR SALE—One 5–30 Engeln x-ray unit, complete with Bucky table, separate vertical fluoroscope, cassettes, tank, etc. $350 cash. Dr. C. E. McJilton, River Falls, Wisconsin.

---

FOR SALE—Office equipment of the late Dr. E. J. Knapp. Books, instruments, some furniture, Leitz microscope, McCaskey register, Battle Creek vibrator, etc. Will sell separately. Address replies to No. 32 in care of Journal.

---

FOR SALE—Desirable practice in central western Wisconsin with a gross income of $7,200 annually. Will sell for the value of furniture, equipment, and drugs. Catholic preferred. Owner leaving state for work in the war department. Address replies to No. 33 in care of Journal.

---

FOR SALE — Reconditioned examining table. Baked enamel with chromium plate. Address replies to No. 42 in care of Journal.

---

FOR RENT—Well built up practice of twenty-eight years in village of 300 in rich community in northeastern part of State. Address replies to No. 41 in care of Journal.

---

FOR SALE—Practice by physician who desires to leave to specialize. Community of 900 in Southwestern Wisconsin with additional 900 population in immediately surrounding territory. Good schools. Nearest physician eighteen miles. Sale conditional only upon disposing of x-ray unit, office equipment and drugs. Will stay to introduce successor. Hospital connections available. Address replies to No. 40 in care of Journal.

---

FOR SALE—A large, long-established, unopposed practice in center of extensive farming community. Good hospital facilities. Fine residence with office in connection. Easy terms. Reason for selling: failing health. Address replies to No. 21 in care of Journal.

---

FOR SALE—Standard x-ray machine,—ten years old, three tubes, table, fluoroscope, Bucky, cassettes, etc. Cost $3,000. Suitable for clinic or hospital. $500 cash or will exchange for smaller unit. C. O. Lindstrom, M. D., Route 1, Eagle River, Wisconsin.

---

FOR SALE—Universal carbon lamp, Beasley-Eastman diathermy, leather office chair, good army-type table with pad, 140 old medical books, over 100 instruments, two medicine grips, and other miscellaneous items. One third list price, or first $100 takes the lot. M. C. Crane, M. D., Wittenberg, Wisconsin.

---

FOR SALE—Practice in small but prosperous community. Physician desires to leave well-established practice in order to specialize. Community population under 1,000, excellent school system, modern conveniences, dairy section, good roads, hospital facilities within twenty-five miles. Prefer young, married physician, Protestant, with two years or more of general practice. Will stay to introduce successor. Prepared to offer liberal terms to well-trained physician of ability and integrity. Address replies to No. 30 in care of Journal.

---

FOR SALE—General and surgical practice in county seat. Will sell for present value of office equipment. Good return from start. Leaving for special training. Address replies to No. 23 in care of Journal.

---

WANTED—Assistant in general practice in southeastern Wisconsin town of 1,000, with excellent surrounding territory. Prefer one who can take full charge in case I am called for army service. Address replies to No. 31 in care of Journal.

---

LOCATION AVAILABLE—Since I expect to be called for military service would like locum tenens for indefinite period, or would be willing to sell. Good general practice in east central portion of state in town of 600. Attractive new home and office combined. Hospital facilities within ten miles. No competition. Address replies to No. 50 in care of Journal.

---

LOCATION—Opening due to death of only physician in farming community; large territory, mixed nationality, good roads; will rent office space reasonably. Hospital available in which to do surgery. Address replies to No. 62 in care of Journal.

---

WANTED—Locum tenens for couple of months for established E.E.N.T. practice in southern Wisconsin. Give age, experience, and social affiliations in first letter. Address replies to No. 25 in care of Journal.

---

WANTED—One or two additional specialists to share an excellently equipped and furnished suite in a Milwaukee downtown office building. Secretarial, x-ray, and laboratory facilities provided. Address replies to No. 59 in care of Journal.

---

LOCATION AVAILABLE—Unusual opportunity. General practice. Established office, well-equipped, including x-ray and physiotherapy apparatus, in prosperous city in Fox River Valley, Wisconsin. Hospital facilities; fine schools. Owner retiring. Terms reasonable. Price based on inventory value of equipment only. Address replies to No. 22 in care of Journal.

---

WANTED—General practitioner for locum tenens for about six weeks. Address replies to No. 45 in care of Journal.

# *Reputations...Given Away*

● Every pair of glasses made to your prescription by Uhlemann has two reputations built into it, at no extra cost: yours—and ours.

That's as it should be. You can't very well charge for reputations built into glasses—can't put prices on them because they are priceless. Money can't buy them because money didn't make them. And anyway they are not for sale —not yours nor ours.

So we give them away, to that most important "third party"—the wearer of the glasses.

Making glasses is our business—making them exactly as you prescribe, making them to satisfy the inflexible high standard every true craftsman sets for himself. Exactly—and promptly.

But the truly vital element in every pair of Uhlemann Physician's Quality glasses, the element that concerns us most deeply, is the one neither of us gets paid for: those two reputations—yours and our own.

**UHLEMANN OPTICAL COMPANY**

ESTABLISHED 1907

*Exclusive Opticians for Eye Physicians*

PITTSFIELD BUILDING • CHICAGO, ILLINOIS

*OFFICES:* CHICAGO • DETROIT • TOLEDO • SPRINGFIELD
DAYTON • PORT HURON • APPLETON • OAK PARK • EVANSTON

When writing advertisers please mention the Journal.

# THESE STANDARDS *help assure* NORMAL WEIGHT GAIN

TOGETHER

. . . WITH EXCELLENT TISSUE TURGOR AND PROPER BONE STRUCTURE:

1. A suitable fat, easily digested, readily assimilated.
2. A protein that provides the amino acids essential for adequate nutrition and growth.
3. Lactose in correct proportion to protein and fat.
4. 10 mg. Iron and Ammonium Citrate per quart.
5. Vitamins A, $B_1$ and D in adequate amounts.
6. 20 calories per ounce.

**S.M.A.,* when diluted ready to feed, meets these standards.**

**S.M.A. gives excellent nutritional results—consistently, economically.**

***Normal infants relish S.M.A. . . . digest it easily and thrive on it.***

*" " "*

FOR PREMATURE AND UNDERNOURISHED INFANTS

**A Special Product**

**PROTEIN S.M.A.**

***(Acidulated)***

Protein S.M.A. (acidulated) is a modified form of S.M.A., intended to meet the special nutritional needs of the premature and undernourished infant and for infants requiring a high protein intake.

Protein S.M.A. (acidulated) is similar to both casein milk and lactic acid milk, but presents additional nutritional elements lacking in both.

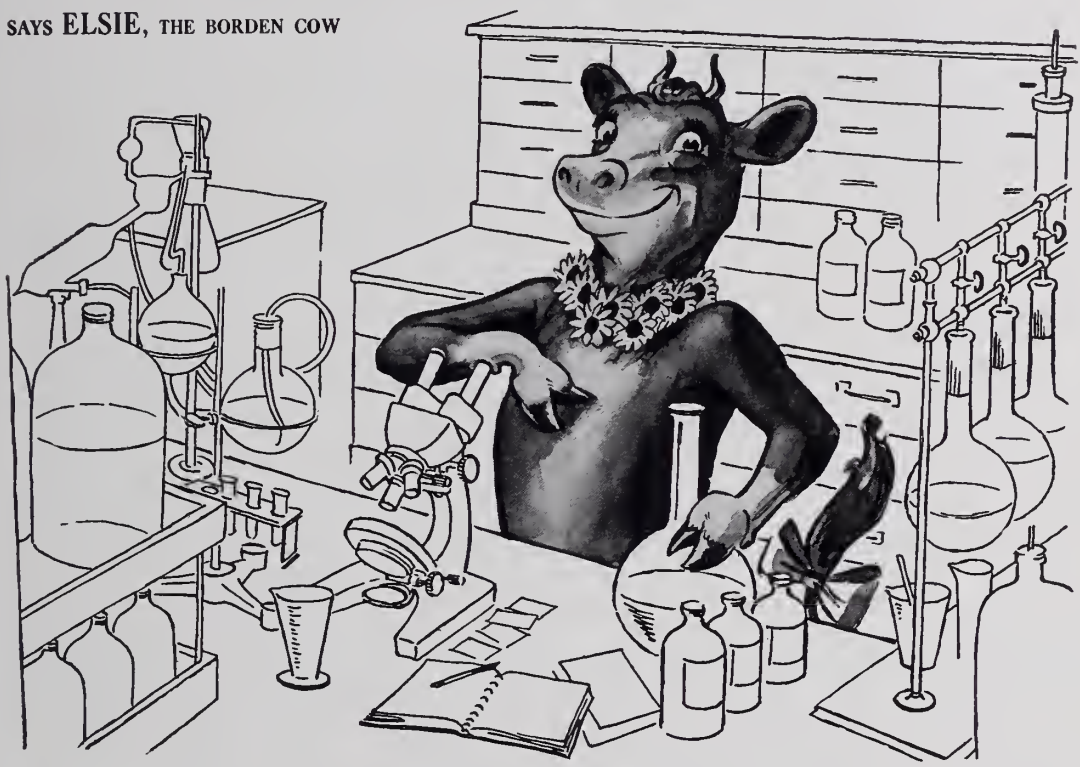
*S.M.A., a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and physical properties.

ACCEPTED AMERICAN MEDICAL ASSN.

S.M.A. CORPORATION · 8100 McCORMICK BOULEVARD · CHICAGO, ILLINOIS

# "All the practice we've had may be of some help in your practice..."

SAYS ELSIE, THE BORDEN COW



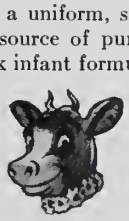
***"WE AT BORDEN," says Elsie, "have made such a life work of turning out the finest milk and milk products, that we think you might like to be reminded of four particularly helpful Borden Prescription Products..."***

**BIOLAC** is the new and distinctive *liquid* infant food with reduced fat level, high protein concentration, and lactose addition—enriched with iron and vitamins A, $B_1$ and D. It is homogenized, evaporated, sterilized. Biolac gives the formula baby breast-like nutritional and digestional advantages, and is convenient and economical for the mother.

**BETA LACTOSE** is the most soluble and most palatable milk sugar (nature's sole carbohydrate for the first months of mammalian life). When used as the only sugar in infant feeding, Beta Lactose helps maintain normal and natural intestinal conditions.

**DRYCO** is irradiated powdered milk of moderate fat and high protein content, modified to compensate for important biological differences between cow's milk and breast milk. Dryco is designed to meet the need for a safe, *flexible* milk product for infant formulas.

**KLIM** is powdered whole milk, with nothing added in manufacture. It is a uniform, safe, always available source of pure milk for whole milk infant formulas.



***"Maybe this is a good time to remind you, too, that all Borden's Prescription Infant Foods are made from my Board-of-Health-inspected milk."***

Copyright 1941—The Borden Company

## BORDEN PRESCRIPTION PRODUCTS

THE BORDEN COMPANY, 350 MADISON AVE., NEW YORK CITY

# THE NEW YORK POLYCLINIC
## MEDICAL SCHOOL AND HOSPITAL
*(The Pioneer Post-Graduate Medical Institution in America, Organized 1881)*

**Urology**

A combined full-time course in Urology, covering an academic year (8 months). It comprises instruction in pharmacology; physiology; embryology; biochemistry; bacteriology and pathology; practical work in surgical anatomy and urological operative procedures on the cadaver; regional and general anesthesia (cadaver); office gynecology; proctological diagnosis; the use of the ophthalmoscope; physical diagnosis; roentgenological interpretation; electrocardiographic interpretation; dermatology and syphilology; neurology; physical therapy; continuous instruction in cysto-endoscopic diagnosis and operative instrumental manipulation; operative surgical clinics; demonstrations in the operative instrumental management of bladder tumors and other vesical lesions as well as endoscopic prostatic resection.

**PHYSICAL THERAPY**

Didactic lectures and active clinical application of all present-day methods of physical therapy in internal medicine, general and traumatic surgery, gynecology, urology, dermatology, neurology and pediatrics. Special demonstrations in minor electrosurgery, electrodiagnosis, fever therapy, hydrotherapy including colonic therapy, light therapy.

FOR INFORMATION ADDRESS
MEDICAL EXECUTIVE OFFICER 345 West 50th Street, New York City

## THE MARY E. POGUE SCHOOL

DOCTORS: You may continue to supervise the treatment and care of children you place in our school. Catalogue on request.

90 Geneva Road Telephone
Wheaton, Illinois Wheaton 66

## NORMANDALE SANITARIUM
Madison, Wisconsin

Normandale is a sanitarium for the care and treatment of nervous and mental disorders, inclusive of addictions. All of the modern methods of neuropsychiatric therapy are available. Special accommodations and rates are offered for the care of chronic cases.

Normandale is located on the outskirts of Madison, Wisconsin. This location affords the conveniences of the city and the restful environment of a rural setting.

Inquiries are invited. Telephone:
Fairchild 2486
Medical Director,
M. F. Greiber, M. D.

# MARQUETTE
## SCHOOL OF MEDICINE

**Requirements For Admission** The minimum requirements for admission are three years of such college work as is acceptable towards the Bachelor's degree in an approved college of liberal arts or in a recognized University. The following subjects must be included in these three years: zoology, general chemistry, organic chemistry, English, French or German, physics.

**Instruction** The duration of the course leading to the degree of Doctor of Medicine is five years, the fifth year of which is devoted to a hospital internship. The school year begins about the first of October and ends about the middle of June. The aim is constant coordination of the basic sciences with the clinical subjects applied to curative and preventive medicine.

**Clinical Facilities** Milwaukee County General Hospital, Milwaukee County Emergency Hospital and Dispensary, Milwaukee Children's Hospital and Dispensary, Milwaukee County Insane Hospitals, Acute and Chronic, South View Hospital for Contagious Diseases, Muirdale Sanatorium for tuberculosis, Mt. Sinai Hospital Dispensary, Marquette Eye Clinic, Public Health field work.

For further information address:

DEAN, MARQUETTE UNIVERSITY SCHOOL OF MEDICINE
561 North Fifteenth Street
Milwaukee, Wisconsin

There is no substitute for quality when prescribing lenses for the human eye. Our ORKON CORRECTED CURVE OPHTHALMIC LENSES represent the best produced by Optical Science.

**N. P. Benson Optical Co., Inc.**

Established 1913

MAIN OFFICE: MINNEAPOLIS, MINN.

DULUTH
ALBERT LEA
WINONA

EAU CLAIRE
LA CROSSE
WAUSAU
STEVENS POINT

BISMARCK
ABERDEEN
RAPID CITY

**The SUMMIT HOSPITAL**

OCONOMOWOC, WIS.

Here, in a cordial and homelike environment, we operate a hospital and sanatorium with facilities and personnel adequate to manage your

CHRONIC,
NERVOUS and
MENTAL
CASES

A natural Beauty Spot — Fireproof, Modern buildings, Moderate rates.

*For further information write or phone*

G. R. Love, M.D.
*Physician in Charge*
The Summit Hospital
Oconomowoc, Wis.

Chicago Office:
Loren W. Avery, M.D.
*Consulting Neuropsychiatrist*
122 So. Michigan Ave.

# THE STATE MEDICAL SOCIETY OF WISCONSIN

## ORGANIZED 1841

R. P. SPROULE, Milwaukee, President
GUNNAR GUNDERSEN, La Crosse, President-Elect
R. M. KURTEN, Racine, Speaker
CHARLES FIDLER, Milwaukee, Vice-Speaker
Mr. J. G. CROWNHART, Madison, Secretary
IRA R. SISK, Madison, Treasurer

### Councilors

TERM EXPIRES 1942

First District:
H. P. Bowen——Watertown

Second District:
C. E. Pechous——Kenosha

TERM EXPIRES 1943

Third District:
W. T. Clark——Janesville

Fourth District:
B. I. Pippin——Richland Center

TERM EXPIRES 1943

Fifth District:
A. H. Heidner——West Bend
Sixth District:
S. E. Gavin——Fond du Lac

TERM EXPIRES 1941

Seventh District:
H. A. Jegi——Galesville
Eighth District:
G. W. Krahn——Oconto Falls
Ninth District:
H. H. Christofferson——Colby
Tenth District:
F. E. Butler——Menomonie

TERM EXPIRES 1942

Eleventh District:
F. G. Johnson——Iron River
Twelfth District:
H. J. Gramling——Milwaukee
R. E. Fitzgerald——Milwaukee

TERM EXPIRES 1943

Robert W. Blumenthal
——Milwaukee

TERM EXPIRES 1941

Thirteenth District:
J. W. Lambert——Antigo

TERM EXPIRES 1941

R. G. Arveson——Frederic
(Past President)

### Delegates to American Medical Association

Stephen E. Gavin, Fond du Lac, 1942 James C. Sargent, Milwaukee, 1942 Joseph F. Smith, Wausau, 1941

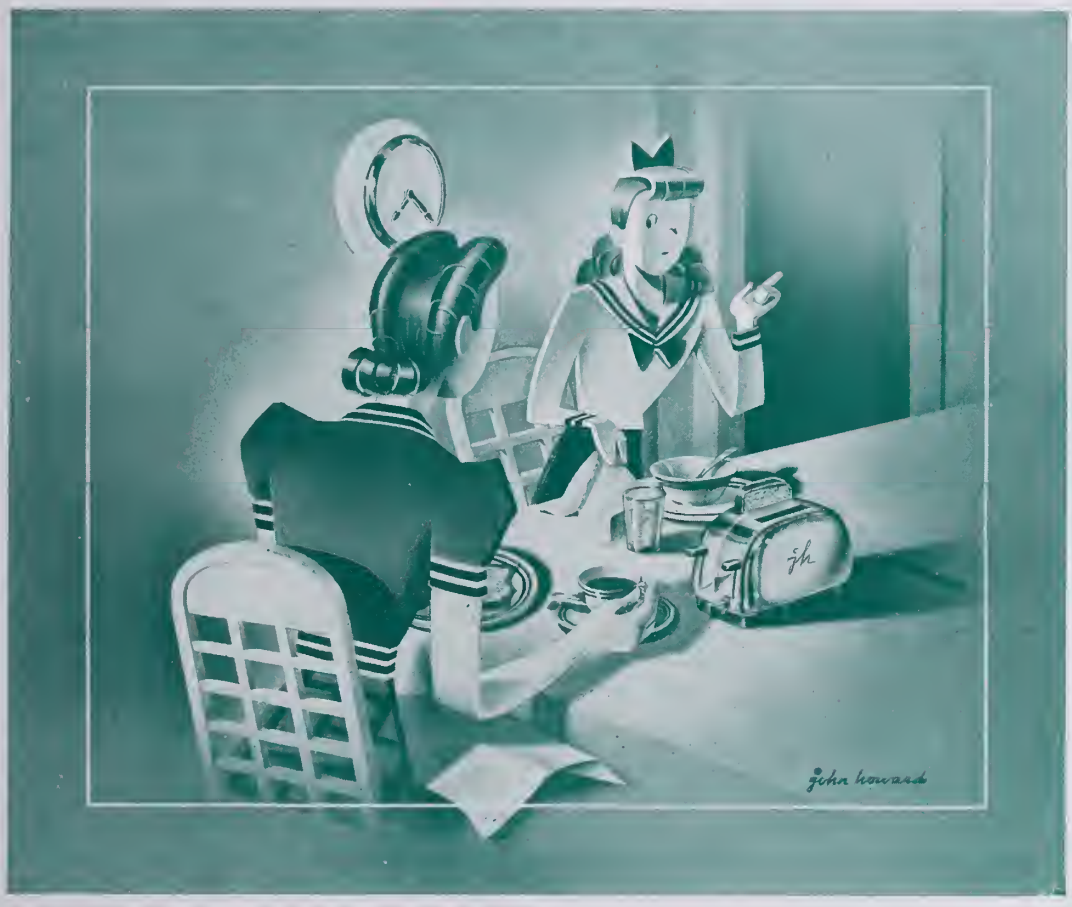
### Alternates

S. J. Seeger, Milwaukee, 1942 F. E. Butler, Menomonie, 1942 C. W. Giesen, Superior, 1941

The Wisconsin Medical Journal, Official Publication
Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Illinois

### List of Executive Officers of County Medical Societies

| County | President | Secretary |
|---|---|---|
| Ashland–Bayfield–Iron | C. A. Grand, Ashland | A. H. Lamal, Ashland. |
| Barron–Washburn–Sawyer–Burnett | H. H. Ainsworth, Birchwood | R. W. Adams, Chetek. |
| Brown–Kewaunee–Door | L. D. Quigley, Green Bay | E. J. O'Brien, Green Bay. |
| Calumet | J. W. Goggins, Chilton | J. A. Knauf, Stockbridge. |
| Chippewa | F. B. Sazama, Chippewa Falls | L. W. Picotte, Chippewa Falls. |
| Clark | G. G. Shields, Abbotsford | W. A. Olson, Greenwood. |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | C. J. Radi, Wisconsin Delis. |
| Crawford | G. R. J. Hammes, Seneca | O. E. Satter, Prairie du Chien. |
| Dane | S. J. Briggs, Madison | D. L. Williams, Madison. |
| Dodge | A. J. Hebenstreit, Juneau | A. G. Hough, Beaver Dam. |
| Douglas | Rudolph Christiansen, Superior | Fred Johnson, Jr., Superior. |
| Eau Claire–Dunn–Pepin | J. C. Baird, Eau Claire | H. S. Fuson, Eau Claire. |
| Fond du Lac | O. F. Guenther, Campbellsport | S. A. Theisen, Fond du Lac. |
| Forest | G. W. Ison, Crandon | G. E. Carroll, Laona. |
| Grant | H. J. McLaughlin, Bloomington | H. L. Doeringsfeld, Platteville. |
| Green | W. G. Bear, Monroe | L. E. Creasy, Monroe. |
| Green Lake–Waushara | J. A. Kelly, Green Lake | D. M. Regan, Berlin. |
| Iowa | T. A. Hagerup, Dodgeville | H. M. Walker, Dodgeville. |
| Jefferson | J. C. Brewer, Jefferson | L. Gueldner, Ft. Atkinson. |
| Juneau | W. T. O'Brien, Mauston | Brand Starnes, New Lisbon. |
| Kenosha | E. F. Andre, Kenosha | L. M. Rauen, Kenosha. |
| La Crosse | M. W. Ward, Bangor | S. A. Montgomery, La Crosse. |
| Lafayette | S. A. J. Ennis, Shullsburg | E. D. McConnell, Darlington. |
| Langlade | R. J. Portman, Antigo | W. P. Curran, Antigo. |
| Lincoln | W. F. Austria, Merrill | L. J. Bayer, Merrill. |
| Manitowoc | T. H. Rees, Manitowoc | T. A. Teitgen, Manitowoc. |
| Marathon | M. L. Jones, Wausau | H. H. Fechtner, Wausau. |
| Marinette–Florence | J. V. May, Marinette | K. G. Pinegar, Marinette. |
| Milwaukee | T. J. Howard, Milwaukee | Mr. James O. Kelley, Ex. Sec., Milw. |
| Monroe | D. C. Beebe, Sparta | T. J. Sheehy, Tomah. |
| Oconto | W. C. Watkins, Oconto | A. N. Tousignant, Oconto. |
| Oneida–Vilas | C. A. Richards, Rhinelander | H. J. Westgate, Rhinelander (acting) |
| Outagamie | W. H. Towne, Hortonville | L. B. McBain, Appleton. |
| Pierce–St. Croix | C. A. Dawson, River Falls | A. E. McMahon, Glenwood City. |
| Polk | W. B. Cornwall, Amery | G. B. Noyes, Centuria. |
| Portage | F. R. Krembs, Stevens Point | T. L. Harrington, Stevens Point. |
| Price–Taylor | H. B. Norviel, Phillips | J. L. Rens, Phillips. |
| Racine | A. M. Lindner, Racine | Beatrice O. Jones, Racine. |
| Richland | L. C. Davis, Richland Center | G. H. Benson, Richland Center. |
| Rock | G. C. Waufle, Janesville | O. V. Overton, Janesville. |
| Rusk | W. F. O'Connor, Ladysmith | M. L. Whalen, Bruce. |
| Sauk | J. F. Moon, Baraboo | C. B. Pope, Baraboo. |
| Shawano | A. A. Cantwell, Shawano | E. E. Evenson, Wittenberg. |
| Sheboygan | Anthony Voskuil, Cedar Grove | W. G. Huibregtse, Sheboygan. |
| Trempealeau–Jackson–Buffalo | E. A. Meili, Cochrane | R. R. Richards, Blair. |
| Vernon | W. H. Remer, Chaseburg | R. S. Hirsch, Viroqua. |
| Walworth | H. J. Kenney, Delavan | L. H. Donath, Lake Geneva. |
| Washington–Ozaukee | F. W. Lehmann, Hartford | R. S. Fisher, Allenton. |
| Waukesha | Irene T. Stemper, Oconomowoc | J. F. Wilkinson, Oconomowoc. |
| Waupaca | A. M. Christofferson, Waupaca | J. W. Monsted, New London. |
| Winnebago | F. G. Jensen, Menasha | E. F. Cummings, Oshkosh. |
| Wood | L. A. Copps, Marshfield | R. W. Mason, Marshfield. |




# Petrolagar*

## *Helps establish habit time*

• The establishment of Habit Time for bowel movement may be aided by the use of Petrolagar Plain.

As part of a complete program for treatment of constipation, Petrolagar contributes to the restoration of normal bowel movement by softening fecal mass.

Petrolagar induces comfortable evacuation which tends to encourage the development of a regular "HABIT TIME."

*Petrolagar—The trademark of Petrolagar Laboratories, Inc., brand emulsion of mineral oil . . . Liquid petrolatum 65 cc. emulsified with 0.4 gm. agar in menstruum to make 100 cc.

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

When writing advertisers please mention the Journal.

# Rogers Memorial Sanitarium

OCONOMOWOC, WIS.
**Telephone 448**

A PRIVATE sanitarium
(incorporated not-for-profit)
for the treatment of
**DISEASES OF THE NERVOUS SYSTEM**
All approved methods of therapy are used

**Fireproof Building**
**Booklet on Request**

*RESIDENT PHYSICIANS*

JAMES C. HASSALL, M.D.
Medical Director

OWEN C. CLARK, M.D.

DONALD A. R. MORRISON, M.D.

*BOARD OF TRUSTEES*

JAMES C. HASSALL, M.D.
FREDERICK PABST
Oconomowoc, Wis.

T. H. SPENCE
MITCHELL MACKIE
MACKEY WELLS
O. R. LILLIE, M.D.
Milwaukee, Wis.

PETER BASSOE, M.D.
RALPH C. HAMILL, M.D.
JOHN FAVILL, M.D.
Chicago, Ill.

W. S. MIDDLETON, M.D.
Madison, Wis.

SCOTT LOWRY
Waukesha, Wis.

Milwaukee Office:
By Appointment

1330 Wells Building
**Telephone Daly 1441**

# MILWAUKEE SANITARIUM

Wauwatosa, Wisconsin

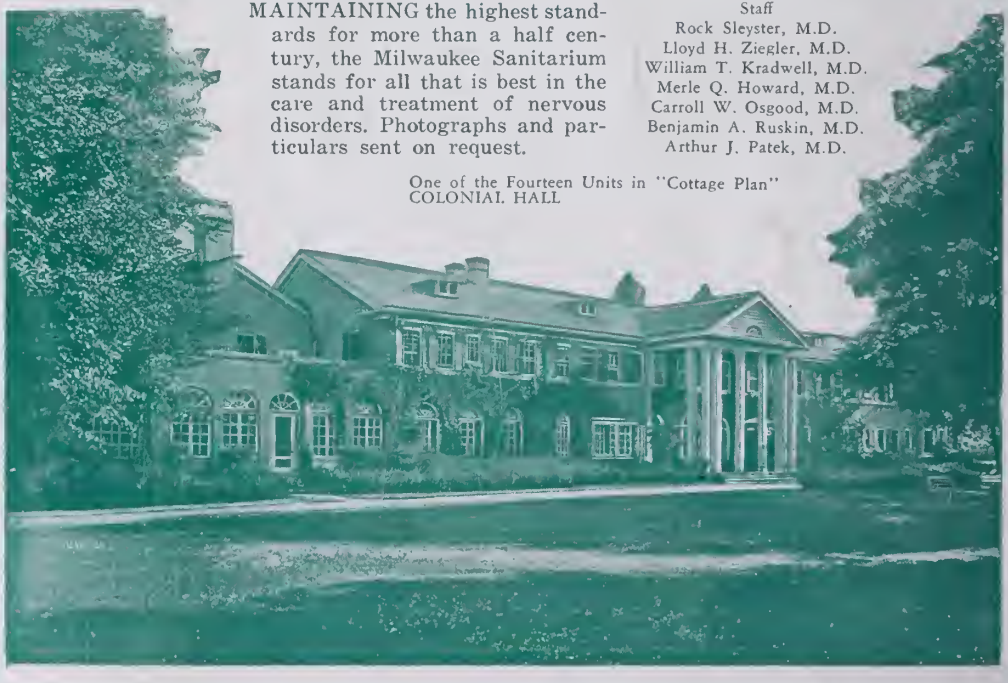
## FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

(Chicago office—1117 Marshall Field Annex. Wednesdays, 1–3 P. M.)

Staff
Rock Sleyster, M.D.
Lloyd H. Ziegler, M.D.
William T. Kradwell, M.D.
Merle Q. Howard, M.D.
Carroll W. Osgood, M.D.
Benjamin A. Ruskin, M.D.
Arthur J. Patek, M.D.

One of the Fourteen Units in "Cottage Plan"
COLONIAL HALL




DEMOCRAT PRINTING COMPANY
MADISON, WISCONSIN

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

## SPRING CLINICS

April 28—Ashland
April 29—Marshfield
April 30—Green Bay
May 1—West Bend
May 2—Janesville

Complete program on pages 314-316

# The Wisconsin Medical Journal

## IN THIS ISSUE

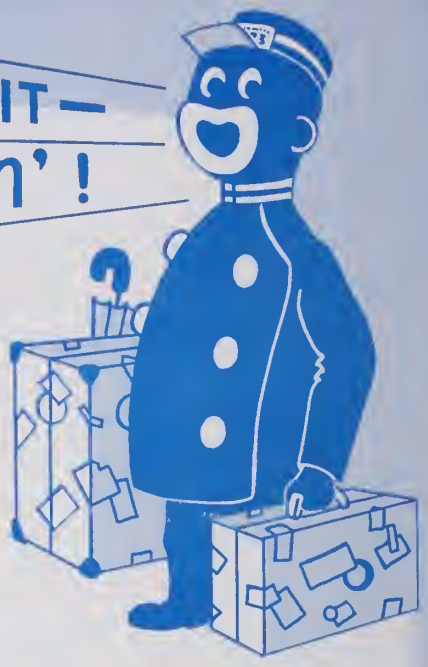
PROSTATIC RESECTION
By J. C. Sargent, M. D.
RESTORATION OF LOWER LIP
By M. N. Federspiel, D. D. S., M. D.
QUINIDINE THERAPY
By J. P. Bertucci, M. D.
THE INSURANCE EXAMINER
By L. L. Grossmann, M. D.
PATENT DUCTUS ARTERIOSUS
By J. W. Gale, M. D. et al.
PUERPERAL PSYCHOSES
By Samuel Wick, M. D.

COLLEGE OF PHYSICIANS
LIBRARY
APR. 14 1941
OF PHILADELPHIA

COMPLETE TABLE OF CONTENTS, PAGE 272

Volume 40, Number 4 + Suppl.
911 Kenney Building
MADISON, WISCONSIN, APRIL, 1941
Copyright, 1941, by The State Medical Society of Wisconsin
Per Year $3.50
Single Copy 50 Cents

# WATCH FO' IT— IT'S COMIN'!



## NEXT MONTH

this space will contain an announcement of importance to the medical profession. It concerns scientific progress and the advancement of research. Look for it, read it, use its message to advantage.

The LAKESIDE Laboratories Inc.
MILWAUKEE, WISCONSIN

# Waukesha Springs Sanitarium

FOR NERVOUS DISEASES

*BUILDING ABSOLUTELY FIRE-PROOF*

BYRON M. CAPLES, M. D. Medical Director. FLOYD W. APLIN, M. D.

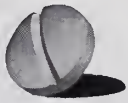
WAUKESHA, WISCONSIN

# NICOTINIC ACID (UPJOHN)

The typical dermatitis of pellagra, characterized during its early stages by tenderness and erythema, and subsequently by thickening of the skin, and desquamation, not infrequently involves the lower extremities, especially the anterior aspects of the feet, ankles, legs, and knees.

The administration of nicotinic acid in appropriate doses in cases of pellagra leads not only to the clearing of the cutaneous manifestations of the disease but also to the disappearance of the alimentary lesions and symptoms, and to a profound improvement in the mental symptoms when the latter are the result of inadequate intake of nicotinic acid.

Pellagra, however, is frequently accompanied by evidences of deficiencies of other factors of the vitamin B complex, such as polyneuritis (a manifestation of vitamin $B_1$ deficiency). In the diets of such patients it may be necessary to insure the presence of foods rich in the vitamin B complex, or to administer—concurrently with the nicotinic acid—thiamine hydrochloride, riboflavin, and, in some instances, pyridoxine hydrochloride.



Nicotinic acid is pyridine-3-carboxylic acid—$C_6H_5O_2N$. It is recognized as a specific in the treatment of the disease of dogs known as blacktongue and in the treatment of human pellagra.

Available at your prescription pharmacy.

**C. T. Nicotinic Acid, 20 mg.**

**C. T. Nicotinic Acid, 50 mg.**

**C. T. Nicotinic Acid, 100 mg.**

•

*In bottles of 100 and 1000*

Upjohn

KALAMAZOO MICHIGAN

* *Fine Pharmaceuticals Since 1886* *

# THE WISCONSIN MEDICAL JOURNAL

Volume 40
Number 4

MADISON, WISCONSIN, APRIL, 1941

Per Year $3.50
Single Copy 50 Cents

## TABLE OF CONTENTS

### SCIENTIFIC ARTICLES

Page

Prostatic Resection; Some Facts and Fancies Revealed by Time by James C. Sargent, M. D., Milwaukee ---- 285

Extensive Plastic Repair for Restoration of the Lower Lip; Report of Procedure in a Case in Which the Lower Lip Was Entirely Removed for the Eradication of an Epithelioma by Matthew N. Federspiel, D. D. S., M. D., Milwaukee ---- 289

Quinidine Therapy; Its Use in Long-Standing Auricular Fibrillation with Congestive Failure by Joseph P. Bertucci, M. D., Ishpeming, Mich. ---- 292

Successful Ligation of Patent Ductus Arteriosus; Report of Case by J. W. Gale, M. D., F. J. Pohle, M. D., and Hunter Romaine, M. D., Madison ---- 296

Puerperal Psychoses by Samuel Wick, M. D., Wauwatosa ---- 299

An Internist Considers Acute Abdominal Disease by Sam Boyer, Jr., M. D., Duluth, Minn. 303

Comments on Treatment: Measles Prevention by A. B. Schwartz, M. D., Milwaukee---- 307

### SPECIAL ARTICLES

Page

The Insurance Examiner by Lawrence L. Grossmann, M. D., Milwaukee ---- 332

Centennial Anniversary Section: Biographies of Pioneer Wisconsin Physicians—continued- 336

### EDITORIALS

Only If You Remember ---- 308

Generous Devotion Reflected ---- 308

### MISCELLANY

President's Page ---- 309

Society Proceedings ---- 310

Requests for Workmen's Compensation Panels Pour In ---- 312

Annual Postgraduate Spring Clinics Program-- 314

Woman's Auxiliary ---- 317

News Items and Personals ---- 324

Births, Marriages, Deaths ---- 326

Society Records ---- 326

Members in Active Military Service ---- 328

Coming Events ---- 329

Book Reviews ---- 344

Physicians' Exchange Page ---- 352

Index to Advertisers ---- 351

[Entered as second class matter, June 30th, 1903, at the Post Office at Milwaukee, Wis., under Act of Congress March 3rd, 1879. Transferred to Madison, Aug. 1st, 1929.]

"Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized Aug. 7, 1918."

SACRED HEART SANITARIUM

MILWAUKEE, WISCONSIN

An institution conducted for the diagnosis and treatment of mild nervous disorders and non-infectious diseases; also for rest and recuperation under medical supervision. Equipped with every modern facility for diagnostic purposes. Scientific dietetics, physiomechanotherapy, hydrotherapy, supervised occupational and recreational activities. Literature and rates sent on request.

MEDICAL STAFF

William L. Herner, M.D., Medical Director
Delparde W. Roberts, M.D. — J. Frampton Wyman, M.D.
William F. Ragan, M.D. — Hubert H. Blanchard, M.D.
Frank W. Mackoy, M.D. — L. Tennyson Peyton, M.D.
Ray C. Johnston, M.D.

When writing advertisers please mention the Journal.

## ST. CROIXDALE ON LAKE ST. CROIX

**PRESCOTT, WISCONSIN**

**MAIN BUILDING—One of the 5 Units in "Cottage Plan."**

A Modern Private Sanitarium for the Diagnosis, Care and Treatment of Nervous, Mental and Medical Cases.

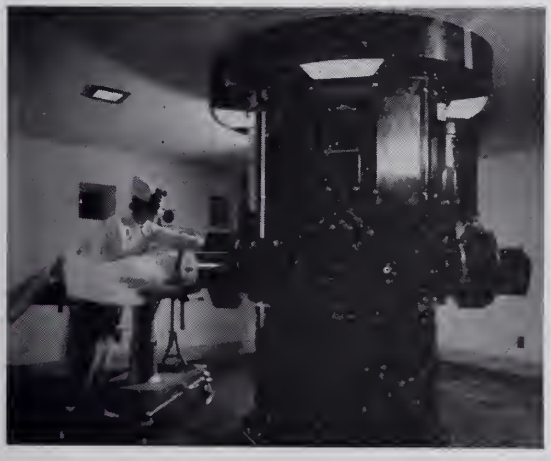
Located on beautiful Lake St. Croix, eighteen miles from the Twin Cities, it has the advantages of both City and Country. Every facility for treatment provided, including recreational activities and occupational-therapy under trained personnel. Milk, cream and butter from our own herd of Tuberculin-tested Registered Guernsey Cows. Inspection and co-operation by reputable physicians invited. Rates very reasonable. Illustrated folder on request.

CONSULTING NEURO-PSYCHIATRISTS
Hewitt B. Hannah, M. D.
Joel C. Hultkrans, M. D.
511 Medical Arts Building
Minneapolis, Minnesota
Tel. MAin 4672

RESIDENT PHYSICIAN
Howard J. Laney, M. D.
Prescott, Wisconsin
Tel. 39

SUPERINTENDENT
Frieda C. Beyrer, R. N.
Prescott, Wisconsin
Tel. 69

# Radiation Therapy Institute



Treatment Room

of Saint Paul

## CHARLES T. MILLER HOSPITAL

Facilities for Radium and Roentgen Therapy, Including 1,200,000 Volt Constant Potential Installation of Most Advanced Design.

*You are cordially invited to visit the Radiation Therapy Institute and inspect its facilities.*

**Edward Schons, M.D., *Director*  J. P. Medelman, M.D., *Associate Director***

**Q.** *But, doctor, is it all right to leave the peas I don't eat in an open can?*

**A.** *From the standpoint of health, there is no reason why peas, or any canned food, should be put into another container.* (1)

(1) For some obscure reason many members of the general public persist in believing that an open can is not a safe food container. The U. S. Department of Agriculture expressed itself on this fallacy in a press release of February 23, 1936, as follows:

". . . Thousands of housewives are firm in the faith that canned foods ought to be emptied as soon as the can is opened, or at least before the remainder of the food goes into the refrigerator . . . Whether in the original can or in another container, the principal precautions for keeping food are—Keep it cool and keep it covered." *American Can Company, 230 Park Avenue, New York, N. Y.*

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

**The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.**

# TO HELP EDUCATE THE AMERICAN PUBLIC

*about*

# THE IMPORTANCE OF POSTURE TO HEALTH

*S. H. Camp & Company*
*announces 3rd Annual*

In announcing 1941 National Posture Week we do so with a genuine expression of appreciation to the medical profession, public health groups, schools, and colleges throughout the country whose support of this activity has helped to make it an educational event of importance. We are happy in the knowledge that with each succeeding year, National Posture Week has resulted in more women being made conscious of the relationship of posture to health, as well as the importance of seeking professional advice regarding the ills caused by poor posture.

This year, as in the past, National Posture Week will be given widespread publicity through magazines, newspapers, and radio. In addition, noncommercial literature will be distributed to schools and colleges as an extension of our Public Health Educational Activities.

Many of our dealers throughout the country will also cooperate to help awaken the consciousness of the masses to the importance of correct posture. As always, we will endeavor to adhere to the ethical practices which will merit your approval.

CAMP TRADE MARK *Supports*

*S. H. Camp & Company, Jackson, Michigan*

Offices in: New York; Chicago; Windsor, Ont.; London, England. *World's largest manufacturers of surgical supports*
Prescribe Journal-advertised products and you prescribe the best.

# How to Use S-M-A Powder

## EACH PACKAGE OF S-M-A* CONTAINS ONE MEASURING CUP

1 Empty one tightly packed measuring cup of S-M-A powder into bottle.

2 Add enough warm previously boiled water to make one ounce.

3 Cap bottle and shake powder into solution. Feed at body temperature.

4 Easy, isn't it?

## S-M-A READY TO FEED PROVIDES:

● 20 calories to the ounce, but more important, the nutritional value of S-M-A is that of a complete well-balanced food. When prepared as above, each quart provides:

10 mg. Iron and Ammonium Citrate
200 I. U. of vitamin $B_1$
400 I. U. of vitamin D
7500 I. U. of vitamin A

NORMAL INFANTS RELISH S-M-A—DIGEST IT EASILY AND THRIVE ON IT

*S-M-A, a trade mark of S-M-A Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

ACCEPTED AMERICAN MEDICAL ASSN.

**S. M. A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS**

When writing advertisers please mention the Journal.

# *Improved* DIURETIC MEDICATION

*for intravenous or intramuscular injection*

● The combination of the mercurial diuretic Salyrgan with theophylline (in the ratio of 2:1) constitutes an improvement in diuretic medication. It has been demonstrated that the theophylline constituent enhances both the rate and completeness of absorption of the highly effective mercurial component. Salyrgan-Theophylline is better tolerated by muscle tissue and by venous structures. Hence, there is less complaint of discomfort after intramuscular injection and less likelihood of producing thrombosis after intravenous administration.

**HOW SUPPLIED:** Salyrgan-Theophylline solution (containing 10% Salyrgan and 5% theophylline) is supplied in amber ampules of 1 cc. (boxes of 5, 25 and 100); and 2 cc. (boxes of 10, 25 and 100).

Write for booklet which describes use of Salyrgan-Theophylline and contains information regarding contraindications and side effects.

## SALYRGAN-THEOPHYLLINE

"Salyrgan," Trademark Reg. U. S. Pat. Off. & Canada

(Mercury salicylallylamide-o-acetate of sodium with theophylline)

*Brand of* MERSALYL
with
Theophylline

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

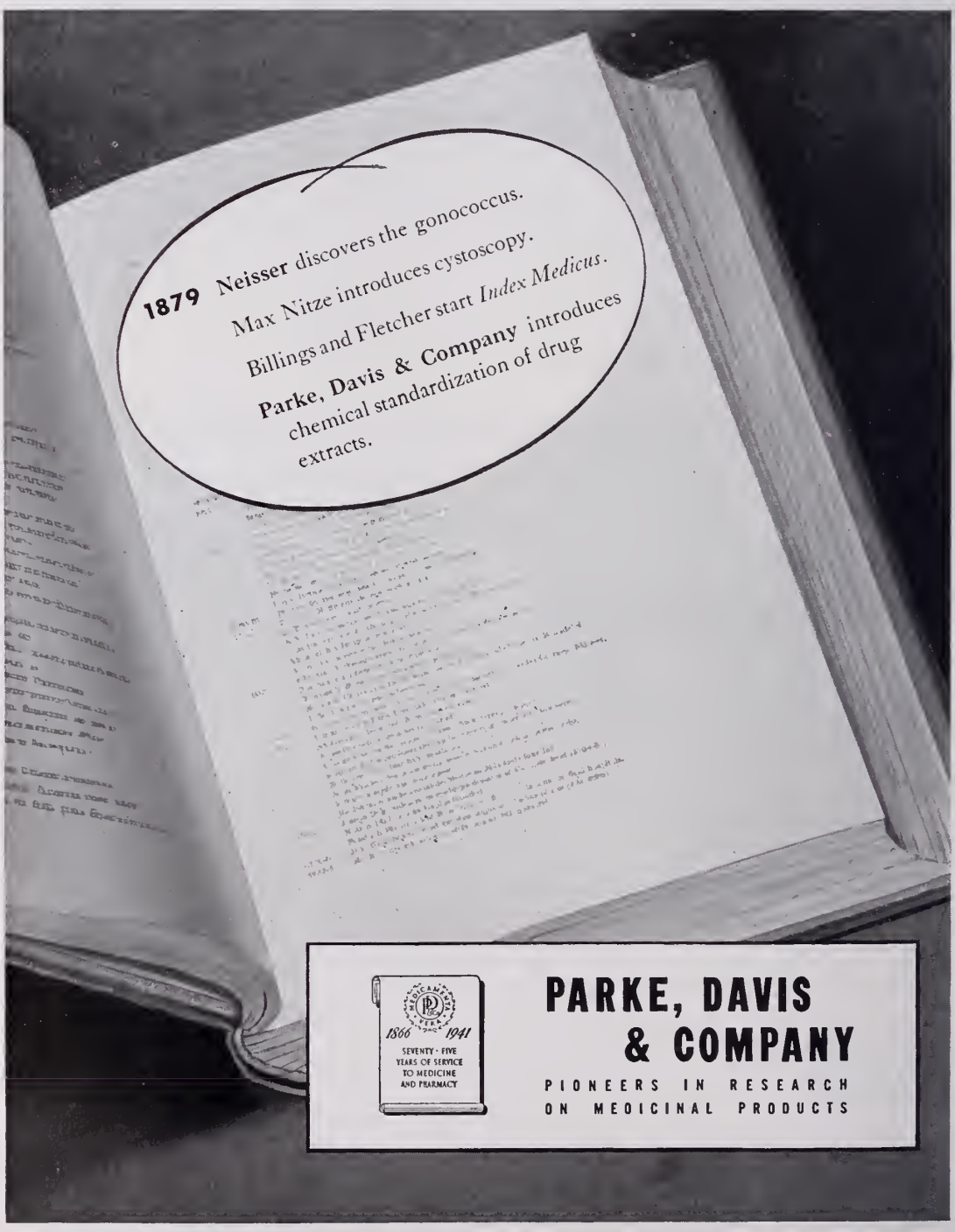
WINTHROP

**WINTHROP CHEMICAL COMPANY, INC.** • NEW YORK, N. Y.
*Pharmaceuticals of merit for the physician* WINDSOR, ONT.

763M

# THESE NAMES, THESE YEARS HAVE HELPED MAKE MODERN MEDICAL HISTORY

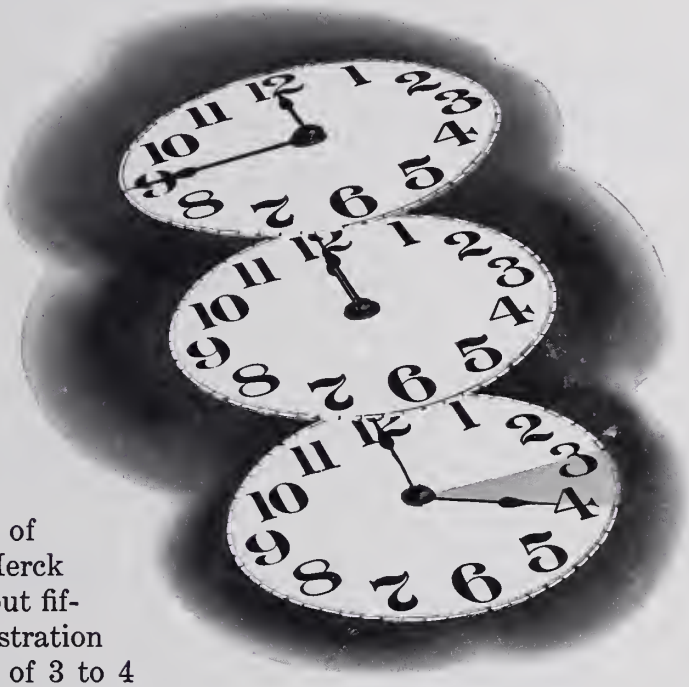
One of a series of advertisements commemorating three-quarters of a century of progress and achievement




When writing advertisers please mention the Journal.

# FOR PROLONGED VASODILATATION IN ARTERIAL HYPERTENSION

## *Erythrol Tetranitrate Merck*



The vasodilator action of Erythrol Tetranitrate Merck usually begins within about fifteen minutes after administration and persists for a period of 3 to 4 hours. This effect of prolonged vasodilatation, beginning within a short time after oral administration, is not obtained with any other of the commonly used nitrites.

Erythrol Tetranitrate Merck is indicated in cases where gradual and prolonged vascular dilatation is desired, as for the reduction of blood pressure in arterial hypertension, and for the prophylaxis and relief of attacks of angina pectoris.

Erythrol Tetranitrate Merck is supplied as ¼ grain tablets in vials of 50 and bottles of 500, and as ½ grain tablets in vials of 24 and 100, and bottles of 500.

*Literature on Request*

MERCK & CO. Inc. *Manufacturing Chemists* RAHWAY, N. J.

Prescribe Journal-advertised products and you prescribe the best.

# LOOK and LISTEN ...to this Spring Postgraduate Clinics

*Will be held this year at—*

**ASHLAND, MON., APRIL 28**
**MARSHFIELD, TUES., APRIL 29**
**GREEN BAY, WED., APRIL 30**
**WEST BEND, THURS., MAY 1**
**JANESVILLE, FRI., MAY 2**

A full-day scientific program on Surgery, Obstetrics, Gynecology, Medicine, Pediatrics and Endocrines.

Presented by an outstanding medical faculty including Albert H. Montgomery, Chicago; Charles McKhann, Ann Arbor; Everett D. Plass, Iowa City; Fred Madison, Milwaukee; Edgar Gordon, Madison; Wm. C. Keettel, Madison; Eben J. Carey, Milwaukee.

All in one day with only a nominal registration fee of $5, which includes your dinner at one of the evening round-table dinners.

Clip out the reservation blank below and rush it in to the State Society at once. Be sure to designate the city where you wish to attend the clinics and the round-dinner table you wish to attend.

---------- Tear out on this line ----------

## RESERVATION

I will attend the graduate course in:

ASHLAND ___ MARSHFIELD ___ GREEN BAY ___ WEST BEND ___ JANESVILLE ___

Please make a reservation for me at the dinner round table on:

Obstetrics ___ Medicine ___ Surgery ___ Pediatrics ___

Enclosed is my check for $5 to cover the cost of the course and the dinner.

Mail to:

MR. J. G. CROWNHART
917 TENNEY BUILDING
MADISON, WISCONSIN

_____ M. D.

_____ Address

SEE PAGES 314, 315 and 316 for complete details concerning the Spring Clinics

## KREMERS-URBAN CO.

**141 West Vine St.**
**MILWAUKEE, WIS.**

### Offers Preparations For Parenteral Medication

Liver Solution U. S. P.

Bismuth Subsalicylate N. F.

Dextrose 50% N. F.

Post Pituitary Solution U. S. P.

Ephedrine Sulfate N. F.

Procaine Hcl. N. F.

## Cook County Graduate School of Medicine

**(IN AFFILIATION WITH COOK COUNTY HOSPITAL)**
Incorporated not for profit

*Announces Continuous Courses*

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue, starting every two weeks. General Courses One, Two, Three and Six Months; Clinical Courses; Special Courses. Rectal Surgery every week.

MEDICINE—Two Weeks Intensive Course starting June 2nd. One Month Course in Electrocardiography & Heart Disease every month, except August and December.

FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course starting May 19th and June 30th. Informal Course every week.

GYNECOLOGY—Two Weeks Intensive Course starting June 16th. Clinical, Diagnostic and Didactic Course every week.

OBSTETRICS — Two Weeks Intensive Course starting April 21st. Three Weeks Personal Course starting May 26th. Informal Course every week.

OTOLARYNGOLOGY — Two Weeks Intensive Course starting April 7th. Informal and Personal Courses every week.

ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty—Attending Staff of Cook County Hospital

**Address: Registrar, 427 South Honore Street, Chicago, Illinois**

## Your Visit to Milwaukee

Is Made More Enjoyable by Stopping at the SCHROEDER

*Metropolitan atmosphere . . .*
*Cocktail Lounge and Circular Bar*
*Coffee Shop with popular prices*

•

The Beautiful EMPIRE Dining Room

**Music and Dancing—At Lunch, Dinner, After Theatre**

**Music By America's Leading Bands**
**Air Conditioned**

## HOTEL SCHROEDER

MILWAUKEE
WALTER SCHROEDER, President

Prescribe Journal-advertised products and you prescribe the best.

PATENTED

*You'll find Exclusive Advantages in the*

# GIANT OPHTHALMOSCOPE

*By American*

The addition of a Polaroid filter in the Giantscope is only one of the distinct advantages which take this AO instrument out of the category of "just another ophthalmoscope." In the Giantscope the illumination has been greatly increased over that of other ophthalmoscopes, thus providing an exceptionally clear view of the fundus. Polarization of this illumination eliminates corneal reflexes,

A special lamp overcomes possible interference with the intensity of the light beam. The Giantscope is only one of many instruments made by AO Company and its Scientific Instrument Division, Spencer Lens Co.

By

**AMERICAN OPTICAL COMPANY**

*86¢ out of each $1.00 gross income used for members benefit*

**PHYSICIANS CASUALTY ASSOCIATION**
**PHYSICIANS HEALTH ASSOCIATION**

Hospital, Accident, Sickness

# INSURANCE

**For ethical practitioners exclusively**
**(52,000 Policies in Force)**

| | |
|---|---|
| LIBERAL HOSPITAL EXPENSE COVERAGE | For $10.00 per year |
| $5,000.00 ACCIDENTAL DEATH<br>$25.00 weekly indemnity, accident and sickness | For $33.00 per year |
| $10,000.00 ACCIDENTAL DEATH<br>$50.00 weekly indemnity, accident and sickness | For $66.00 per year |
| $15,000.00 ACCIDENTAL DEATH<br>$75.00 weekly indemnity, accident and sickness | For $99.00 per year |

*38 years under the same management*

**$1,850,000 INVESTED ASSETS**
**$9,500,000 PAID FOR CLAIMS**

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

*Send for applications, Doctor, to*

**400 First National Bank Bldg. Omaha, Nebraska**

# Radium Rental Service

By

**THE PHYSICIANS RADIUM ASSOCIATION**

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

**The Physicians Radium Association**

**Room 1307—55 East Washington St., Pittsfield Bldg., CHICAGO, ILL.**
**Telephones: Central 2268–2269**
**Wm. L. Brown, M.D., Director**

When writing advertisers please mention the Journal.

TREATMENT WITH

# PROGYNON-B

## COSTS LESS

PROGYNON-B, long known as a most advanced form of female sex hormone therapy, is also most economical, costing *less* than preparations of other types. It contains ∝-estradiol, the most potent estrogenic hormone, which requires one-tenth the quantity to do the same work as a given amount of ketohydroxyestrin (estrone, theelin)—and is sixty to eighty times more potent than trihydroxyestrin (estriol, theelol). Calculated in terms of the cost per patient, per dose, or any other way, PROGYNON-B therapy costs *one-half* to *two-thirds* less. PROGYNON-B* offers economy through potency—most advanced therapy, yet actually costs *less.*

**THE SCHERING CORPORATION · BLOOMFIELD · N. J.**

PACKAGING: Ampules of 1 cc. containing 500, 1000, 2000, 6000 and 10,000 R. U. (equivalent in estrogenic effect to 5,000, 10,000, 20,000, 60,000 and 100,000 I. U. respectively); boxes of 3, 5, 6, 50 and 100 ampules.

SKETCH BY M. SOYER • *TRADE-MARK REG. U. S. PAT. OFF.

Prescribe Journal-advertised products and you prescribe the best.

# To Those

## *who want the best—*

When the correction calls for neutral absorption . . . when the finest optical performance is needed . . . when you want to be sure your patients are getting the best . . . that is when your prescriptions should specify Soft-Lite Lenses. Then you know you have given your patients the world's finest absorptive lens —the standard by which others are judged.

Soft-Lite Lenses, expertly finished by our skilled craftsmen, are always completely stocked here in a full range of forms suitable for every prescription requirement.

**Milwaukee Optical Manufacturing Co.**

208 East Wisconsin Ave. Milwaukee, Wisconsin

# THE SHOREWOOD HOSPITAL-SANITARIUM

MILWAUKEE, WISCONSIN

FOR NERVOUS AND ALLIED DISORDERS
ALCOHOL AND DRUG ADDICTIONS

Physiotherapy, Heliotherapy, Hydrotherapy, and Occupational Therapy Departments. X-Ray and Laboratory facilities.

WM. H. STUDLEY, M. D.
*Resident Physician*

HERBERT W. POWERS, M. D.
*Consulting Physician*

'Phone Edgewood 0384

A Modern and Thoroughly Equipped Hospital for Diagnosis, Care and Treatment

• •

*Send for Illustrated Booklet*

• •

Open to the Medical Profession
Established for 28 years

THE WISCONSIN MEDICAL JOURNAL

VOLUME 40, NO. 4 Copyright, 1941, by The State Medical Society of Wisconsin APRIL, 1941

# Prostatic Resection; Some Facts and Fancies Revealed By Time*

By JAMES C. SARGENT, M. D.
*Milwaukee*

EIGHT years now have passed since occasion arose to report before our Wisconsin Urological Association on an original series of twenty-five cases of prostatism treated by the then very new and novel procedure of transurethral resection. Since that time—no pun intended—considerable water has gone over the dam. Enough of experience now lies behind to allow a critical examination into the facts of the case and to permit the drawing of some tentative conclusions that are quite likely to stand up under the test of long time.

### The First Truth

While there is no comfort whatever in it, it must here be recalled that in the presentation of those first twenty-five cases, nine were reported as operative deaths. Even the most gloomy view that one might have held about the dangers of open prostatectomy hardly could equal that. Still and all the method seemed full of real promise and, with added experience, a degree of safety, wholly unknown with the older operation, was attained. As one after another skilled urologist began taking up this new method, it developed that they, too, had their period of fumbling apprenticeship before it became at all safe in their hands. In the light of such an experience, it is now perfectly clear to all, except him who will not see, that transurethral prostatic resection is a difficult and highly technical refinement of urological surgery never to be undertaken by anyone not thoroughly experienced in the everyday use of the operating cystoscope. Even then, if he is to avoid the frightening mortality that earlier resectionists had to wade through in getting acquainted with its dangers, he must first learn the procedure under the guiding eye of an experienced operator. That, gentlemen, is the first of the burning truths that has come out of this first decade of resections.

### The Second Truth

From the days of Bottini, the whole history of prostatic surgery has been dominated by the spectre of fearful hemorrhage and one after another of the masters—Freyer, Hagner, Pilcher and others—have left their name attached to a tube or a bag memorializing their particular scheme to control it.

In the earlier days of transurethral resection, hemorrhage was a particularly frightening hazard. Few there are among us who cannot recall this or that patient in whom the whittling of tissue was carried completely out of bounds and a bleeding developed so scattered and deep-seated that operator and patient alike were hopelessly lost. Under the leavening influence of one or two such tragedies, however, each of us soon learned to close his bleeding carefully as he went along. As one draws a comparison between present-day resections and the older forms of radical removal, it can fairly be said that the day or two of moderate postoperative bleeding so common and so debilitating in open prostatectomy has all but disappeared. And, likewise, the danger of fatal or even serious primary hemorrhage has become remote indeed. There is the second great truth that has come out of a decade of experience with transurethral prostatic resection.

### The Third Truth

If one were to look back into the records of any of our good general hospitals, he would find that at the turn of the century prostatec-

* Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

tomy was a very formidable operation, the mortality of which was almost prohibitive. There is nothing in the whole saga of urologic surgery quite so spectacular and impressive as the way in which this operation gradually changed from a dangerous procedure of last resort to one of comparatively safe election. And all because of a growing appreciation of the fact that urinary obstruction, if at all serious and long lasting, inevitably brings urinary infection and damage to renal function. It became a generally accepted principle that a candidate for prostatic surgery had to be properly prepared. Preoperative drainage—either with catheter or by first stage cystostomy—came to be common practice as a means of reducing urinary infection and favoring recovery of renal function before the large hurdle of prostatectomy was undertaken.

In the early days of resection, everyone was inclined to continue this same general routine of preoperative drainage. Preliminary cystostomies, even, were not at all uncommon. In the course of a lengthening experience, however, those using this newer method became more and more sure of themselves and of what they were doing. More and more tissue came to be taken away and that meant that a more thorough removal of the obstruction was being accomplished. With these ever-improving results, less and less complications were encountered and finally "uro-sepsis"—that old bugaboo of the early days of resection—all but disappeared. Aware of the increasing security that accompanied this general improvement in resection technique, urologists everywhere have sensed the fact that there no longer is need for the preoperative drainage so often required as a preliminary to open prostatic surgery.

If all of that means anything whatever, it surely means that in the management of prostatic hypertrophy, transurethral resection holds a margin of safety considerably beyond that of the older methods of open operation. And if additional testimony to all of this be wanted, one need only point to the fact that today urologists everywhere are doing successful resections in cases of prostatism so far advanced and in which the physical condition is so poor that open operation would be utterly out of the question. And that is the third great truth that has come out of this decade of resections.

### The Fourth and Fifth Truths

As the resectoscope came into general use, wide difference of opinion began to crystallize over the wisdom of attempting the removal of the more massive three-lobe hypertrophies. And there still is no substantial agreement beyond the quite general belief that the operator himself should be the judge as to where, if at all, he is to draw the line. Perhaps the majority of urologists today still divide their cases into the median bars and smaller hypertrophies which they are glad to resect and the great big three-lobe enlargements which they continue to manage by open prostatectomy. There is a sizable group of operators, however, who find it possible to handle all cases of prostatism transurethrally, regardless of the size of the gland. Indeed, there are too many of this faith today to permit serious question as to whether it is feasible to tackle the very large glands in this more simple way. The question really is one of personal preference and should, as it commonly is, be answered entirely by what the operator himself feels is his own most useful and dependable method.

There is something in this connection, however, that needs badly to be said. Of course, it is perfectly true that radical prostatectomy never was an operation of absolutely certain and lasting benefit. In some cases, for one or another cause, results were poor and disappointing. That, however, was the distinct exception. Usually after radical enucleation, if the patient survived, he was quite completely cured of his urinary troubles and remained so for the rest of his days.

In the case of transurethral resections—even in the hands of those more expert and of long experience—the same cannot be said. Just to the contrary, there is a substantial group of resected patients in whom some annoyance from symptoms persist indefinitely and the end result could be classified only as fair. The results that can be expected from transurethral resection when the case is one

of a simple bar or median lobe never was equalled or even approached by open surgery. When there is sizable enlargement of the main body of the gland, however, the case is made somewhat different by the simple fact that it is often not possible, at least in a single sitting, to remove anything like the major part of the offending gland. And unless the major part of the gland is removed, more often than not there is lingering of annoying symptoms and some future day may even see the necessity of repeating the job.

In a review of the last fifty cases in our series, it was found that the average amount of tissue removed was just under fifteen grams. That is about twice the average amount taken from our earlier cases and, considering the number of small middle lobes and simple bars yielding but three or four grams, an average of fifteen grams of resected tissue suggests that in the cases of more massive hypertrophy a very sizable amount of tissue was removed. Yet in this same series there were four patients in whom it proved necessary to remove additional tissue at a subsequent sitting. Indeed one of these patients, before his result was at all satisfactory, had to be resected a third time for a total of 109 grams of tissue removed.

In recent years it has come to be our practice to expect a resected patient to begin voiding with real freedom promptly upon removal of his indwelling catheter. Moreover, he is expected to empty his bladder when he does void. If he does not void freely or if catheterization proves that he retains substantial amounts of residual urine, it is taken as evidence that obstructing tissue still remains and he is marched back to the operating room at once and re-resected. Indeed we have taken our cue and a dozen or more patients operated on four, five and even eight years before have been brought back into the hospital for re-resection because they were entitled to far better relief than they had gotten through our earlier inadequate efforts. Under this program of more thorough removal, end results have improved immeasurably and more patients—even patients with substantial enlargements—are falling within that still small group who regain perfectly comfortable and free voiding and who ultimately become and remain completely free from infection.

While it is quite true that some resected patients do have a result just that perfect, they comprise a small fraction—perhaps some 20 per cent of the whole. The vast majority of resected patients, rather, continue indefinitely with one or another minor complaint though they may have, for all practical purposes, a very satisfactory and lasting relief from their former more commanding symptoms. Indeed, a certain small number of resected patients, while their serious obstructing symptoms may have been adequately and permanently relieved, still find it necessary to remain under more or less medical supervision because of a persistent cystitis, because of occasional sharp attacks of bladder bleeding, or because of chronic pyelonephritis perhaps punctuated occasionally by spells of chills and fever. Certain patients, even, must be sounded at intervals to keep a postoperative urethral stricture from contracting and itself causing a recurrence of serious obstructive symptoms.

It would be wholly wrong, by this recital of the several annoyances which so commonly follow resection, to give the impression that the method does not offer a quite satisfactory and lasting relief from the commanding symptoms of prostatism. Just to the contrary it does—and consistently so. Yet it would be equally wrong to fail to point out the commonness with which resected patients continue more or less annoyed by one or another bothersome symptom. The end result from prostatic resection, while perfectly satisfactory and long lasting, still lacks a fullness and a finality that we had come to expect in the days of radical removal. That is the fourth great truth that has come from a decade of resections.

Any discussion of transurethral resection would be wholly incomplete if it failed to take into account the question of prostatic cancer. To begin with, it can be fairly said that the resectoscope offers an excellent means—indeed the only effective means—of reopening the bladder neck when it has been filled in by a mass of primary cancerous

tissue. While this in no sense cures or even shortens the course of the disease, it does offer a fairly satisfactory answer to the distressing symptoms of obstruction and, repeated once or twice, permits the patient to live out his last year or two without the unpleasant necessity of permanent cystostomy.

The question often has been raised, in cases of simple benign hypertrophy, as to the possibility of cancer developing within the shell of tissue which is left remaining after resection. In the early days of this new procedure, considerable apprehension was aroused by the rather common finding of areas of suspicious cell changes noted by the pathologist in his study of the fragments of resected tissue. It was feared, and not unreasonably so, that by leaving sizable amounts of tissue of this sort remaining, some, certainly, would show progressive malignant degeneration and a distinct increase in cases of secondary cancer of the gland would follow. Such has not proved to be the case, however, and we are left with the inevitable conclusion that resection in no sense invites the occurrence of later cancerous changes within the gland. That is the fifth great truth that has come out of a decade of experience with resection.

### "Finally . . . and Perhaps Most Important . . "

Finally, and perhaps most important of all, we come to consider the humane aspects of this newer form of prostatic surgery. It is perhaps trite to speak of the saving in dollars and cents that most assuredly follows when hospitalization is a matter of days rather than weeks. Perhaps it has become hackneyed even, to point to the decrease both in morbidity and in mortality that has come with this newer method. Not enough, however, has yet been said concerning the peace of mind that is becoming so evident among men of advanced years who are beginning to be bothered with this heretofore much dreaded disease. To their very great relief they have seen some of their old cronies come back after a week or two at the hospital voiding again with perfect freedom and with a story to tell that is barely short of miraculous.

Men who suffered for years in mortal fear of an operation submitted readily to this new and simpler procedure. Similarily, those just coming to a consciousness of their obstruction seek timely relief nowadays rather than procrastinate and run the risk of serious consequences. And believe it or not, those of us doing resections are now being confronted by an entirely new problem over the not-too-occasional man who comes seeking resection for the relief of symptoms altogether too minor to warrant even thinking of doing anything surgical. Verily, prostatism has changed from a ruling horror in the lives of old men to a quite ordinary event met promptly and with good grace if and when it comes. And that, gentlemen, is the sixth great truth that has come out of a decade of resection.

---

In recapitulation, then, it seems fair to say that transurethral resection, after thorough testing under the severe but time-honored system of trial and error, finally has established itself. It was a procedure so radically different from that which had long been accepted that, from the very start, it was mistrusted even by urologists themselves. Once its simplicity and safety became apparent, however, a veritable landslide of devotees fell upon it. Machines were shipped off into the byways as well as the highways and a wave of reckless dabbling developed that all but discredited the method completely.

Now after its first hectic decade, however, the pendulum is settling and the time for fair appraisal has come. Full of all sorts of serious hazards, resection has proved itself demanding of the very best in training and ability; yet, in the hands of the able and well qualified it also has proved its extraordinary safety. Though followed usually by a lingering of lesser symptoms, resection if at all adequately done, offers a very satisfactory and lasting answer to the age-old problem of urinary retention in men of advanced years. And last, though certainly not the least, these miserable old men have finally found an answer to their troubles that no longer involves a journey—often excruciating, always horrifying—into the Valley of the Shadow of Death.

# Extensive Plastic Repair For Restoration of the Lower Lip

## (Report of Procedure in a Case in Which the Lower Lip Was Entirely Removed For the Eradication of an Epithelioma.)

By MATTHEW N. FEDERSPIEL, D. D. S., M. D.
*Milwaukee*

RECONSTRUCTION of the lower lip resulting from total loss of tissue necessitates a very careful preoperative plan in order to provide:

1. A body of supporting tissue, preferably muscle.
2. A lining of mucous membrane.
3. A good full thickness of skin as a cover.
4. A well shaped vermilion border.
5. A deep gingivolabial sulcus.
6. A well formed contour.
7. A minimum amount of scar and maintenance of flexibility.

Complete loss of the lower lip may best be reconstructed by advancement of full thickness flaps from the lower cheek, chin and upper neck. Such tissue when properly shaped in a number of flaps that are preoperatively planned and measured should offer the surgeon the assurance of a new lip that possesses an excellent contour and good function.

The full thickness cheek, chin and neck flap operation may have to be done in a two (sometimes a three) step operation; furthermore, a number of minor secondary operations may be necessary to adjust and correct adhesions or irregular vermilion border, smoothen unevenness of the skin or deepen the gingivolabial sulcus.

While attempts have been made to standardize the technique for the reconstruction of a lip by a large number of plastic surgeons, it still remains an individual problem as two cases are seldom alike. After all each patient requires special planning and study if a cosmetic and functional result that is pleasing to the patient as well as the surgeon is to be attained.

### Case Report

A man, 40 years of age, had to have his lower lip removed to eradicate an epithelioma. (Fig. 5.) One year later I did a plastic repair for the reconstruction of the lower lip. This was done by utilizing the soft structures in the lower cheek, chin and neck. A triangle incision was made on each side of the corner of the mouth extending upwards (Fig. 1, A to B), then downwards (B to C), then laterally (A to C). These incisions were made up to the mucous membrane within the mouth, then an incision was made from C to D cutting through all of the soft structures. The tissue within the triangle was entirely cut away leaving the mucous membrane intact.

On each side of the upper and lower part of the chin, four more triangles were completely removed (E, F, G,) and (H, I, J). An incision was then made through all of the soft structures extending from E to beneath the lower border of the mandible to K. The edge of the remaining border of the healed portion of the excised lip was freshened by removing a strip of tissue about 2 mm. wide. The lateral flaps (1 and 2) were then obtained by freeing the attachment in the alveolar cul-de-sac and dissecting the tissue free from the bone; they were drawn together so that they could be united in the midline. With this procedure all of the triangle spaces were closed and the wound sutured as is illustrated in Fig. 2. The mucous membrane from the upper triangle was utilized to do a plastic repair to form the vermilion border on each side. No attention was paid to forming the mucous membrane in the center which was covered with skin.

The patient made an uneventful recovery. He was instructed to massage the operated area frequently and then to report back in about six months for the next step. When I saw him I was agreeably surprised at the softness and flexibility of the soft tissues which had been brought about by his constant massaging; however, there was a downward contraction in the center of the lower lip. (Fig. 6.)

I then operated on him for the second step. This time I made an inverted V incision as is illustrated in Fig. 3, pushed the soft structures on each side upward and closed the wound as is illustrated in Fig. 4. At this time I excised sufficient skin in the midline of the lip for a mucous membrane transplant in this area, to give him a well formed vermilion border.

The patient was instructed that it might be necessary for him to undergo further slight plastic repair in order to smooth out the lip.

Under this form of surgical procedure his lip has sufficient muscle lined by mucous membrane, a full thickness of skin as a cover, a well shaped vermilion border, a deep gingivolabial sulcus and very little scar tissue. Best of all, he has a lip that is flexible and functions. (Figs. 7 and 8.)

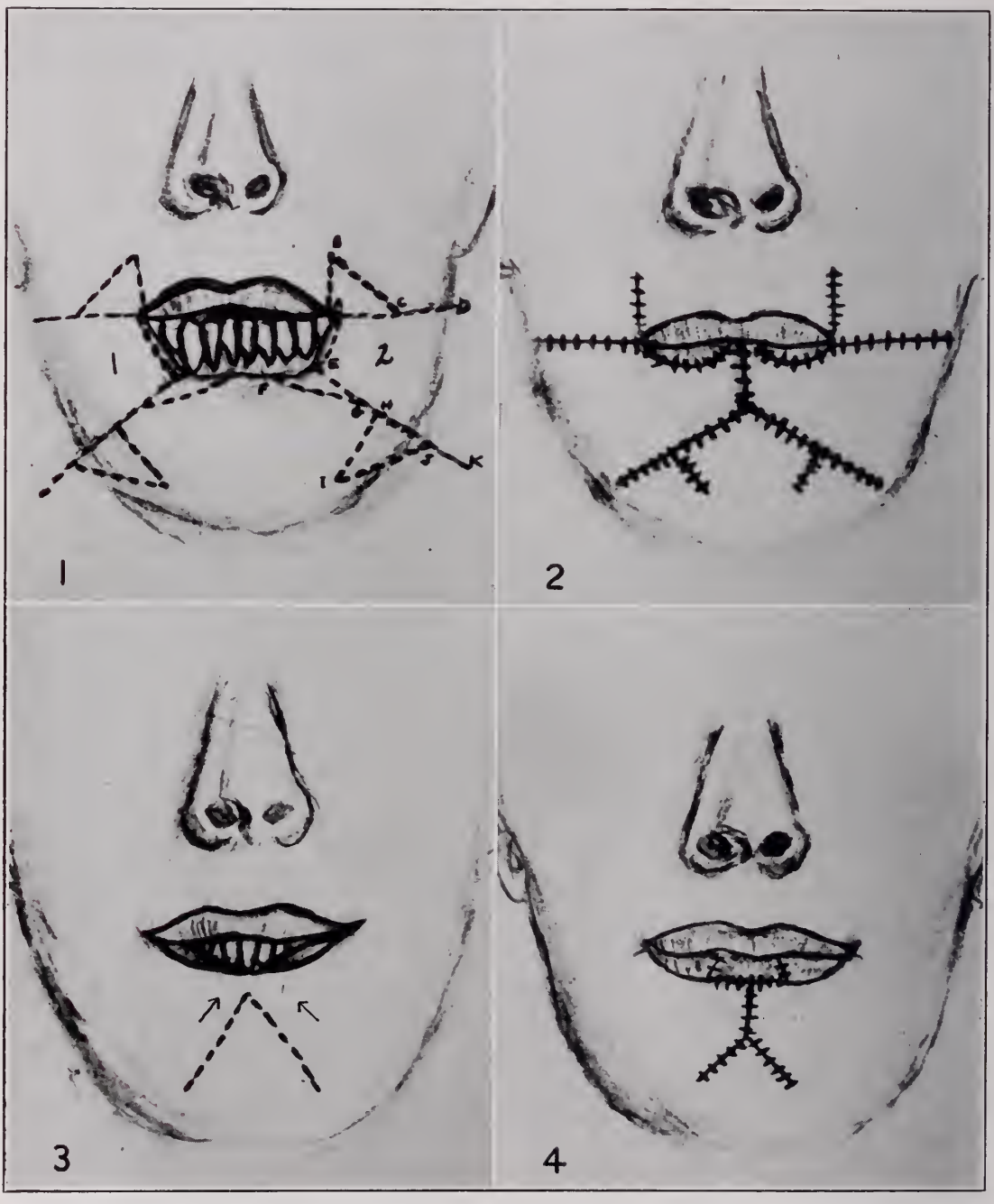



Fig. 1—The carefully planned and measured incisions to obtain full thickness flaps. Fig. 2—Flaps brought together in the midline and sutured to re-form the lip. Fig. 3—Inverted V incision through entire thickness of soft tissue; sides are forced up to give length to the lower lip. Fig. 4—The tissue transposed into its new position; also transplant of mucous membrane in midline of vermilion border.

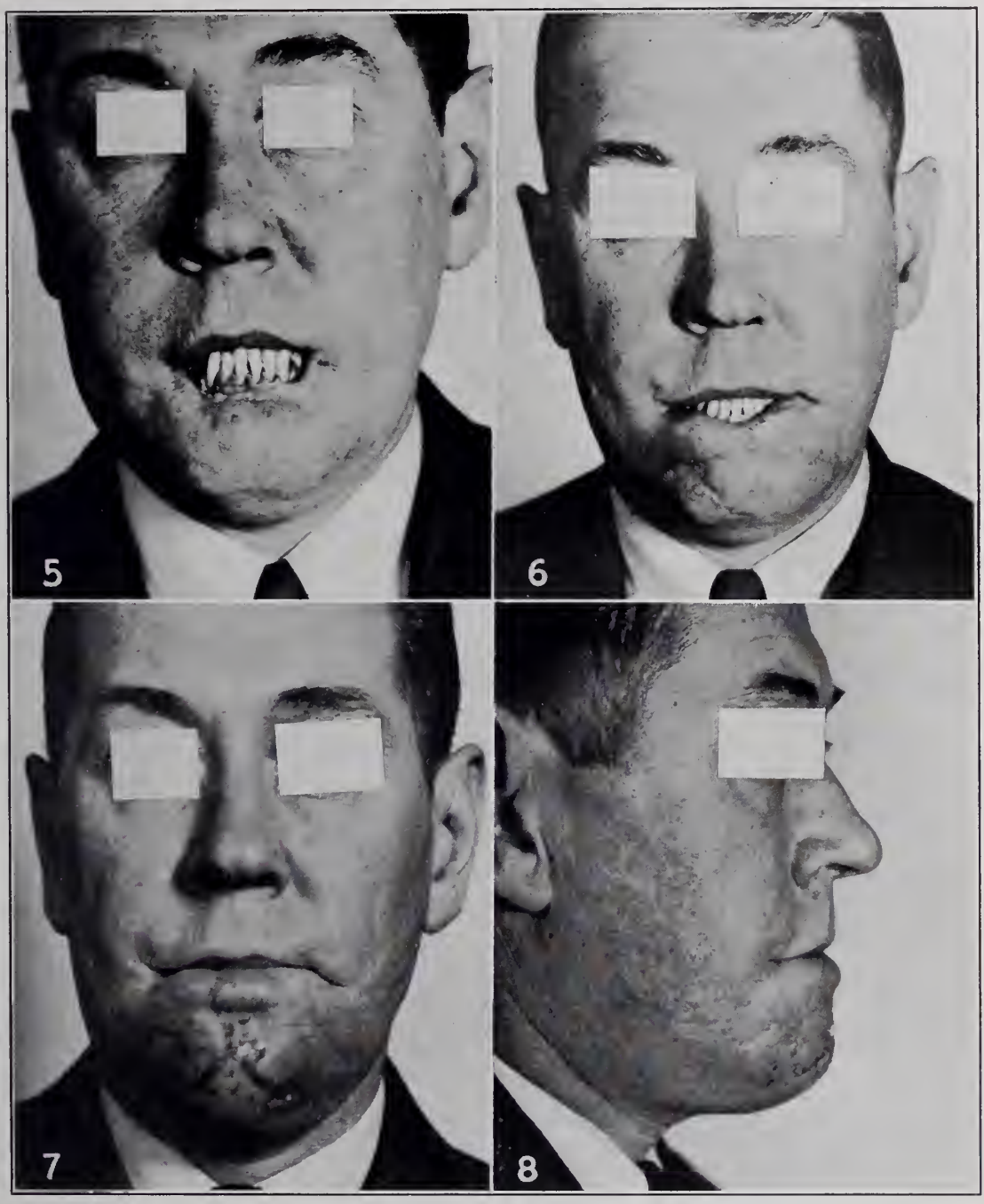



Fig. 5—The patient one year after removal of the lower lip for the eradication of an epithelioma; healing was complete and there was no recurrence of the cancer. Fig. 6—Downward contraction of the lower lip six months after the first step operation. Fig. 7—The patient six weeks after the restoration of the lower lip. There are some scars following the last operation in the chin and vermilion border. At a later time these will be smoothed out by a slight plastic repair. Fig. 8—Profile showing the full thickness of the newly formed lip.

# Quinidine Therapy

## Its Use in Long-Standing Auricular Fibrillation With Congestive Failure

By JOSEPH P. BERTUCCI, M. D.
*Ishpeming, Mich.*

### Historical Review

PARACELSUS, the great reformer of medicine and chemistry, had passed away almost a century before cinchona bark made its debut to European science and society as the remedy which saved the life of the Countess of Chinchon, wife of the viceroy of Peru, in 1638. By the use of this remedy she was cured of an intermittent fever, from which she suffered for many years. This remedy was then called "the powder of the Countess." Jesuit missionaries, upon learning of the efficacy of this substance in treating fevers, carried it to Rome; hence the name "Jesuit's powder."

In 1817–1827 fourteen alkaloids were isolated, among them quinine and cinchonine. Two French pharmacists, Pelletier and Caventou, were able to isolate quinine and cinchonine in 1820; thereafter other quinine alkaloids and their salts were introduced into the new materia medica in rapid succession.

The use of quinine spread rapidly. In 1835 a Dr. Chase of Milwaukee dispensed quinine before that city was incorporated as a village. Dr. Chase apparently was a little skeptical about its use, for the following story is told:

> "His favorite remedy for fever was calomel, administered in heroic doses. At that time quinine was just beginning to come into use and it is related that on one occasion he gave what he supposed to be twenty-five grains of calomel to a woman, but soon afterwards discovered that he had given quinine by mistake. With considerable anxiety he awaited the consequences and was agreeably surprised when the fever disappeared and the patient rapidly recovered."[15]

The bark of the cinchona tree harbors, in addition to quinine, a number of alkaloids. The amounts of these alkaloids vary with the type of the cinchona tree. Even in the same tree they are not uniformly distributed. The so-called "minor alkaloids of cinchona" are cinchonine, cinchonidine, and quinidine. Quinidine is isomeric with quinine. It was first isolated by von Heijninger in 1848, although it was observed in 1833 by von Henry and Delondre, who named it quinine hydrate. Quinidine and its salts have definite medicinal value. The sulfate of quinidine is the most important salt of this substance and is included in the United States' Formulary.

In 1853 Pasteur also isolated this drug during the process of one of his experiments and called it quinidine. This nomenclature is in use today.

It was stated by Strumpell that Wunderlich first used quinidine in the treatment of malaria in 1855. His chief interest was in the low cost of the drug in comparison to quinine. It was noted that there was a definite slowing of the cardiac pulse, but then the question arose whether or not this was a direct result of the lowered temperature.

Wenckebach began his investigations and treated patients successfully. Following Wenckebach's interest and subsequent use of quinidine in auricular fibrillation, von Frey studied this problem, reporting his findings in 1918. Since that time many investigators have reported the use of quinidine in this most important arrhythmia.

### Indications, Contraindications and Actions

Since the chief action of quinidine is to decrease the irritability of heart muscle, it is very useful in disturbances of cardiac rhythm such as, extrasystoles, paroxsymal tachycardia, auricular fibrillation and flutter, by its depressing effect on hyper-irritable foci. Today quinidine is used only in disorders of the cardiac mechanism. As previously stated, the most important use of this drug is in auricular fibrillation. Levine has suggested its use in all cases of coronary heart disease as a prophylaxis against ventricular tachycardia or fibrillation. Troublesome, frequent extrasystoles may be eliminated by the daily use of small doses where other more simple methods fail. It is also very useful in paroxsymal tachycardia and postoperatively in auricular fibrillation due to hyperthyroidism.

The important physiologic action of the drug is aptly stated by various cardiologists as that of lengthening the refractory period of heart muscle, more particularly that of the auricles. Another action is that of a mild paralysis or depression of the vagi nerves. This action does not seem to be very marked in most instances as it results only in a temporary acceleration of the ventricles, although heart failure has been reported due to the excessive acceleration of the ventricular rate. It is claimed that it also has a depressing effect on the auriculoventricular conduction tissue but is of no consequence ordinarily, that is, depending on the idiosyncrasy and dosage of the drug. White says:

Quinidine sulfate slows the circus movement of the heart by increasing the refractory period of the auricular muscle at the same time that it increases the length of its circuit. This increase in the length of the circuit probably is necessary for the continuance of the circus wave which otherwise would always be quickly stopped by the increase in the refractory period. The depressant action of quinidine on the vagus nerve acts to re-enforce the direct effect of quinidine on the auricular muscle. The circus wave thus takes a longer, slower, and more regular course under the effect of quinidine. This drug has therefore a tendency to convert auricular fibrillation into auricular flutter. Quinidine also tends to increase the ventricular rate when the auricular rate falls. Finally, if the increase in the refractory period of auricular muscle under quinidine therapy is so great that it over-balances the longer course of the circus wave, the latter may be unable to circulate longer and the abnormal mechanism abruptly ceases. When at such a time the S–A node or rarely the A–V node resumes action a regular heart beat results, but if both of these nodes are themselves depressed by the drug, the heart may cease action altogether, a probable explanation of hitherto unexplained death that has occurred in a few cases under quinidine treatment when embolism was not responsible.

In patients who have an idiosyncrasy for the drug or in over-dosage, the following toxic effects are noted: tinnitus, headache, mental depression, fear, sweating, flushing, dizziness, deafness, weakness, palpitation, epigastric distress, nausea, vomiting, urticaria, and sudden death.

In the past the sudden deaths observed in patients under quinidine therapy were ascribed to emboli, but recent investigations have demonstrated that no evidence of embolism or mural thrombi have been found in these cases at autopsy. In the light of our present knowledge, it is logical to assume that sudden death is due to a cardiac standstill, that is, complete depression of the S–A and A–V nodes. In patients with a long-standing auricular fibrillation, the formation of a mural thrombus is almost inevitable. Moreover, the showering of emboli may occur at any time without the use of quinidine.

The fear that is prevalent among physicians in the use of this most important drug in old cases of long-standing fibrillation, therefore, is not justified. I recall two of my patients with auricular fibrillation. One, a male of 38 years, with an old mitral stenosis, fibrillating to my knowledge for four years, was experiencing discomfort. Quinidine therapy was contemplated but for some reason withheld; sometime later this patient died as a result of a shower of emboli. Another patient, 54 years of age, was suffering from auricular fibrillation of several years standing, on an arteriosclerotic basis. Quinidine therapy was also contemplated but withheld in this case and this patient also died from a shower of emboli. If quinidine had been given to these patients, the assumption would have been that the drug was responsible for their deaths.

It seems to be the consensus of opinion that quinidine is contraindicated in patients with myocardial damage, indicated by congestive failure and hypertrophy. Lewis states that it is contraindicated in venous engorgement, great cardiac enlargement, and where there is a history of hemoptysis. He suggests that quinidine be used in auricular fibrillation of recent origin, in hyperthyroid hearts, ventricular premature contractions, and paroxsymal tachycardia. Some cardiologists believe that quinidine should not be used in decompensated hearts, arteriosclerosis, dilatation and hypertrophy, marked mitral stenosis with fibrillation of unknown duration, and a history of embolism.

We should not be too critical about quinidine and its supposedly deleterious effects, since it has been in use for such a short space of time as a heart remedy in comparison to digitalis, an age-old remedy.

Gouley and Soloff of Philadelphia have this to say about digitalis:

Digitalis, under certain conditions may defeat its own purpose. It may accelerate failure and do so in a manner so insidious that the undesirable effect may be entirely overlooked. Such poisoning is probably on the increase. The demonstration of the usefulness of large doses has led to a feeling of overconfidence and indifference to the double-edged quality of this great remedy. The studies of Drew, Luten, Bellet, and McMillan at the Philadelphia General Hospital leave no doubt that the classical and clinical signs of intoxication are not constantly exhibited, and that the electrocardiographic changes may be the first evidence of poisoning and the most reliable guide to the use of the drug.

Since quinidine has been in use for only the past thirty years as a heart remedy, its indications, contraindications, dosages, and dangers have not been definitely and conclusively established.

## Case Reports

The purpose of this paper is to point out the important role and life-saving action of quinidine in three cases of auricular fibrillation with congestive failure of long duration.

Case 1.—Mrs. O. H., 69 years of age, had fibrillation for four years with no apparent discomfort until she suffered a fall one month before consulting me. At that time she complained of weakness, irregular palpitation, cough, and some edema of the legs. Except for a large hematoma of the left thigh the balance of the history was negative.

Examination revealed an emaciated elderly female in apparent discomfort. She had dyspnea, cyanosis and slight edema. The heart was enlarged and fibrillating at the rate of 180 beats a minute. Some pulmonary congestion was present in both lungs. The liver was felt well below the costal margin. The urine contained albumin (1+). A diagnosis of auricular fibrillation with complete failure on an arteriosclerotic basis was made, and therapy was instituted at once.

In spite of vigorous treatment the patient became progressively worse and death seemed inevitable. In desperation quinidine medication was tried. In two days the rhythm became normal and she improved rapidly. Following one week of intensive medication the patient was placed on a maintenance dose for two months. The drug was then withdrawn and at this writing the patient is well and performing her daily work without discomfort. Rhythm continues regular.

Case 2.—Mrs. J. H., aged 68 years, was seen in April, 1939. At that time she complained of dyspnea, orthopnea, cough, weakness, irregular palpitation, and edema. She had been ill for one week before consulting me.

The patient was an elderly, obese female who seemed to be in great distress. She was cyanotic and dyspneic. The heart was greatly enlarged and fibrillating at the rate of 160 beats per minute. The heart tones were of fair quality. Moist rales were heard in both lungs throughout. The liver was enlarged and painful. Some edema of both legs was also present. The blood pressure was 160 systolic and 100 diastolic. The urine contained albumin (1+). A diagnosis of auricular fibrillation with complete failure on an arteriosclerotic basis was made.

During the past five years this patient had had five similar attacks which were always controlled by digitalis and rest. Vigorous cardiac treatment was instituted for the present "bout," but the patient failed to respond.

Death seemed eminent and the last rites of the church were given. Quinidine was administered as a last resort. Under quinidine therapy the patient responded. In one week rhythm became normal with a rate of 90. Improvement continued, and the patient was placed on a maintenance dose for three months.

At this writing the patient is up and around doing her usual routine work, enjoying comparatively good health. Rhythm remains normal.

Case 3.—Mr. J. H., aged 69 years, was practically carried into my office in May, 1939. His complaints were extreme weakness, marked dyspnea, palpitation, and cough, also some edema of the legs and distention of the abdomen. He stated the present condition had existed for the past month but had become worse in the last few days.

The past history revealed he had had "heart trouble" for the past five years, together with an irregularity of which he was conscious. He also stated he had had three similar attacks which were controlled under digitalis therapy and rest. This attack, however, would not respond to the usual routine.

The patient was hospitalized. Examination revealed an elderly male who appeared to be in great distress; he was cyanotic, dyspneic and coughing. The heart was enlarged and fibrillating at the rate of 180 beats a minute. Congestion was present in both lungs. The liver was enlarged and painful; there was some fluid in the abdomen and the legs were edematous. The urine contained albumin (3+).

A diagnosis of auricular fibrillation on an arteriosclerotic basis was made and therapy instituted. The administration of digitalis resulted in immediate attacks of vomiting. This drug was not tolerated in any form. Other means of therapy were resorted to without any improvement. The patient continued to become progressively worse. In desperation, quinidine was used. The response was exactly as in case 2, described above.

## Discussion

Even though my series of cases is insignificant in comparison to more able investigators, I believe the full significance of the action of quinidine is not yet known, inasmuch as quinidine is a comparatively new addition to our armamentarium of heart drugs.

In reviewing the literature, the dangers cited by many investigators do not appear to me to be well founded, taking into consideration the confusion and controversy that exist among leading authorities on these problems. It is evident that the full value and action of the drug are not yet fully understood. It must be remembered that quinidine apparently saved the lives of these patients when digitalis and other accepted drugs failed. My observations would indicate that the action of quinidine is not on the cardiac mechanism alone, but may have some beneficial effect on the tired and diseased myocardium. If quinidine sulfate has no effect, except a deleterious one, on the tone of the

heart muscles, how can one explain why a complete recovery in these cases of congestive failure was brought about?

It is to be remembered that these patients were failing rapidly and death would have ensued were it not for the use of quinidine and the subsequent restoration of normal rhythm. It does not seem possible that return of normal rhythm and the subsequent possibility of myocardial recuperation alone explain this action of the drug. Kohn and Levine mentioned two similar cases in which the patients appeared hopeless, failed to respond under digitalis and other accepted therapy, but did respond to quinidine.

Since some of the most experienced cardiologists believe that 50 per cent of cardiac failures become fibrillators, the adequate treatment of this important irregularity becomes a vital factor in the management of these cases. It has been pointed out that auricular fibrillation reduces the output of the heart by about 40 per cent. Lewis has shown that not only is the output of the heart reduced, but that the venous pressure becomes increased even in normal hearts.

A patient with a damaged myocardium or valvular defect may become greatly embarrassed by the onset of auricular fibrillation. Auricular fibrillation may occur at any age, even though it is associated with certain types of heart disease. It can occur in practically all types of cardiac conditions. It is seen more often in cases of rheumatic heart disease with mitral valve involvement, in heart conditions due to hyperthyroidism, in hypertension and arteriosclerosis.

Auricular fibrillation may occur in that group of patients in which no etiological factor can be determined in the light of our present knowledge — the so-called "idiopathic" group.

Even though a certain group can go on fibrillating for years without any untoward effect, there is ever present that particular group in which a fibrillating heart may not only be a distressing factor due to disorder of cardiac rhythm, but may also by interfering with cardiac efficiency bring about an embarrassment of the circulation, thereby resulting in invalidism and possible death.

Finally, I feel that the whole story of the behavior of quinidine on the failing heart muscle has not been told. A clearer understanding of its true mode of action is necessary before this most important and useful drug is relegated to the realm of obscurity. It has a definite place on our list of useful cardiac drugs.

BIBLIOGRAPHY


1. Ben-Asher, S.: The pharmacological action of quinidine and its use in heart disease. J. M. Soc. New Jersey 33: 639–642 (Nov.) 1936.
2. Brill, I. C.: Treatment of auricular fibrillation and auricular flutter. Northwest Med. 36: 79–82 (March) 1937.
3. Carr, J. G., and Spoeneman, W. H.: The untoward effects of quinidin. Illinois M. J. 46: 445–448 (Dec.) 1924.
4. Carr, J. G., and Spoeneman, W. H.: Clinical studies of quinidin. J.A.M.A. 81: 287–291 (July 28) 1923.
5. Charlton, T. J.: The use of quinidine in the treatment of heart disease. J.M.A. Georgia 18: 301–304 (July) 1929.
6. Cassidy, M. A.: Treatment of cardiac cases. Brit. M. J. 1: 45–47 (Jan. 13) 1934.
7. Fahr, G.: Treatment of cardiac irregularities. J.A.M.A. 3: 2268–2274 (Dec. 17) 1938.
8. Gouley, B. A., and Soloff, L.: The use of quinidine in the treatment of arrhythmias and tachycardias caused by digitalis intoxication. Am. Heart J. 16: 561–567 (Nov.) 1938.
9. Hepburn, J., and Rykert, H. E.: The use of quinidine sulfate intravenously in ventricular tachycardia. Am. Heart J. 14: 620–623 (Nov.) 1937.
10. Leech, C. B.: Quinidin sulphate. Rhode Island M. J. 17: 205–208 (Dec.) 1934.
11. Kohn, C. M., and Levine, S. A.: An evaluation of the use of quinidine sulphate in persistent auricular fibrillation. Ann. Int. Med. 8: 923–938 (Feb.) 1935.
12. Maynard, E. P., Jr.: Five years' experience in the treatment of chronic auricular fibrillation with quinidin sulphate. Am. J. M. Sc. 175: 55–60 (Jan.) 1928.
13. Messeloff, C. R.: Observations on the use of quinidine sulfate in children. J. Lab. & Clin. Med. 24: 574–580 (March) 1939.
14. Musser, J. H., Jr.: Quinidine in the treatment of extrasystolic arrhythmia and paroxsymal tachycardia. Ann. Clin. Med. 2: 209–214 (Jan.) 1924.
15. Proceedings of the celebration of the 300th anniversary of the first recognized uses of cinchona, Oct. 31–Nov. 1, 1930, held at the Missouri Botanical Gardens, St. Louis.
16. Smith, H. L., and Boland, E. W.: The treatment of auricular fibrillation with quinidine and strychnine. J.A.M.A. 113: 1017–1021 (Sept. 9) 1939.
17. Schwartz, S. P., and Jezer, A.: The action of quinine and quinidine on patients with transient ventricular fibrillation. Am. Heart J. 9: 792–801 (Aug.) 1934.
18. Weisman, S. A.: Auricular fibrillation; ambulatory treatment with quinidine. Arch. Int. Med. 49: 728–734 (May) 1932.
19. Wenckebach, K. F.: Cinchona derivatives in the treatment of heart disorders. J.A.M.A. 81: 472–474 (Aug. 11) 1923.
20. Wolff, L., and White, P. D.: Auricular fibrillation—results of seven years' experience with quinidine sulphate therapy (1921–1928). Arch. Int. Med. 43: 653–675 (May) 1929.
21. Wolferth, C. C.: Depression of cardiac conductivity during quinidin therapy. J.A.M.A. 80: 1289–1291 (May 5) 1923.
22. Woodruff, L. W.: Present-day uses of quinidine. Illinois M. J. 65: 144–149 (Feb.) 1934.

# Successful Ligation of Patent Ductus Arteriosus*

## Report of Case

By J. W. GALE, M. D., F. J. POHLE, M. D., and HUNTER ROMAINE, M. D.
*Madison*

THE ligation of a patent ductus arteriosus was first advocated by Munro[1] in 1907; but the procedure was not attempted until thirty years later when Graybiel, Strieder and Boyer[2] reported a fatal result in a patient with a complicating subacute bacterial endocarditis. The first successful ligation of a patent ductus arteriosus was accomplished in August, 1938, by Gross and Hubbard[3]. This operation ended a period of sporadic and casual interest and initiated an era during which such surgical management has been recorded in thirty-two patients.[4,5,6,7,8] There were five fatalities in this group; two of which occurred in a series of four patients in whom there was a superimposed subacute bacterial endarteritis.[8] The present communication reports an additional successful ligation of a patent ductus arteriosus.

### Case Report

E. D., a white, single female, 19 years of age, was admitted to the hospital on July 9, 1940, complaining chiefly of "pain over the heart." Six months prior to entry the patient first noted that moderate exertion caused palpitation, tachycardia, dyspnea, and precordial discomfort. The attending physician told the patient she had "heart trouble" and confined her to bed for a three month period. The symptoms were relieved but recurred upon resumption of physical activity. The patient was advised to enter the hospital for removal of grossly infected tonsils. The past medical history was not remarkable except that she had always led a cloistered life, avoiding participation in sports and strenuous exercise. The patient had not been a "blue baby," and her family had never noted cyanosis. The father and mother were both living and well, and there were no siblings.

Physical examination showed that the patient was well developed and well nourished. She was ambulatory and did not appear ill. The head, eyes, ears, nose and throat were normal except that the facies was "adenoid" in type and the tonsils were hypertrophied and infected. The lungs were clear. There was a pronounced visible precordial heave. Palpation revealed a continuous thrill at the pulmonic valve area. Clinically there was no demonstrable cardiac enlargement. There was a loud, harsh, continuous murmur maximum in the second left intercostal space. This murmur was widely transmitted in all directions and was distinctly audible in the left posterior chest. The pulmonic second sound was sharply accentuated. The pulses in the four extremities were normal except for a tachycardia of 110 per minute. The blood pressure was 130 systolic and 66 diastolic. There was no cyanosis nor clubbing of the fingers or toes. No petechiae were seen. Nothing abnormal was found on examination of the abdomen, pelvis, or extremities. Neurologic examination revealed no abnormal findings.

On admission there was a slight hypochromic anemia. The hemoglobin was 10.8 gm. per 100 cc. The sedimentation rate of the red blood cells was 14 mm. in one hour (Cutler). Urinalysis was not abnormal, and the blood Wassermann test was negative. Cervical, vaginal, and urethral smears were negative for gonococci. A blood culture showed no growth in six days. Culture from the throat was positive for streptococcus viridans. The alkali reserve was 45.5 volumes per cent. The arm to lung circulation time (ether) was four seconds, and the arm to tongue circulation time (saccharin) was eleven seconds. Each of these values was within normal limits as demonstrated by studies on a control.

On admission the electrocardiogram showed slight slurring and notching of the QRS complex in leads I and IV, and depression of the T wave in leads I and II with inversion in lead III. X-ray examination of the chest was normal except for a moderate bulging of the pulmonary arch. The orthodiagraphic examination substantiated this latter observation and in addition showed slight overactivity of the systemic aorta. The frontal configuration of the heart and great vessels is shown in fig. 1.

The history, physical signs, and laboratory data supported a primary diagnosis of patent ductus arteriosus. There was no evidence of an associated congenital cardiac anomaly. A tonsillectomy was performed under local anesthesia on July 10, 1940. At this time the parents were confronted with the rather gloomy outlook for this individual since the patent ductus Botalli was already responsible for the symptoms of cardiac embarrassment. Permission was granted for ligation of the patent vessel at a later date. The patient was discharged from the hospital on July 17, 1940, and readmitted three weeks later.

On readmission to the hospital the proposed surgery was postponed until August 29 because of x-ray evidence of pulmonary congestion which was thought to be on a vascular basis due to back pres-

* From the departments of surgery and medicine, University of Wisconsin Medical School.

sure in the pulmonary circulation. On this date under cyclopropane anesthesia a parasternal incision was made extending from the second costochondral articulation downward beneath the left breast and out to the axillary line. The breast was mobilized and retracted upward. The pectoral fibers were divided over the third rib and a segment 12 cm. in length was resected subperiosteally lateral from the costochondral articulation. The periosteal bed was incised and adequate exposure obtained with the aid of rib spreaders. There were no pleuro-pulmonary adhesions and the lung collapsed on opening the pleural cavity. Respirations were controlled through the use of an endotracheal tube. On palpation of the mediastinal pleura an intense thrill was noted just beneath the aortic arch. The pleura was incised, care being exercised to avoid injury to the phrenic nerve. By careful dissection to avoid the recurrent laryngeal nerve a ductus arteriosus 1 cm. in diameter and 1 cm. in length was isolated. A piece of umbilical tape was placed around the ductus and tightened sufficiently to stay the blood flow. There was no evidence of change in blood pressure or pulse rate. The tape was then tied snugly and the prominent thrill immediately disappeared. The mediastinal pleura was partially closed, the lung inflated and the wound in the pleura and chest wall closed without drainage. The postoperative course was uneventful. Intravenous fluids were not used because of the possible untoward effect of further raising the intra-aortic pressure. The wound healed by primary intention, and the sutures were removed on the fifth postoperative day. The patient was not permitted to become ambulatory until two weeks after operation. An electrocardiogram obtained at this time showed no change from the previous record except inversion of the T wave in lead I. Orthodiagraphic examination revealed that the abnormal prominence of the pulmonary arch demonstrated before ligation had now disappeared (fig. 1). The patient was discharged from the hospital on September 15, 1940, with instructions to limit activity moderately.

The patient was re-examined in the outpatient department on October 15, 1940. She stated that she had noted no recurrence of palpitation, tachycardia, dyspnea, or precordial discomfort. She now climbed one flight of stairs without any symptoms whereas previously this functional test precipitated all of the above symptoms. Physical examination was negative except for a soft systolic murmur limited to the pulmonic area. The pulse was 76 per minute, and the blood pressure was 134 systolic and 90 diastolic. The electrocardiogram at this time showed the T wave to be upright in all three leads. Orthodiascopic study was again within normal limits. Restriction of activity was discontinued, and correspondence with the patient three months after surgery indicates that she is well and has no symptoms.

## Discussion

The ductus arteriosus is a vessel which is essential for the fetal circulation but which becomes unnecessary after birth because of the enlarged pulmonary vascular bed. The ductus normally closes shortly after birth. Christie[9] in a study of postmortem cases observed obliteration of this vessel in 88 per cent of the subjects at eight weeks of extrauterine life and in 98.8 per cent at one year. If the ductus arteriosus of significant size persists, the arteriovenous shunt (from the systemic aorta to the pulmonic artery) adds considerable strain on the cardiac musculature. Burwell, Eppinger and Gross[10] have recently shown that under these circumstances the shunt is from 45 to 75 per cent of the left ventricle output.

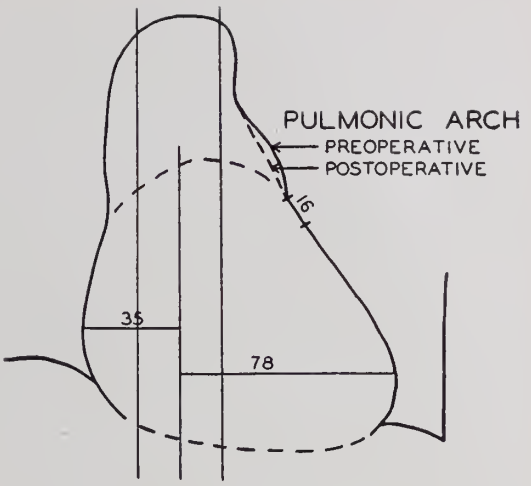


Fig. 1.

The three most serious common complications of a patent ductus Botalli are cardiac failure, subacute bacterial endocarditis, and retardation of growth. The exact frequency of these complications cannot be determined from the literature as the data are based entirely on pathologic studies. Abbott's[11] series include postmortem examinations on ninety-two patients with patent ductus arteriosus without coexisting congenital malformations. The mean age of death in this group was twenty-four years. Forty-three per cent died of cardiac insufficiency and 30 per cent died of subacute bacterial endocarditis or endarteritis of the pulmonary artery. Bullock, Jones, and Dolley[12] reviewed the original reports of seventy-six cases and added four of their own. These eighty cases consisted of subjects over 3 years of age in whom autopsy eliminated the possibility of other

cardiac abnormalities. Twenty-three per cent died of cardiac failure and 53 per cent died of bacterial endocarditis. These investigators concluded that 86 per cent died as a result of the congenital lesion. Eleven per cent were dead at the age of 14 years, 50 per cent at the age of 30 years, and 71 per cent at the age of 40 years. Two patients lived to the age of 66 years.

The indications for the ligation of a patent ductus arteriosus are not satisfactorily established.[13, 14] Before consideration of surgical intervention it is essential that the correct diagnosis be made. The possibility of a coexisting anomaly or anomalies for which the patent ductus serves as a compensatory mechanism (e.g., pulmonary stenosis, aortic stenosis, coarctation of the aortic arch) must be eliminated. Evidences of cardiac insufficiency are a positive indication for operative interference. A retardation of growth in childhood may serve as a further indication. Experiences are too limited to state whether ligation of a patent ductus should be attempted in the presence of subacute bacterial endocarditis or endarteritis.

The prognosis after successful ligation of a patent ductus arteriosus cannot be definitely stated. The ligated ductus may possibly offer as favorable a site for the development of vegetative lesions as the patent vessel. Successful ligation of a patent ductus arteriosus certainly decreases the cardiac load, and the disappearance of physical signs of the anomaly and relief of symptoms suggest that the chances of cardiac failure are exceedingly remote.

## Summary

A case of patent ductus arteriosus without associated anomalies in which the patent vessel was successfully ligated is described. The disappearance of physical signs of the defect and of symptoms of early cardiac insufficiency after ligation of the patent vessel suggests a more hopeful outlook for this patient.

### BIBLIOGRAPHY

1. Munro, J. C.: Ligation of the ductus arteriosus. Ann. Surg. 46:335–338 (Sept.) 1907.
2. Graybiel, A., Strieder, J. W., and Boyer, N. H.: An attempt to obliterate the patent ductus arteriosus in a patient with subacute bacterial endarteritis. Am. Heart J. 15:621–624 (May) 1938.
3. Gross, R. E., and Hubbard, J. P.: Surgical ligation of a patent ductus arteriosus; report of first successful case. J.A.M.A. 112:729–731 (Feb. 25) 1939.
4. Gross, R. E.: Experiences with surgical treatment in ten cases of patent ductus arteriosus. J.A.M.A. 115:1257–1266 (Oct. 12) 1940.
5. Jones, J. C., Dolley, F. S., and Bullock, L. T.: The diagnosis and surgical therapy of patent ductus arteriosus. J. Thoracic Surg. 9:413–430 (Apr.) 1940.
6. Beck, C. S.: In discussion on Gross, R. E.: Experiences with surgical treatment in ten cases of patent ductus arteriosus. J.A.M.A. 115:1257–1266 (Oct. 12) 1940.
7. Kerr, W. J.: In discussion on Gross, R. E.: Experiences with surgical treatment in ten cases of patent ductus arteriosus. J.A.M.A. 115:1257–1266 (Oct. 12) 1940.
8. Touroff, A. S. W., and Vesell, H.: Experiences in the surgical treatment of subacute streptococcus viridans endarteritis complicating patent ductus arteriosus. J. Thoracic Surg. 10:59–83 (Oct.) 1940.
9. Christie, A.: Normal closing time of the foramen ovale and the ductus arteriosus. Am. J. Dis. Child. 40:323–326 (Aug.) 1930.
10. Burwell, C. S., Eppinger, E. C., and Gross, R. E.: The effects of patency of the ductus arteriosus on the circulation. (Proc. Am. Soc. Clin. Invest.) J. Clin. Invest. 19:774 (Sept.) 1940.
11. Abbott, M. E.: Atlas of congenital cardiac disease, New York. Am. Heart Ass'n. 1936.
12. Bullock, L. T., Jones, J. C., and Dolley, F. S.: The diagnosis and the effects of ligation of the patent ductus arteriosus. J. Pediat. 15:786–801 (Dec.) 1939.
13. Gross, R. E.: Surgical management of the patent ductus arteriosus, with summary of four surgically treated cases. Ann. Surg. 110:321–350 (Sept.) 1939.
14. Hubbard, J. P., Emerson, P. W., and Green, H.: Indications for the surgical ligation of a patent ductus arteriosus. New England. J. Med. 221: 481–485 (Sept. 28) 1939.

Albert H. Montgomery

## SPRING CLINIC SPEAKERS

**Topics**

Diagnosis and Treatment of Hemorrhoids and Early Diagnosis of Malignancies of the Lower Bowel—3:45–4:25 p. m.

Surgical Round-table Discussion—6:00–8:00 p. m.

Value of Chemotherapy in Everyday Surgery—8:45–9:30 p. m.

See Pages 314–316

**Topics**

Clinical Management of the Anemias — 12:00–12:30 p. m.

Clinical Management of Coronary Disease — 2:40–3:20 p. m.

Medical Round-table Discussion —6:00–8:00 p. m.

Fred Madison

# Puerperal Psychoses*

By SAMUEL WICK, M. D.
*Wauwatosa*

THE association between the puerperium and the psychoses has been known since the days of Hippocrates who thought that the suppression of lactation caused the appearance of milk in the brain. The puerperal psychoses were considered clinical entities until recently but it is the present consensus of opinion as revealed in the textbooks of psychiatry and in the literature that there are no special "puerperal psychoses" but that the symptoms can be classified with one of the other psychoses.

It is recognized that during pregnancy, parturition, puerperium and lactation there are certain strains and problems which may produce various psychoses. According to most authors psychogenic factors and personality defects are the most important factors in precipitating the illness. Noyes[1] stated that toxemia or infection in these periods may, by disturbing the physiology of the organism, either produce delirium or precipitate a psychosis the form of which is determined by the constitutional and personality organization of the individual. According to McGoogan[2] the three common classifications are (1) toxic-infectious, (2) manic-depressive, and (3) schizophrenic, depending on the symptoms presented.

Between October, 1939, and March, 1940, seven patients were admitted to the Milwaukee County Hospital for Mental Diseases who had psychoses associated with the puerperium. This report cannot be of any statistical value because of the few cases but it demonstrates the variety of psychoses and the variety of problems besides those relating to the pregnancy which confronted these patients.

## Case Reports

Case 1.—H. K., a single white woman, 21 years of age, was admitted on July 19, 1939. One brother was a patient at the Central State Hospital. She had been a sickly child and began school late. She completed three years of high school when 19 years old and worked as a maid. She was described as quarrelsome, bad tempered and was sexually promiscuous. She became pregnant and delivered an illegitimate child on June 22, 1939. The delivery and postpartum period were uneventful.

She began to show mental symptoms two weeks after the delivery when she became restless, impulsive, destructive, mumbled incoherently and felt that people controlled her thoughts. This same behavior continued in the hospital.

*Diagnosis:* Dementia praecox, catatonic.

This patient illustrates the effect of an illegitimate pregnancy in an individual who had a personality defect and hereditary tainting. According to the report by Fishback[3] 45.5 per cent of her patients had some family tainting, while 38 per cent had frankly psychotic relatives. The same report revealed that illegitimacy was not an important factor in the development of the psychoses.

Case 2.—R. H., a married white woman, 26 years of age, was admitted on January 4, 1940. Her mother was high strung, temperamental and domineering over the entire household. Her early development was normal. She had infantile paralysis when young, which left her with a slight limp. She graduated from high school at 18 years of age and worked as a clerk for short periods of time. She was described as good natured, pleasant and friendly. She married when 24 years old and lived with her mother for a year. This arrangement was not very happy because her mother had opposed the marriage and attempted to dominate and regulate her married life.

Her child was born on December 16, 1939, after a normal delivery and this was followed by a normal postpartum period. One week after the delivery she became depressed, worried about the house burning, thought the baby was dead and became destructive. While at the hospital she was perplexed, noisy, indecisive, saw visions of God and heard people talking about her death.

*Diagnosis:* Dementia praecox, catatonic.

Apparently there were no exciting factors in relation to the pregnancy which might have precipitated this psychosis. She seemed well adjusted but the constant interference by her mother created a disagreeable situation which acted as a source of conflict.

* From the Milwaukee County Hospital for Mental Diseases. Presented before the Milwaukee Neuropsychiatric Society, March 28, 1940.

Case 3.—L. H., a married white woman, aged 36 years, was admitted on August 16, 1939. Her early development was normal. She was graduated from high school. She was described as pleasant, selective, not very sociable and active in sports. She married in August, 1933, and marital adjustment was satisfactory.

Her child was born December 1, 1935, and about three months later she became restless and worried about the baby. She felt she was unable to care for her baby and attempted suicide. She was in several mental hospitals and gradually became listless, apathetic and indifferent. She presents that picture at the present time.

*Diagnosis:* Dementia praecox, hebephrenic.

There may be some doubt as to the direct association of the psychosis with the puerperium in view of the lapse of three months but she had felt incapable of caring for the baby for several weeks before the development of the psychosis. The course of her psychosis was no different from any other case of dementia praecox.

Case 4.—V. A., a married white woman, aged 27 years, was admitted on December 23, 1939. She was born in Armenia and came to the United States in 1929. She had no schooling and had worked as a rug maker. She was described as quiet, friendly, interested in her home and as having adjusted well in this country. She was married in 1929 and had two children. There was no difficulty following the first birth nine years ago.

Her present child was born May 11, 1939, by cesarean section. Several days after the delivery she became fearful, depressed and agitated. She attempted to commit suicide by taking poison and complained that the devil was in her head. At the hospital she thought that her brains were leaking through her nose, that her chest and head were empty, and that the devil had control of her. It was noted that she had many schizophrenic symptoms.

*Diagnosis:* Manic-depressive psychosis, depressed phase.

This patient had a previous pregnancy without any difficulty and had been adjusting well during the pregnancy preceding her illness. The only factor elicited was her fear of the cesarean section.

Case 5.—B. S., a white woman, aged 29 years, was admitted on October 14, 1939. Her mother was mentally ill and had committed suicide. Her early development was normal and she had a common school education. She was described as pleasant, sociable, lively and interested in sports. She married in November, 1933, and had two children.

Her last child was born September 28, 1939, and five days after the delivery, she became talkative, loud and elated. She laughed, sang and talked to imaginary people. In the hospital she was noisy, talkative, destructive and elevated in mood; then became depressed, thought her husband and children were dead and that the food was poisoned.

*Diagnosis:* Manic-depressive psychosis, manic phase.

She had a previous admission on May 15, 1935, when she became ill three days after the birth of her first child. She was restless, cried and saw strange lights. She was given sedation and developed a drug rash, became forgetful, restless and thought she should die. She developed a delirium which cleared up in four weeks. It was considered that the delirium was due to drug intoxication and that her mental illness was a postpartum psychosis.

Case 6.—G. O., a married white woman, aged 32 years, was admitted on January 10, 1940. Her early development was normal. She graduated from high school and worked as a clerk. She was described as sociable, emotionally stable, and an efficient housekeeper. She married in February, 1929, and had four children, the oldest being 10 years of age.

Her last child was born September 13, 1939, and she became depressed about December, 1939. She had been depressed during the pregnancy but seemed more cheerful after the delivery. Later she began to worry about another pregnancy, became confused, destructive and heard people talking over the radio. In the hospital she was resistive, impulsive, and negativistic, and her speech was irrelevant.

*Diagnosis:* Dementia praecox, catatonic.

She had a previous admission on April 27, 1938. Her preceding child was born March 29, 1938, and she began to show symptoms of a psychosis several days later. She had been depressed during the latter part of the pregnancy. She was resistive, unresponsive, listened to voices coming through the wall and had to be tube fed.

*Diagnosis:* Dementia praecox, catatonic.

The two cases just described demonstrate the possibility that the same factors might produce the same reactions. They would seem to indicate that it would be advisable to avoid further pregnancies after a psychosis following a pregnancy, although there are many reports which show that later pregnancies are not necessarily followed by a psychosis. The patient in case 6 had two pregnancies without any difficulty but some other factor was added which produced the psychosis. In both the latter pregnancies she had been depressed preceding the delivery which may have been an indication of the oncoming illness. In case 5, after the first delivery, the combination of the toxicity of

the sedative drug plus the factors in the puerperium were sufficient to precipitate the psychosis. During the patient's second pregnancy she was worried and fearful lest she should become mentally ill again. There was a question raised concerning the advisability of performing an abortion but it was considered best to allow the pregnancy to continue. Most authors agree that the benefit from an abortion is questionable but there are too few reports available to be able to judge accurately.

Case 7.—B. N., a married white woman, aged 24 years, was admitted on December 29, 1939. Her early development was normal and she graduated from high school. She was described as jolly, happy, sociable and very vain. She married in February, 1939, and seemed to be adjusting fairly well.

Her child was born November 5, 1939, and on December 24 she became worried about sterilizing the baby's things, became abusive and excited. In the hospital she was talkative, excited, overactive and sarcastic.

*Diagnosis:* Manic-depressive, manic phase.

She had two previous admissions in September, 1933, and April, 1936, both before her marriage. She was restless, overactive, talked of hearing voices and was careless of her appearance.

*Diagnosis:* Dementia praecox, hebephrenic. Probably the episodes were both manic in nature.

This patient had two psychotic attacks before the one associated with the pregnancy. The same factors which were operative in the previous illness were undoubtedly present in this illness but in addition there was the strain of the pregnancy and the puerperium.

### Comments

In this group of patients there were four with dementia praecox, and three with manic-depressive psychosis of which one was depressed. It is interesting that no diagnoses were made of toxic-exhaustive psychosis as most of the reports in the literature include this type of reaction. Those patients who showed the symptoms of delirium, visual hallucinations and elevation of temperature within several days of the delivery were considered to be reacting to the toxic effects of the puerperium. They were usually treated in the general hospital. If the acute reaction subsided, the patient did not come to the mental hospital but if the mental symptoms persisted, then the underlying psychosis became evident.

According to Strecker and Ebaugh[4] the types of psychosis in a series of fifty cases occurred in the following percentages: manic depressive, 36; toxic-exhaustive, 34; dementia praecox, 26; and scattered, 4. A compilation from the reports quoted by Strecker and Ebaugh shows that there is a variation in the incidence of the various psychoses as follows: dementia praecox, 17 to 50 per cent; manic-depressive, 23 to 52 per cent; toxic-exhaustive, 25 to 60 per cent. The occurrence of the psychoses associated with the puerperium in relation to all psychoses is reported by Harrison[5] as 3 per cent and by Fishback[3] as 4.5 per cent; Zilboorg[6] found an average incidence of 8.7 per cent among 10,394 cases compiled from nine reports.

The onset of the mental illness took place from five days to three months after delivery. Only one of the patients had any mental symptoms during the pregnancy and this freedom of difficulty during the pregnancy is noted by most authors. In the series reported by Fishback the great majority of patients adjusted well during pregnancy and the same opinion was expressed by Karnosh and Hope.[7] Usually in the psychoses which developed several days after delivery there was some evidence of toxemia and delirium which subsided in a short time, and then the underlying psychosis showed up.

In the group herein reported there were four primiparae and three multiparae. Two of the multiparae had previous psychotic episodes in relation to parturition. The published reports vary so widely[8,6] that the parity of the patient cannot be used as an index to the possibility of a psychotic attack.

In six of the patients the first attack of mental illness was associated with pregnancy. It would seem likely that these women would not have had a mental illness if they had not been subjected to additional strain, both physical and psychic, incident to pregnancy. Unfortunately there are no definite signs to indicate which women should be advised against childbearing.

There were various factors contributing to the development of the psychosis. In four

patients preceding conditions undoubtedly played a part: illegitimacy, worry over financial insecurity, feeling of inability to care for the baby, and disagreements with a mother who was attempting to regulate the married life. According to Fishback, in addition to marital difficulties which were present in about 30 per cent of his patients, the following contributory factors were elicited: financial worry, fear of difficult labor or cesarean section, dislike for motherhood, illness or death of a relative and surgical operation of the patient.

Four of the patients in the series herein presented have recovered and of the three who are unimproved, one has been ill four years, one for one year and the third had a previous attack from which she recovered. The average duration of the psychosis in those who recovered was four months. The reports of the recovery rates in the literature vary considerably, as seen in the figures of Strecker and Ebaugh[4] and others, the average being 56 per cent. There is some difference in the recovery rate depending on the diagnosis, as follows: schizophrenia, 24 per cent; manic-depressive psychosis, 69 per cent; toxic-exhaustive psychosis, 74 per cent.

## Treatment

The treatment varies depending on the symptoms which are present. In general these patients can be aided by early hospitalization where nutrition and fluids are maintained, elimination is increased, restlessness diminished and exhaustion avoided. Insulin and metrazol therapy have been employed with the same results as in other cases of schizophrenia. There is no specific therapy although Davidson[9] attempts to correlate the excess secretion of the ovaries, especially prolan, with the development of symptoms. He realizes that a direct correlation cannot be made as there are many factors which cannot be evaluated, especially biochemical changes and humoral equilibrium.

An important feature lies in the mental hygiene which should be utilized during the early stages of pregnancy. The physician can correct false impressions, allay fears and develop a feeling of security by judicious advice and explanations during the prenatal period. The obstetrician and family physician must recognize the prodromal symptoms as an indication of future danger. The physical health of the pregnant woman has always been carefully guarded, but the mental health requires just as much consideration if she is to continue to make an adequate adjustment and overcome the added stresses and strains which are incident to the period of parturition.

## Summary

Seven cases of psychoses occurring during the puerperium are reported, four of dementia praecox and three of manic-depressive psychosis.

It is recognized that there are no specific "puerperal psychoses."

The factors which played a part in the etiology of the "puerperal psychoses" were the same as in the development of any psychosis.

The prognosis is the same as in other psychoses. There were 57 per cent recoveries.

The treatment is symptomatic after the development of the psychosis but should include mental hygiene during the pregnancy.

### BIBLIOGRAPHY

1. Noyes, A. P.: Modern clinical psychiatry. Philadelphia: W. B. Saunders Company, 1934.
2. McGoogan, L. S.: Toxic psychoses of pregnancy and the puerperium. Am. J. Obst. & Gynec. 25: 792–799 (June) 1933.
3. Fishback, D.: Mental illness associated with childbearing. Elgin State Hosp. Papers. 3: 156–165 (Jan.) 1939.
4. Strecker, E. A., and Ebaugh, F. G.: Psychoses occurring during the puerperium. Arch. Neurol. & Psychiat. 15: 239–252 (Feb.) 1926.
5. Harrison: Quoted by Strecker and Ebaugh, supra.
6. Zilboorg, G.: Malignant psychoses related to childbirth. Am. J. Obst. & Gynec. 15: 145–158 (Feb.) 1928.
7. Karnosh, L. J., and Hope, J. M.: Puerperal psychoses and their sequellae. Am. J. Psychiat. 94: 537–549 (Nov.) 1937.
8. Parfitt, D. N.: Psychoses associated with childbirth. J. Ment. Sc. 80: 43–57 (Jan.) 1934.
9. Davidson, G. M.: Concerning schizophrenia and manic-depressive psychosis associated with pregnancy and childbirth. Am. J. Psychiat. 92: 1331–1346 (May) 1936.

See pages 314–316 for complete details about the Spring Clinics.

# An Internist Considers Acute Abdominal Disease*

By SAM BOYER, JR., M. D.
*Duluth, Minn.*

IF ONE may consider that the stomach symptomatically reflects disease involving other organs of the peritoneal cavity, then one may likewise consider that the abdomen is the sounding board for disease in other parts of the body. We are all aware of the abdominal symptoms of pneumonia, the gastric symptoms of coronary thrombosis, the occasional simulation of appendicitis by diabetic ketosis, the nausea and vomiting of uremia, and the gastric crises of tabes dorsalis. Abdominal symptoms may be the initial manifestation of disease in any part of the body. The diagnosis of disease having its primary symptomatology referred to the abdomen carries with it the necessity for careful study and evaluation of symptoms. To discuss acute disease of the abdomen per se would be too long a procedure and to discuss the individual extra abdominal diseases which may produce acute abdominal symptoms would be involved and sketchy.

To the surgeon, internist or general practitioner acute disease of the abdomen presents a problem. This problem exists in part because of the previously mentioned radiation of symptoms which therefore make diagnostic consideration more extensive and ultimate accurate diagnosis more difficult. The accuracy of diagnosis is all the more important for upon diagnosis depends treatment and upon treatment depends the life of the patient. Correct diagnosis in disease of the abdomen, as in disease of other parts of the body, depends basically upon a thorough history and a complete physical examination. Without these procedures diagnosis and therefore adequate treatment cannot be satisfactory. Errors in diagnosis result more often because of omission of details in history and examination than because of improper interpretation of physiological and pathological processes. In fact the latter often occurs because of the former. It is the purpose of this paper, therefore, not to present any important recent advance in medicine, but to urge complete study of patients and correct diagnosis, for otherwise our therapeutic knowledge is useless. Not all men may be engaged in research and some of us may regret we lack the opportunity which apparently comes to the research physician. But all men in practice are engaged in clinical research, which is the study and diagnosis of disease in the individual patient.

## "To Demonstrate . . . "

To demonstrate the value of complete study the following review is presented. It should be remembered that the symptoms and signs are those actually offered by a patient, although it is stressed that this is not a case report.

*History.*—Studying the patient in the sequence of events as they occurred we find that she offered a chief complaint of pain in the abdomen. This started the night before, some sixteen hours prior to examination. For supper she had eaten potato salad and much salad dressing. She had been awakened from her sleep by pain in the pit of her abdomen. This was severe, constant and radiated to both costal margins and posteriorly to the scapulae. It was so severe that it kept her awake all night. She was nauseated, but did not vomit.

Her last bowel movement had been the day before. Ordinarily she had had one semi-liquid stool every morning, a symptom present for years. For the last four years she had had a dull aching feeling in the pit of the abdomen occurring an hour or two after meals. She did not belch much, but had done so somewhat with this attack. There had been previous intolerance to fatty foods. She stated a physician had roentgenographed her gallbladder four years previously and had told her she had a diseased gallbladder.

The history revealed that she suffered occasionally from headaches and vertigo. For several years she had noted tachycardia, palpitation and dyspnea upon exertion. During this time, upon moderate exertion, she had developed a dull, aching pain beneath the upper sternum which same pain would disappear with rest. For two weeks prior to being seen she had had a moderate cough with no expectoration. During the previous week she had perspired profusely at night.

* Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

There had been a weight loss of 30 pounds during the past six months. The past medical history was irrelevant except for an appendectomy performed years before. Social history revealed a white female, 67 years of age, whose menopause had occurred at the age of 55 years with no subsequent history of discharge or bleeding. She had never been pregnant. The single positive point in family history was that her father had died of gallbladder disease.

Every physician in examining a patient develops certain ideas as he takes a history. He then enlarges upon and modifies these ideas as he examines the patient. Let us analyze the symptoms and see what diagnostic possibilities can be considered from the history given.

The patient complained of pain which was sharp, constant and severe. It was epigastric in type. This pain could be interpreted as being due to a diseased gallbladder, a perforating ulcer, possibly a coronary thrombosis. It had lasted hours without relief, which same duration would be compatible with any of the above. Epigastric pain occurring in the course of coronary thrombosis is usually described as a full, pressure-like type of pain, frequently extremely severe and agonizing, sometimes simply a feeling of distress due to fullness. Ordinarily it radiates substernally, but occasionally to the costal margins. Pain due to acute cholecystitis is usually a constant, dull, aching pain localized primarily to the right upper quadrant. Frequently there are exacerbations of sharp, colicky pain with radiation to the scapulae.

The radiation of pain in this individual is more typical of gallbladder disease as this pain may also be epigastric with radiation bilaterally and to the scapulae. A perforating ulcer may result in epigastric pain. This, however, is more intense and frequently does not radiate. The patient was nauseated, a symptom common to all three considerations. Her past history of a dull, aching epigastric pain occurring after meals is more indicative of ulcer, but it was not relieved by food or soda. The additional history of intolerance to fried and fatty foods is suggestive of gallbladder disease. The semi-liquid stool may or may not be of importance. It must be remembered that achlorhydria may result in such a disturbance. However, the same type of bowel function may occur in a nervous, high-strung individual.

### "The Casual, Hurried Physician Might . . . "

At this point the casual, hurried physician might place a hand on the abdomen, confirm his opinion of cholecystitis and give the patient an injection of morphine, perhaps seeing the patient again and perhaps not. In this case an error in diagnosis might well result. The thorough physician progressing farther into a detailed history finds the story of cardiac consciousness, dyspnea and pain upon exertion. The problem of whether the complaints are of cardiac origin arises and justly so. The patient is in her seventh decade and the symptoms are compatible. The past history of dyspnea and substernal pain would indicate that this individual has some coronary sclerosis or at least there is transient anoxia of the myocardium.

There has been a weight loss of 30 pounds during the last six months. This does not fit in with acute or chronic gallbladder disease unless there is an associated malignancy. Neither does it aid in the diagnosis of ulcer. It does indicate that neoplasm is to be seriously considered. With the past history of epigastric pain and weight loss, malignancy superimposed upon a gastric ulcer is a definite consideration. Cardiac cachexia may be attended by weight loss, but such a condition is accompanied by more marked cardiac symptoms than the patient presents. Pain is not one of them unless there is a definite associated occlusive coronary disease. Epigastric distress may also result from an enlarged congested liver in heart disease. However, this pain is more of a periodic feeling of bloating and distention. The history of an appendectomy removes the possibility of epigastric pain being caused by disease of this organ. The important point in family history is that of gallbladder disease having been the cause of death in the father.

At the conclusion of taking the history, one has the possibilities of an acute cholecystitis, a perforating ulcer, coronary occlusion, and malignancy either in the gallbladder or stomach. In favor of acute inflammation of

the gallbladder superimposed upon a chronic cholecystitis is the history of food intolerance, the ingestion of oily foods the night prior to the attack and the family history. The long history of pain related to meals would point toward an ulcer. Certainly the cardiac symptoms are of importance and make one think of the possibility of cardiac disease. With periodic epigastric distress, the weight loss and liquid stools, malignancy of the stomach is a serious consideration. Undoubtedly with this story you have thought of other diseases to be considered. The more diseases the flight of thought considers the more likely will a correct diagnosis be made. To narrow the diagnosis or to include other possibilities one must turn to the physical examination.

*Physical examination.*—Examination reveals the patient to be a thin, white female 67 years of age. She appears rather apprehensive and nervous. There is arcus senilis. There are crepitant rales at the left posterior pulmonary base. There is no cardiac enlargement. There is a soft, localized mitral systolic murmur and a similarly soft, localized systolic murmur heard at the aortic area. The pulse rate is 82 and regular. The blood pressure is 130 systolic and over 70 diastolic. The abdomen is moderately distended. There is tympany throughout, but it is more marked in the lower abdomen. There is extreme tenderness across the entire upper abdomen, more marked on the right side. There is slight rebound tenderness below the right costal margin and moderate muscle rigidity. Auscultation reveals mild peristalsis throughout, no marked borborygmi and no peristaltic rushes. Rectal examination reveals a firm mass on the posterior wall of the rectum a finger length above the anus. The pelvic examination reveals nothing abnormal. The temperature is 102 F.

### "What Has Been Learned . . . ?"

What has been learned by physical examination? Again the casual examiner would have confined his examination to the abdomen and undoubtedly would be content with the diagnosis of acute cholecystitis, in which case he might have been correct. Or he may have felt that the patient was suffering from a perforating ulcer. In either case considering the abdomen as a unit instead of a part of the body he may decide to operate. At this phase of diagnosis surgery is not indicated. The tenderness across the upper abdomen may be associated with a leaking ulcer or an acutely inflamed gallbladder. The localization of maximum tenderness, the rebound tenderness, and muscle spasm in the right upper quadrant speak more strongly in favor of the latter. The moderate tympanites indicate that there is some loss of intestinal tone. The normal intestinal sounds are a sign that obstruction, whether dynamic or adynamic, does not exist.

The cardiac murmurs and the basilar rales are signs of some cardiac impairment, probably on an arteriosclerotic basis. The normal pulse rate and blood pressure indicate that this has not been a sudden, frank coronary thrombosis. Could pneumonia exist? The type of pain, a dull, aching pain instead of a sharp, pleuritic type of pain, together with the few physical findings, would cause but a moment's consideration. Although it is best to attempt to make one diagnosis for apparently associated complaints and findings, it is true that several conditions may exist. Therefore, perhaps there is an abdominal disease and also a failing heart, though one not yet damaged enough to present all signs of decompensation. At this period in examination the obvious considerations are acute cholecystitis or a perforating ulcer, with arteriosclerotic heart disease as a secondary diagnosis. The small mass in the rectum causes the question to be asked if there may be a malignancy with rectal implantation. The history of food ingestion, the acute attack of pain with radiation and localization make it appear then that the preferred diagnosis is acute cholecystitis. What then is the procedure and what else may be done to arrive at a correct diagnosis?

In any event this patient is as yet not to be benefited by surgical intervention. Observation, further study, and conservative treatment will do no harm, and more likely will be of benefit. Immediate surgery without a more qualified diagnosis simply means that the physician cannot trust his judgment and must explore the abdomen to arrive at a final conclusion. This procedure is not justifiable. The patient is evidently in good condition, and if a leaking ulcer exists frequent observation will give sufficient warning to allow surgery to be of benefit.

*Laboratory examination; discussion.*—Urinalysis reveals a specific gravity of 1.028 and is otherwise negative. This is of importance only in excluding certain features. The specific gravity bespeaks satisfactory renal concentrating ability and the lack of albumin indicates that the mild decompensation existing has not progressed to the point of renal congestion. The absence of sugar excludes any severe diabetic condition.

The hemoglobin is 65 and the red blood count is 3,200,000. This is a point of interest, for unless there is an associated blood dyscrasia, what is there to explain the anemia? Acute and even chronic cholecystitis do not produce anemia; however, a bleeding ulcer may. And contrary to general opinion bleeding ulcers may perforate. The stool examination is negative for occult blood which excludes blood loss as the cause of the anemia. There is a leukocytosis of 15,150 with 22 per cent nonsegmented cells and 64 per cent segmented polymorphonuclear cells. There are 2 per cent eosinophils and 12 per cent lymphocytes. This indicates the presence of infection, but not of severe degree, with a rise in nonsegmented cells to only 22 per cent. It is also indicated by the temperature of 102 F. mentioned above.

This may fit our considerations of acute cholecystitis, perforating ulcer or coronary thrombosis. Both findings may also be associated with malignancy since the necrosis and toxic processes in malignancy may produce fever and leukocytosis.

At the conclusion of the basic laboratory procedures, the three primary impressions, i.e. acute cholecystitis, gastric ulcer, and coronary thrombosis, are still major considerations. Malignancy is brought more strongly to mind because of the anemia. At best we have found no indication to make it justifiable to perform immediate surgery and the patient is treated conservatively.

### "The Course . . . "

The following day the temperature is still 102 F. There is more marked tenderness across the entire upper abdomen, especially so on the right. There is muscle spasm and there is more marked distention and tympanites. The auscultatory findings remain the same. The signs of pulmonary involvement at the left base are more profuse. At this time with more localization of findings in the right upper quadrant and with persistent fever the impression is that of acute cholecystitis. If this is so, is surgery indicated? Obviously the answer is still in the negative. The next day the temperature is normal. There is no distention. There is very little tenderness, no rebound tenderness and no muscle spasm. The white blood count has fallen to 8,800 with about the same distribution of cells in the differential count. It appears that the diagnosis of acute cholecystitis was the correct one; that needless surgery was not done.

By the seventh day after the initial visit, the temperature and white blood count are both normal. There is no tenderness, rebound tenderness, muscle spasm, or distention. The patient has recovered from an attack of acute cholecystitis. But today, for the first time, an epigastric mass is palpable. What is this mass? An empyema of the gallbladder would be associated with a continuation of fever and leukocytosis. This is not present. Furthermore, a mass due to a distended gallbladder would not be epigastric and probably would not be as firm. Is it an abscess from a perforated ulcer? Again such a process would be associated with signs of inflammation as fever and leukocytosis. Also there is little possibility of palpating an epigastric abscess due to perforation of an ulcer, because most ulcers which perforate are on the posterior surface of the stomach and most localized abscesses resulting therefrom are posterior to this organ and located behind the edge of the liver. The pieces of the puzzle begin to fall together. Evidently, with the history of epigastric distress, weight loss, anemia and the appearance of an epigastric mass, the diagnosis is carcinoma of the stomach. The acute onset was probably due to food indiscretion in the presence of a severely damaged stomach.

The next procedure then is to prove this diagnosis. A fractional gastric analysis shows an achlorhydria which, of course, fits in with the diagnosis, and probably explains the history of semi-liquid stools. X-ray study of the stomach after a barium meal shows a definite filling defect in the greater curvature of the stomach just opposite the sulcus angularis. The final diagnosis, therefore, is carcinoma of the stomach.

### "With the Diagnosis Established . . . "

With the diagnosis established one final decision remains. Shall this patient now be operated upon, and if so, why? Obviously

*(Continued on page 348)*

# COMMENTS ON TREATMENT

EDITORS
A. J. Quick M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

## Measles Prevention

Measles is ten to twenty times as deadly to the infant under 2 years of age as it is in the group 5 to 10 years of age. It is eight to eleven times as deadly from 2 to 3 years of age as it is for the group 5 to 10 years of age. This statistical difference is the basis of the epidemiologic rule now in favor among physicians "Postpone the age for measles patients." Other reasons besides age may prompt the physician to utilize practical preventive measures—poor physical condition of the child, disease conditions among other likely contacts in the family, general hygienic conditions, family plans, etc.

It is possible to prevent the disease entirely or modify its severity. In a given family it is sometimes judicious to prevent it in the youngest members and to modify it in the older members of the same family. This is accomplished by giving the preventive injections on different days. Complete success in varying the end result may not be achieved in every case, since this depends not only on the timing and amount of material injected but on the degree and frequency of the child's exposure. These factors are not always measurable or controllable.

To prevent measles, 5 to 10 cc. of convalescent measles serum or 2 to 4 cc. of placental globulin are given. Either of these is injected intramuscularly, preferably in the upper outer quadrant of the buttocks. How soon after the initial exposure, the injection is used and how large a dose is given may determine whether prevention or modification is attained. Since contagiousness occurs three or four days before the rash appears, a child who is in contact with measles during the earlier stages of the disease must receive the preventive injection at least by the day the rash appears in the one who has the disease. Injections given past the fourth day of exposure are more likely to modify than prevent the disease. The size of the dose is usually varied according to the age of the child. A commonly followed rule is one calling for the giving of 3 cc. of measles convalescent serum for a child up to 3 years (an additional cc. for each additional year of age).

To modify the disease, convalescent serum or placental globulin extract is given later, that is from the fifth to the eighth day after exposure.

Whether to use pooled convalescent serum or pooled placental globulin is a matter of individual preference and availability of materials. Reporters for each claim successful results. Where a serum center exists, convalescent serum is the ideal choice. The complete absence of reactions with convalescent pooled serum is a distinct advantage. In city-wide epidemics or municipal programs, pooled placental globulin, being more easily obtained, is a more practical measure.

The practicing physician may also add convalescent measles serum to his therapeutic armamentarium in the treatment of the pre-eruptive stage of measles; 40 to 50 cc. of this serum given intravenously a day before the eruption appears may be valuable when measles occurs in a debilitated child. In infants or children who contract measles during recovery from other infectious diseases such a procedure has proved very useful according to recent reports. This measure would not conflict with the use of chemotherapy, which may be advisable in measles with complications.

The newborn infant is immune to measles until about the fourth month of life. Excepting this age period, susceptibility to measles is universal. There are no available measures for creating permanent immunity to measles. Passive immunity through the use of human convalescent measles serum or placental extract is a useful and increasingly popular measure for reducing the seriousness of this ubiquitous disease. A. B. SCHWARTZ, M. D., Milwaukee.

# THE WISCONSIN MEDICAL JOURNAL



**The Council on Scientific Work**

E. R. SCHMIDT, Madison — EBEN J. CAREY, Milwaukee, *Chairman* — C. J. SMILES, Ashland
G. W. KRAHN, Oconto Falls — KARL H. DOEGE, Marshfield — W. S. MIDDLETON, Madison *(ex officio)*

**Editorial Staff**

KARL H. DOEGE, Marshfield, Medical Editor — MR. J. G. CROWNHART, Madison, Managing Editor
MISS DOROTHY CRIDLAND, Madison
Assistant Editor

**Collaborators**

THE COUNCIL

H. P. BOWEN ----------Watertown
C. E. PECHOUS----------Kenosha
W. T. CLARK----------Janesville
B. I. PIPPIN-------Richland Center
A. H. HEIDNER--------West Bend
S. E. GAVIN----------Fond du Lac
H. A. JEGI----------Galesville
G. W. KRAHN---------Oconto Falls
H. H. CHRISTOFFERSON----Colby
F. E. BUTLER----------Menomonie
F. G. JOHNSON---------Iron River
H. J. GRAMLING--------Milwaukee
R. E. FITZGERALD----Milwaukee
ROBERT W. BLUMENTHAL ----------Milwaukee
J. W. LAMBERT----------Antigo
R. G. ARVESON----------Frederic
(Past President)



**Annual Subscription--------Three Dollars-Fifty Cents Single Copies--------Fifty Cents**

Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Ill.

**Address all communications to THE WISCONSIN MEDICAL JOURNAL, Madison**

Volume 40 — APRIL, 1941 — Number 4

**OFFICIAL PUBLICATION OF THE STATE MEDICAL SOCIETY OF WISCONSIN**



**Copyright by the Society, 1941**


## « « « EDITORIAL » » »

### Only if You Remember . . .

JUST as it is the obligation of the individual practitioner of medicine to use care that the medications and other products he prescribes for his patients are the best obtainable, so it is the obligation of a society publishing a scientific journal to limit acceptance of advertising to those firms known to take every possible precaution that their standards in management and production are the best.

The *Wisconsin Medical Journal* has recognized and discharged this obligation through the years, and this year, as in years past, many lucrative advertisements were refused because in one way or another they did not meet *Journal* standards and those set by the councils on foods, drugs and devices of the American Medical Association.

In spite of these rejections, however, a glance through current issues of *The Journal* will show a considerable increase in the volume of advertising. This means greater advertising revenue and, if all present advertisers can be held steadily, a constantly improved Journal.

Can these highly responsible, dependable advertisers be held? Only if you, the physicians of Wisconsin, remember them when you prescribe and when you place orders. And why shouldn't every Wisconsin physician give preference to *Journal*-advertised products? Why shouldn't he show that he prefers the best for his patients, himself and his Journal?

### Generous Devotion Reflected

THE generous devotion of the members of the Council on Scientific Work of the State Medical Society in furthering postgraduate education among their fellow members is reflected in the truly outstanding spring clinic program, set forth on pages 314–316 of this issue.

This year the program was planned by a veteran member of the Council on Scientific Work—Dr. George W. Krahn of Oconto Falls. The philosophy, the training and the wishes of the general practitioner are exemplified in it. It is a scientific program *by* a general practitioner *for* the general practitioner.

# . . . . THE PRESIDENT'S PAGE . . . .

## Tinkering With Standards

FOR many years the people of this country have been proud of the standards which have been set up in education, agriculture, government, and public health. We feel that the results obtained in these and many allied fields are superior to those of other countries of the world.

Our province, as physicians, is to guard the standards of medicine particularly, although we should be interested as citizens in all movements for the good of the public. For example, the recent attempt of the bar to raise the grade of the practice of law (the integrated bar bill) should have our fullest accord.

No reasonable man or woman would want us to shorten the measuring stick when it comes to the care of his or her child. The conscientious physician wishes the level of the care of the sick, not only to remain at its present peak, but further to approach the acme of perfection.

Some of our lawmakers, particularly those who are lawyers, do not always see eye to eye with us in the maintaining of high standards; at least, their viewpoint on this subject cannot be reconciled with ours.

We believe that the care of the sick in hospitals and those injured in industry, and all public health matters, shall be under the supervision of and reserved for those who have obtained the degree of doctor of medicine in an approved institution of this country. That means in an institution whose credits are acceptable for advanced standing in our state university, or its equivalent, or in private schools whose credits are honored, for example, at Marquette University in Milwaukee, Wisconsin.

Our legislative bodies will do well by the people to apply this formula to all pending and future legislation on this subject. We physicians and those friendly to medical science, as a part of the electorate body, can with credit preach this doctrine in the interests of public health.

Ralph P. Sproule

# Society Proceedings

## Brown-Kewaunee-Door

The Brown–Kewaunee–Door County Medical Society met on March 13 at the Beaumont Hotel, Green Bay. Dr. Willard Van Hazel of the University of Illinois College of Medicine, Chicago, was the guest speaker. His subject was "Recent Advances in the Surgical Treatment of Diseases of the Thorax." Twenty-nine attended.

## Calumet

Members of the Calumet County Medical Society and their wives met for a 6:30 p. m. dinner in Chilton, March 6. Following the dinner, motion pictures and a talk on "Difficult and Unusual Thyroid Conditions" were presented by Dr. E. V. Smith, Sr., Fond du Lac. Those present included Drs. and Mmes. F. P. Knauf, Kiel; A. C. Engel, New Holstein; J. W. Goggins and N. J. Knauf, Chilton; F. A. Vande Loo and J. A. Goelz, Brillion; and John A. Knauf, Stockbridge.

## Columbia-Marquette-Adams

The Columbia–Marquette–Adams County Medical Society met at 8 p. m. on March 16 at St. Savior's Hospital, Portage. Lunch was served to members of the society and its woman's auxiliary. A scientific program was presented by members of the group.

## Dane

Three Madison physicians and a member of Oscar Mayer and Company, wholesale meat company of Madison, presented the program of the Dane County Medical Society at its March 11 meeting: Dr. H. Kent Tenney showed a motion picture, "When Bobby Goes to School;" Dr. N. A. Hill and Dr. W. D. Stovall gave talks on meat infestation; and D. H. Nelson, Ph. D., spoke on "Sanitary Measures in the Meat Packing Industry."

## Dodge

The Dodge County Medical Society, at its meeting, February 27, in Beaver Dam, elected Dr. C. V. Kierzkowski, Beaver Dam, vice-president, to fill the unexpired term of Dr. C. M. O'Hora, deceased.

## Fond du Lac

The Fond du Lac County Medical Society met at the Retlaw Hotel, Fond du Lac, February 27. A colored motion picture, "Radium Treatment of Angiomas," was shown. This picture, produced by Dr. F. E. Simpson of Chicago and his associates, has been shown recently at other county medical society meetings and discussed by Miss Frances Ragsdale of Chicago. Thirty-three attended the event.

## Kenosha

Dr. Saul Pollock, Milwaukee neuropsychiatrist, was the guest speaker at the February meeting of the Kenosha County Medical Society. In his talk on "The Development and Organization of Mental Hygiene Education in the City of Kenosha," he outlined methods of mental hygiene clinic organization followed in Milwaukee and presented a plan for application of the same program in Kenosha.

## La Crosse

"Hunter's Lodge" on Brice Prairie was the meeting place of the La Crosse County Medical Society on March 11. A moose dinner was served by courtesy of Dr. Herman Wolf of La Crosse. Dr. Erwin Blatter, who had just returned from London, England, where he was attached to the American Embassy, was present at the meeting and spoke briefly on his observations of the war. Dr. Hans Reese, Madison, presented a scientific lecture on "Recent Advances in Neuropsychiatry." Thirty-six attended.

## Marinette-Florence

Mr. J. A. Turner of the Wisconsin Association for the Disabled was the speaker at an evening meeting of the Marinette–Florence County Medical Society, March 19, in Marinette.

## Milwaukee

Members of the Medical Society of Milwaukee County were guests of the Milwaukee County Hospital, March 14. The program, sponsored by the Society's Committee on Scientific Research, was as follows:

"Variables in the Blood that Probably Influence Embolism"—J. S. Hirschboeck

"A Fifteen Year After-Study of the Effect of Thyroidectomy on the Cardio-Vascular System and Report of Animal Experimentation"—M. C. Lindert

"Clinical Aspects of Blastomycosis"—T. J. Pendergast

"Caudal Anesthesia in Obstetrics and Gynecology"—Report of 500 cases—A. C. Mietus

"Sulfacetimide in Gonorrhea and Urinary Infections"—H. W. Bruskewitz

Chief Speaker and Correlator—Harry Beckman

A social hour and buffet luncheon followed the program. Two hundred and seventy members attended the meeting.

## Milwaukee Specialty Societies

*Milwaukee Academy of Medicine.*—Dr. Arthur A. Holbrook, Milwaukee, and Dr. J. Grafton Love, Rochester, Minnesota, were featured speakers at the March 18 meeting of the academy at the Milwaukee Athletic Club. Dr. Holbrook spoke on "The Blood Picture in Chicken Pox," and Dr. Love on "Protruded Intervertebral Disks as the Cause of Intractable Pain." Drs. S. A. Morton, H. C. Schumm and F. W. Madison, Milwaukee, discussed the papers.

*Milwaukee Neuro-Psychiatric Society.*—Drs. Michael Kasak, Stephen Stack, R. M. Fellows and H. N. Roback presented papers at the March 27 meeting of the society, held at the Milwaukee County Hospital for Mental Diseases. The papers dealt with mental symptoms resulting from brain tumor, recent research in the psychoses, and tuberous sclerosis.

*Milwaukee Oto-Ophthalmic Society.*—The society met jointly with the Chicago Laryngological and Otological Society, March 11, at the Milwaukee University Club. The following program was presented:

"A Case of Congenital Angioma of the Nose and Forehead. Cure by Radium and Surgery"—Samuel Salinger
Discussion: Harry Foerster, V. B. Hyslop

"Carcinoma of the Esophagus, Recent Advances in Treatment With Report of Cases"—John R. Lindsay
Discussion: John S. Gordon

"Chronic Mastoiditis With Complications"—Howard Ballenger
Discussion: Thomas McCormick

"Color Motion Picture Photography of the Larynx"—Paul H. Holinger
Discussion: John Mulsow

*Milwaukee Pediatric Society.*—The society had as guest speaker, at its February meeting in the Milwaukee Athletic Club, Dr. Frederic Schreiber, professor of neurosurgery, Wayne University, Detroit, Michigan. Dr. Schreiber spoke on "Neurologic Sequellae of Anoxemia in the Newborn."

*Milwaukee Society of Clinical Surgery.*—The society met jointly with the Wisconsin Chapter, International College of Surgeons, March 25, in Milwaukee. In the morning, operative clinics at Mt. Sinai Hospital were conducted by Drs. Max Bornstein, Aaron Yaffe, R. I. Hiller, D. V. Elconin, W. M. Kearns, S. J. Silbar, E. B. Jacobson, R. W. Roethke, B. E. Urdan, J. J. Horwitz, J. H. Sure and David Ansfield. After a noon luncheon, served at the hospital, conferences on surgical pathology and on roentgenology were conducted by Drs. Norbert Enzer and I. Cowan.

A dinner was held at 6:30 p. m. at the University Club at which Dr. Desiderio Roman, Philadelphia, president of the United States Chapter, International College of Surgeons, was the main speaker.

## Outagamie

Dr. D. E. Wenstrand, medical director, Northwestern Mutual Life Insurance Company, Milwaukee, was the guest speaker at the March 20 meeting of the Outagamie County Medical Society at the Conway Hotel, Appleton. He discussed "The Trend of Mortality and Medical Risk Selection."

## Portage

At the meeting of the Portage County Medical Society, March 12, the resignation of Dr. F. R. Krembs, as president, was received and accepted. Dr. Krembs resigned because of ill health. In accordance with the by-laws of the society, Dr. H. P. Benn, vice-president, was declared president; and Dr. W. A. Gramowski was elected vice-president.

Dr. H. H. Christofferson, Colby, councilor for the Tenth District of the State Medical Society, gave a ten-minute talk, entitled "News and Views," and Dr. Milton Trautmann of the State Board of Health, Madison, presented a motion picture, "A Clinic on Syphilis."

## Sheboygan

The Sheboygan County Medical Society met on February 18 at the American Club, Kohler, for a dinner and business session. The film, "Radium Treatment of Angiomas," by Dr. F. E. Simpson, Chicago, and his associates, now being shown before many county medical societies in the state, was presented. Questions on health insurance were discussed by the doctors and representatives of the Benefit Association of Railway Employees.

## Winnebago

Drs. S. F. Morgan, Maurice Hardgrove, S. M. Evans and Robert Feldt, all of Milwaukee, appeared on the program of the Winnebago County Medical Society, March 6. Dr. Morgan discussed the prevention of rheumatic fever, stressing its relation to such childhood infections as tonsillitis, la grippe and chorea, and the importance of bed-rest for an adequate recuperation period. He advised consideration of rheumatic fever as a chronic rather than an acute disease. Dr. Hardgrove outlined the home treatment of heart disease, explaining the use of adequate rest, quiet environment, sedatives, hypertonic glucose, diuretics, digitalis, and quinidine sulfate. Dr. Evans gave figures on the incidence of congenital heart disease, its signs, symptoms, and differential diagnosis, and discussed surgical closure of the ductus arteriosis. Dr. Feldt presented a study on the mortality and prognosis of cardiovascular disease in relation to the type of disease, presence of murmurs and blood pressure.

The meeting was held at the Valley Inn, Neenah, and was attended by fifty physicians.

# Requests for Workmen's Compensation Panels Pour Into State Society Office

IMMEDIATELY following the circularization of Wisconsin's 42,000 employers with material on the "Open Panel Agreement and the Workmen's Compensation Act," the State Medical Society was deluged with requests for additional copies of the various county panels and for information concerning the workmen's compensation act. Requests were received for from one duplicate panel to fifty extra copies; for panels for adjacent counties; for panels for posting in sheds, vineries, warehouses, schools, and branch offices.

The acceptance of the panels by employers was very enthusiastic, indicating that the panels are being posted by thousands of employers, many of whom in the past used a very limited panel. These employers previously used a limited panel under the impression that they were complying with the old provision of the compensation law which provided that the employer post a panel of at least five physicians where more than five physicians resided. This section of the workmen's compensation act was amended in the 1939 session of the legislature to provide that the employer be required to give the employe a "reasonable choice" in selecting his attending physician.

The distribution of the printed panels to all Wisconsin employers marks a turning point in the operation of the workmen's compensation act. Many employers are now, for the first time, in fact, giving their employes a wide latitude in the choice of their attending physician. With the actual posting of the Society's panel, the employes will know that they are privileged to exercise reasonable choice in selecting their physician.

Requests have been received from all sections of the state, from the small villages to the metropolitan area of Milwaukee. Below and on the opposite page are comments made by a few of the hundreds of employers writing to us about the workmen's compensation panels.

"I was very glad to learn that there are available panels showing the names of physicians in the various counties who are cooperative in the care of compensation cases."

* * *

"We wish to express our appreciation of your letter of March 13 advising that we could secure from your office a panel of the accepted physicians of the counties in which we operate.

"We operate in Grant, Crawford and Richland counties and would appreciate your sending us two panels for Richland, three for Grant, and four for Crawford."

* * *

"We have received the extra panels for Winnebago County and Outagamie County and wish to thank you for them.

"Recently we were awarded the contract for a project in Waukesha, Wisconsin, and would like to have a panel of physicians for Waukesha County that we may post it on the job.

"Your cooperation is appreciated."

* * *

"We have received your Workmen's Compensation panel for Winnebago County, and have put it on our bulletin board in the mill.

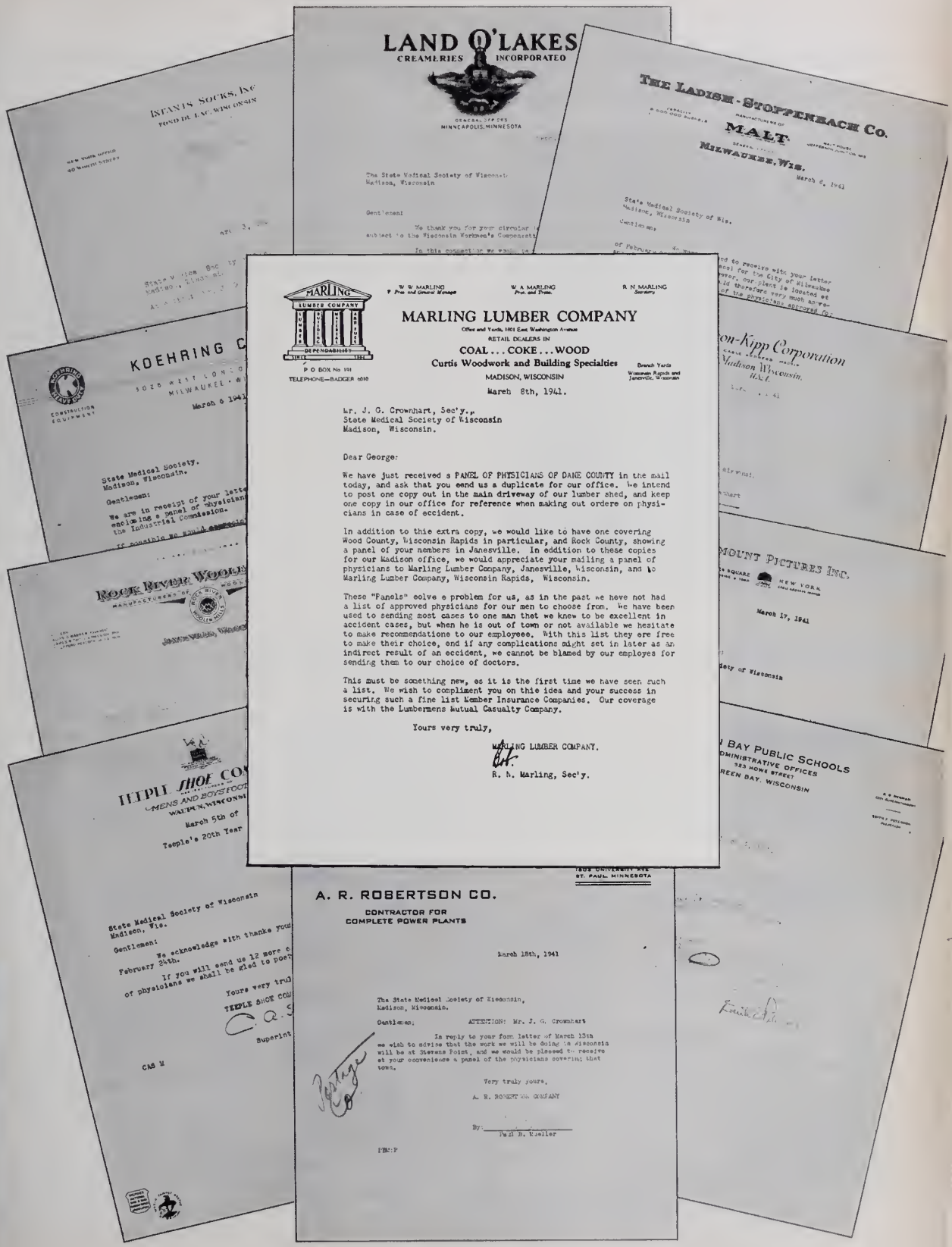
"We certainly want to thank you for sending this to us."

Wm. C. Keettel

## OBSTETRICAL INSTRUCTOR

Dr. Keettel will give individual obstetrical and gynecological instruction at the Spring Clinics.

(See pages 314–316.)



INFANTS SOCKS, INC
FOND DU LAC, WISCONSIN

LAND O'LAKES
CREAMERIES INCORPORATED
GENERAL OFFICES
MINNEAPOLIS, MINNESOTA

The State Medical Society of Wisconsin
Madison, Wisconsin

Gentlemen:

We thank you for your circular

THE LADISH-STOPPENBACH CO.
MALT
MILWAUKEE, WIS.
March 6, 1941

State Medical Society of Wis.
Madison, Wisconsin

Gentlemen:

KOEHRING C
MILWAUKEE
March 6 1941

State Medical Society,
Madison, Wisconsin.

Gentlemen:

We are in receipt of your lette
enclosing a panel of physician
the Industrial Commission.

ROCK RIVER WOOL
MANUFACTURERS OF ROCK WOOL INSULATION

on-Kipp Corporation
Madison, Wisconsin.

MOUNT PICTURES INC.
NEW YORK

March 17, 1941

ciety of Wisconsin

TEMPLE SHOE CO
MENS AND BOYS FOOT
WAUPUN, WISCONSIN

March 5th of

Temple's 20th Year

State Medical Society of Wisconsin
Madison, Wis.

Gentlemen:

We acknowledge with thanks your
February 24th.

If you will send us 12 more
of physicians we shall be glad to pos

Yours very truly
TEMPLE SHOE CO

Superint

CAS M

BAY PUBLIC SCHOOLS
ADMINISTRATIVE OFFICES
325 HOWE STREET
REEN BAY, WISCONSIN

MARLING
LUMBER COMPANY
DEPENDABILITY
SINCE 1854

P O BOX No 191
TELEPHONE—BADGER 6010

W. W. MARLING
Pres. and General Manager

W. A. MARLING
Pres. and Treas.

R. N. MARLING
Secretary

MARLING LUMBER COMPANY

Office and Yards, 1801 East Washington Avenue
RETAIL DEALERS IN
COAL ... COKE ... WOOD
Curtis Woodwork and Building Specialties
MADISON, WISCONSIN

Branch Yards
Wisconsin Rapids and
Janesville, Wisconsin

March 8th, 1941.

Mr. J. G. Crownhart, Sec'y.,
State Medical Society of Wisconsin
Madison, Wisconsin.

Dear George:

We have just received a PANEL OF PHYSICIANS OF DANE COUNTY in the mail today, and ask that you send us a duplicate for our office. We intend to post one copy out in the main driveway of our lumber shed, and keep one copy in our office for reference when making out orders on physicians in case of accident.

In addition to this extra copy, we would like to have one covering Wood County, Wisconsin Rapids in particular, and Rock County, showing a panel of your members in Janesville. In addition to these copies for our Madison office, we would appreciate your mailing a panel of physicians to Marling Lumber Company, Janesville, Wisconsin, and to Marling Lumber Company, Wisconsin Rapids, Wisconsin.

These "Panels" solve a problem for us, as in the past we have not had a list of approved physicians for our men to choose from. We have been used to sending most cases to one man that we knew to be excellent in accident cases, but when he is out of town or not available we hesitate to make recommendations to our employees. With this list they are free to make their choice, and if any complications might set in later as an indirect result of an accident, we cannot be blamed by our employes for sending them to our choice of doctors.

This must be something new, as it is the first time we have seen such a list. We wish to compliment you on this idea and your success in securing such a fine list Member Insurance Companies. Our coverage is with the Lumbermens Mutual Casualty Company.

Yours very truly,

MARLING LUMBER COMPANY.

R. N. Marling, Sec'y.

1805 UNIVERSITY AVE.
ST. PAUL, MINNESOTA

A. R. ROBERTSON CO.
CONTRACTOR FOR
COMPLETE POWER PLANTS

March 18th, 1941

The State Medical Society of Wisconsin,
Madison, Wisconsin.

Gentlemen: ATTENTION: Mr. J. G. Crownhart

In reply to your form letter of March 13th we wish to advise that the work we will be doing in Wisconsin will be at Stevens Point, and we would be pleased to receive at your convenience a panel of the physicians covering that town.

Very truly yours,

A. R. ROBERTSON COMPANY

By: _____
Paul B. Kneller

PBK:F

# Surgery, Medicine, Obstetrics, Gynecology, Endocrines, and P

## GENERAL CHAIRMAN AND CORRELATOR

Eben J. Carey, Milwaukee

*Chairman, Council on Scientific Work, State Medical Society of Wisconsin; Dean and Professor of Anatomy, Marquette University School of Medicine; Director of Medical Science Exhibits, Museum of Science and Industry, Chicago; Member of Committee on Scientific Exhibits, American Medical Association.*

*Medical degree from Rush Medical College, Chicago, 1925. Formerly, Instructor and Assistant Professor of Anatomy, Creighton University, Omaha, Nebraska; Director of Medical Science Exhibits, Chicago World's Fair; Member of Advisory Committee on Medical Exhibits, Texas Centennial, Dallas, and San Francisco World's Fair.*

### TOPICS

**Eben J. Carey**

The Female Pelvis—11:15–11:30 a. m.
The Anatomy of the Large Bowel—3:30–3:45 p. m.
The Physician and the War—4:25–5:05 p. m.

**ASHLAND—Monday, April**
GENERAL SESSION—Elks Clu
ROUND-TABLE DINNERS:
Surgery—Hotel Menard
Medicine—Hotel Knight
Obstetrics and Gynecology-Knight
Pediatrics—Hotel Menard

**MARSHFIELD—Tuesday, A**
GENERAL SESSION—Elks Clu
ROUND-TABLE DINNERS:
Surgery—Hotel Charles
Medicine—Presbyterian Chu
Obstetrics and Gynecology-terian Church
Pediatrics—Hotel Charles

**JANESV**
GENER
ROUN
Ho
Surg
Medi
Obst
Ro
Pedi

## REGISTRATION

**The registration fee for the full-day postgraduate program is $5. This registration fee includes the charge for attendance at the meetings and the cost of the round-table dinner in the evening.**

Albert H. Montgomery

## SURGERY

*Clinical Professor of Surgery, Rush Medical College, Chicago.*

*Medical degree from Rush Medical College, 1907. Formerly, Assistant Professor of Surgery, Rush Medical College (1923–1929); Associate Professor of Surgery, Rush Medical College (1929–1937). Major Medical Corps, U. S. Army, with service over seas, 1917–1919. Member of the Illinois State Medical Society.*

### TOPICS

**Albert H. Montgomery**

Diagnosis and Treatment of Hemorrhoids and Early Diagnosis of Malignancies of the Lower Bowel—3:45–4:25 p. m.
Surgical Round-table Discussion—6:00–8:00 p. m.
Value of Chemotherapy in Everyday Surgery—8:45–9:30 p. m.

Fred Madison

## MEDICINE

*Clinical Instructor in Medicine, University of Wisconsin Medical School, and Associate Professor of Medicine, Marquette University School of Medicine, Milwaukee.*

*Medical degree from Columbia University College of Physicians and Surgeons, 1924. Member of staffs of Columbia Hospital, Milwaukee Hospital and Milwaukee County Hospitals. Diplomate, American Board of Internal Medicine. Member of the State Medical Society of Wisconsin.*

### TOPICS

**Fred Madison**

Clinical Management of the Anemias—12:00–12:30 p. m.
Clinical Management of Coronary Disease—2:40–3:20 p. m.
Medical Round-table Discussion—6:00–8:00 p. m.

Everett D. Plass

## OBST

*Professor and ... University of Iow ...*

*Medical degre... Medicine, 1911. ... University Schoo... pital, Detroit, ... Society.*

Prevention of Ac...
Obstetrical Rou...
Treatment of Ob...

Charles McKhann

*Professor of Pe... of the Departme... versity of Michig...*

*Medical degr... Medicine, 1923. ... Communicable ... School of Public ... drcn's Hospitals ... rial Hospital fo... Hospital, Hyan... atrics, Peiping ... Member of the ...*

Diagnosis and ... of Childhoo...
Nutritional Feed...
Pediatric Round...

COMPLETE PRO...

# iatrics Will Be Discussed at Annual Postgraduate Spring Clinics

GREEN BAY—Wednesday, April 30
GENERAL SESSION—Northland Hotel
ROUND-TABLE DINNERS:
Surgery—Pompeian Room, Northland Hotel
Medicine—Colonial Room, Northland Hotel
Obstetrics and Gynecology—English Room, Northland Hotel
Pediatrics—Italian Room, Northland Hotel

WEST BEND—Thursday, May 1
GENERAL SESSION—Community Hall, Electric Company Bldg.
ROUND-TABLE DINNERS:
Surgery—Masonic Lodge
Medicine—English Lutheran Church
Obstetrics and Gynecology—Mrs. Hallett's
Pediatrics—Mrs. Hallett's

—Friday, May 2
ESSION—Monterey Hotel
LE DINNERS—Monterey

Main Dining Room
-Cactus Room
and Gynecology—Tudor
-Dutch Room

A Program For the General Practitioner Planned By a General Practitioner (See page 316)

PROGRAM CHAIRMAN

George W. Krahn, Oconto Falls

## RESERVATIONS

**A special bulletin has been issued to each member of the Society setting forth in detail the program of the spring clinics and enclosing registration and round-table dinner reservation blanks. Members are urged to return the blanks at once in order that proper reservation may be made.**

## ICS AND GYNECOLOGY

*Department of Obstetrics and Gynecology, ical School, Iowa City.*

*m Johns Hopkins University School of rly, Associate Professor at Johns Hopkins Medicine; Obstetrician, Henry Ford Hos-n. Member of the Iowa State Medical*

### TOPICS

**Everett D. Plass**

s in Pregnancy—11:30–12:00 a. m.
e Discussion—6:00–8:00 p. m.
al Emergencies—8:00–8:45 p. m.

•

## PEDIATRICS

*s and Communicable Diseases, and Chairman Pediatrics and Communicable Diseases, Uni-dical School, Ann Arbor.*

*m University of Cincinnati College of rly, Associate Professor of Pediatrics and s, Harvard University Medical School and h; Visiting Physician, Infants' and Chil-on; Consulting Physician, Haynes Memo-tagious Diseases, Boston, and Cape Cod ssachusetts; Visiting Professor of Pedi-Medical College, Peiping, China, 1935–1936. husetts Medical Society.*

### TOPICS

**Charles McKhann**

ment of the Physical and Mental Defects 30–11:00 a. m.
oblems—5:05–5:45 p. m.
Discussion—6:00–8:00 p. m.

Wm. C. Keettel

Edgar Gordon

## INDIVIDUAL INSTRUCTION OBSTETRICS AND GYNECOLOGY

*Special Postgraduate Instructor and Adviser in Obstetrics and Gynecology, State Board of Health of Wisconsin, Madison.*

*Medical degree from the University of Nebraska College of Medicine, Omaha, Nebraska, 1936; Rotating Interneship, University of Indiana Medical Center and Residency in Obstetrics and Gynecology, under Everett D. Plass, University of Iowa Medical School. Member of the State Medical Society of Wisconsin.*

### TOPICS

**Wm. C. Keettel**

Throughout the progress of the general sessions, Dr. Keettel will be available for individual instruction and demonstration. Any member attending the Spring Clinics may avail himself of the services of Dr. Keettel for advice and discussion on any obstetrical and gynecological question. A special manikin has been secured for the Spring Clinics and will be used by Dr. Keettel to demonstrate the various fetal positions and their management at delivery. He will also participate in the obstetrical round-table discussion.

•

## ENDOCRINES

*Instructor in Physiological Chemistry and Associate in Medicine, University of Wisconsin Medical School, Madison.*

*Medical degree from Harvard University Medical School in 1932; Interneship (1933–1934), Billings Hospital, University of Chicago; residency (1934–1935) Massachusetts General Hospital, Boston and (1935–1936) Wisconsin General Hospital, Madison. Member of the State Medical Society of Wisconsin.*

### TOPICS

**Edgar Gordon**

Debunking Vitamins—10:00–10:30 a. m.
Acceptable Endocrines—2:00–2:40 p. m.
Medical Round-table Discussion—6:00–8:00 p. m.

AM ON PAGE 316

# Spring Clinic Program

EBEN J. CAREY
General Chairman and Correlator

## MORNING SESSION

**10:00 a. m.—12:30 p. m.**

10:00–10:30 **Debunking Vitamins**
Edgar Gordon, Madison
Instructor in Physiological Chemistry and Associate in Medicine, University of Wisconsin Medical School

10:30–11:00 **Diagnosis and Management of the Physical and Mental Defects of Childhood**
Charles McKhann, Ann Arbor
Professor of Pediatrics and Communicable Diseases, University of Michigan Medical School

11:00–11:15 **Recess**

11:15–11:30 **The Female Pelvis**
Eben J. Carey, Milwaukee
Dean and Professor of Anatomy, Marquette University School of Medicine

11:30–12:00 **Prevention of Accidents in Pregnancy**
Everett D. Plass, Iowa City
Professor and Head of Department of Obstetrics and Gynecology, University of Iowa Medical School

12:00–12:30 **Clinical Management of the Anemias**
Fred Madison, Milwaukee
Associate Clinical Professor of Medicine, Marquette University School of Medicine

## AFTERNOON SESSION

**2:00—5:45 p. m.**

2:00– 2:40 **Acceptable Endocrines**
Edgar Gordon, Madison

2:40– 3:20 **Clinical Management of Coronary Disease**
Fred Madison, Milwaukee

3:20– 3:30 **Recess**

3:30– 3:45 **The Anatomy of the Large Bowel**
Eben J. Carey, Milwaukee

3:45– 4:25 **Diagnosis and Treatment of Hemorrhoids and Early Diagnosis of Malignancies of the Lower Bowel**
Albert H. Montgomery, Chicago
Clinical Professor of Surgery, Rush Medical College, University of Chicago

4:25– 5:05 **The Physician and the War**
Eben J. Carey, Milwaukee

5:05– 5:45 **Nutritional Feeding Problems**
Charles McKhann, Ann Arbor

## DINNER ROUND-TABLE DISCUSSIONS

**6:00—8:00 p. m.**

**Surgery**—Albert H. Montgomery, Chicago
**Medicine**—Edgar Gordon, Madison
Fred Madison, Milwaukee
**Pediatrics**—Charles McKhann, Ann Arbor
**Obstetrics and Gynecology**
Everett D. Plass, Iowa City
Wm. C. Keettel, Madison

## EVENING SESSION

**8:00—9:30 p. m.**

8:00– 8:45 **The Treatment of Obstetrical Emergencies**
Everett D. Plass, Iowa City

8:45– 9:30 **The Value of Chemotherapy in Everyday Surgery**
Albert H. Montgomery, Chicago

# THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Donne F. Gosin, Green Bay, President
Mrs. J. S. Supernaw, Madison, President-Elect
Mrs. Samuel A. Montgomery, LaCrosse, Vice-President
Mrs. Harry A. Keenan, Stoughton, Recording Secretary
Mrs. Robert W. Kispert, Green Bay, Corresponding Secretary
Mrs. Edwin P. Bickler, Milwaukee, Treasurer

COMMITTEE CHAIRMEN

Archives—
Mrs. D. B. Dana, Kewaunee
Convention—
Mrs. Arnold S. Jackson, Madison
Finance—
Mrs. Robert E. Fitzgerald, Wauwatosa
Hygeia—
Mrs. Gerald H. Friedman, Milwaukee
Organization—
Mrs. Ernest S. Schmidt, Green Bay
Philanthropic—
Mrs. Henry E. Twohig, Fond du Lac
Press and Publicity—
Mrs. Arnold H. Barr, Port Washington
Program—
Mrs. Maynard H. Fuller, Green Bay
Public Relations—
Mrs. Reuben H. Bitter, Oshkosh
National Exhibit (special committee)—
Mrs. E. Lee Lochen, Waukesha
Circulation of Bulletin (special committee)—
Mrs. Robert E. McDonald, Milwaukee

## Our National Press and Publicity Chairman—"Her Day"

*Members of the Woman's Auxiliary to the State Medical Society of Wisconsin:*

I WAS requested to write an article on my work as editor of the Bulletin, the official publication of the Woman's Auxiliary to the American Medical Association. Since many are not yet familiar with this publication, I feel that a short resume of its inception, development, and growth should be reviewed.

Any organization to function successfully must correlate and disseminate information concerning the various units. Since the national auxiliary was first organized in 1922, this need has been evident. Consequently, many presidents left records of their year's activities with a printed pamphlet of some kind. Then it was decided to print the minutes and reports of each year's work.

In 1929 all state medical journals were approached with the suggestion that they give the auxiliaries of their respective societies a page or two for auxiliary use and also space from time to time for the use of the national auxiliary chairmen. The state journals were most cooperative as may be seen today. From this beginning came our first News Letter, and each year it has continued to grow and take on new form.

In 1931 the Bulletin of the American Medical Association gave the press and publicity committee some space. With discontinuance of this publication, space for news items was given in the Journal of the American Medical Association. We still use this allotted space for publication of auxiliary news from the various states. These news items are compiled from material sent to me by state press and publicity chairmen and from news items in state medical journals, and are re-edited at the offices of the Journal of the American Medical Association. In order to make these news items a success, it is essential that county press and publicity chairmen send news promptly to their state chairman.

The Quarterly News Letter, which was mimeographed, was the official publication of the Woman's Auxiliary to the American Medical Association until last year. It was succeeded by the Bulletin of the Woman's Auxiliary, a printed publication issued quarterly, having a fall, winter, spring, and convention issue.

For several years the officers of the national auxiliary have felt a definite need for some means of providing information for the large number of members interested in the work of the organization, and it was with this thought in mind that an attempt has been made to increase the circulation of the Bulletin. In previous years the cost of the News Letter and the Bulletin was defrayed by a budget allocation and paid subscription; however, many complimentary copies were sent. In order to increase the circulation and to make the Bulletin self-supporting, it was necessary to conduct a subscription campaign. So at the national meeting in New

York in 1940, a circulation manager was appointed. Through her efforts and the cooperation of the state circulation managers, the Bulletin now has a paid circulation of over 1,700 and a mailing list of over 2,000. While this is a decided increase in circulation, it is far from our goal.

Since I took over the work of press and publicity chairman in July, 1940, I have written approximately 700 letters. Each article appearing in the Bulletin is requested by letter and each author is thanked for the contribution. Numerous other letters are written to officers and chairmen of committees of the national and state auxiliaries, officers of the American Medical Association, editors of state medical journals, subscribers to the Bulletin, and many others desiring information concerning the Bulletin.

All articles appearing in the Bulletin are carefully edited and the proof corrected. This, at times, is an arduous task. All articles pertaining to medical legislation and medical policies are submitted to the Advisory Council for approval. At the same time that preparation of an issue is in progress, requests for articles for the next issue have to be sent out so there is always an overlapping of work.

The subscription goal is one-fourth of the membership of the auxiliary. Wisconsin's goal is 255 and as yet we are far from reaching it. Won't you help to put Wisconsin over the top?

The convention number, which will appear in May, will contain the program of the national convention in Cleveland, reports of national officers, reports of all state presidents, and several special articles.—Mrs. George H. Ewell, Madison.

## IN THE CENTENNIAL SECTION . . .

The attention of Auxiliary members is called to the Centennial Anniversary Section of this issue of The Journal. The histories of pioneer physicians appearing therein represent the second installment of material contributed by county auxiliaries.

## REPORT OF THE STATE HYGEIA COMMITTEE

By MRS. G. H. FRIEDMAN
*Milwaukee*

This report of the State Hygeia Committee of the Woman's Auxiliary to the State Medical Society, which could not be given in full in the recording secretary's report last month, is being published in answer to requests from several who, after its presentation before the Auxiliary Board of Directors, February 20, stated they found it both entertaining and thought-provoking. Auxiliary readers will quickly see which board members were provoked to mirth and which to thought. In all fairness it should be stated that requests for publication were received also from those in auxiliaries which fell behind in the Hygeia contest.

Even though this report
Calls for retort
(It sounds very satirical
'Cause it isn't panegyrical)
Lend me your ears
(Even though you can't give cheers)
To this tale of woe
Which you will soon know.

Arise, ye wives of A. M. A.
Please cause me no dismay.
Listen to an idea
To encourage our daughter Hygeia.
To reach your goal
You need only add your 1940 roll.
Be it by benefit or assessment
It really is a good investment.
"For health is wealth
And wealth is health."
This is the message for you to carry
So that we may all be merry.
Do not tarry
Lest you become wary.
Vim, vigor, and vitality
Will bring you reality
In subscriptions and honorable mention
Which surely is your intention.
And so my fellow workers, I say
All Hail!
Hygeia will prevail!
But alas, we didn't sail
The smooth sea of glory
That is Wisconsin's whole story.
With subscriptions numbering 749
We appear to be on the decline.
With Wisconsin fifth in the nation's race
How can we keep pace?
Hats off to Douglas, Portage, Racine, and Rock
For almost doubling their stock
For their untiring work
And duties they ne'er did shirk!
To Washington–Ozaukee and Kenosha
For faithfully making their quota!
Hope I am not unkind
To those trailing behind.
Dane, Fond du Lac, La Crosse
Why didn't you come across?
Dodge, Manitowoc, Polk, and Milwaukee
Can you still be haughty?
Outagamie, Waupaca and Winnebago
You have a long way to go!
From the home of our president

Brown–Kewaunee–Door
Why didn't we receive more?
To its neighbor Columbia–Marquette–Adams
We thank you for your two.
Marinette, Walworth, Waukesha, and Green Lake
Why didn't you pledge your stake?
To Sauk which is new
Perhaps next year
You'll make your due.
Sheboygan, Trempealeau, and Wood
Why weren't you good?
To the hairdresser's convention
Thanks for two subscriptions to mention.
Gratitude beyond description
For 210 subscriptions
To the State Medical Society
For saving our face
In the Hygeia race.
Thanks to Dr. Sproule and Mr. Crownhart
Who helped me get a start!
Thanks to the chairmen of the regions
For their loyalty in mustering their legions!
Thanks to each county chairman and president
For carrying the Hygeia crescent!
Apologies to all
If I failed in my call
But do you see
The magazine Hygeia
Needs a real panacea?
Whether it is vitamin B or sulfanilamide
Is for you to decide.

## ARE YOU . . .

One of the five county auxiliaries using the Bulletin? Or are you one of the twenty-two who have not ordered a subscription for the use of your officers and committee chairmen? Then order it now, and use it in your programs. Send $1 for a one-year subscription to:

Mrs. R. E. McDonald
4960 North Ardmore Avenue
Milwaukee, Wisconsin

# Board Meeting Postscripts

By MRS. ARNOLD H. BARR
*Port Washington*

MUCH interest was shown by the thirty-two members who attended the Board of Directors' meeting, February 20,* in the report of the meeting of the National Board of Directors given by Mrs. Robert E. Fitzgerald. The national auxiliary's advisory board met with the national auxiliary directors for the first time and made some important recommendations, Mrs. Fitzgerald said. They were so strongly impressed with the importance of the Bulletin, our national publication, that they advised raising the national dues in order to include a subscription with each membership. This is a fine compliment to the editor of the Bulletin, Mrs. George H. Ewell of Madison, a member of our own state auxiliary (an article by Mrs. Ewell appears on the first page of this section). A special committee of the auxiliary has been appointed to study the matter and make recommendations at the national convention in June. Dr. Nathan B. Van Etten, president of the American Medical Association, gave an inspiring talk.

"Previews" of coming conventions gave everyone a yearning to "go places." The national convention at the Hotel Carter in Cleveland was announced for June 2 to 6. You won't recognize the Hotel Carter when you see it, Mrs. Eben J. Carey says, because it has been completely rejuvenated since the last time you were there.

The state convention to be held in Madison in September will commemorate the centennial anniversary of the State Medical Society of Wisconsin, but it will not take its inspiration entirely from the past. It will introduce a number of things new to our "convention goers," such as a water carnival, a tea with President and Mrs. Dykstra of the University of Wisconsin, a luncheon in round-table groups, and possibly a play. Mrs. Arnold S. Jackson of Madison is the convention chairman. Everyone regretted that she could not attend the board meeting, but her plans were enticingly presented by Mrs. Carl W. Neupert of Madison.

Attention was called to the pamphlet "Health Achievements in Wisconsin" pub-

* For further details see report of recording secretary in March issue of Wisconsin Medical Journal.

lished as a supplement to the Wisconsin Medical Journal. With its many illustrations, both photographs and drawings, this pamphlet presents a graphic *and interesting* picture of the unsurpassed health achievements of our state. The Kenosha County Auxiliary is buying and distributing 100 copies of this pamphlet as a public relations project.

The luncheon which preceded the business meeting of the Board of Directors was an enjoyable and informal affair. The place cards which were put around the table by the corresponding secretary, Mrs. Robert W. Kispert, made certain that state officers, committee chairmen, county presidents, and visitors were well mixed. "From where we sat" we heard that many doctors of all ages throughout the state have been called into military service or are expecting momentarily to be called. Mrs. Donne F. Gosin, state president, was telling her neighbors at the table that she had had the busiest holiday season in years. Her daughter's wedding, the whole family "down with the 'flu,'" and the holidays—following each other in rapid succession. Mrs. Fitzgerald is having her busy season now, with book talks to women's clubs before and after the board meeting, followed by a trip to Minnesota to attend a Gamma Phi Beta conference (Mrs. Fitzgerald is international president), and in April a tour of the southwestern and Pacific Coast chapters, concluding six weeks later at Victoria in British Columbia. Mrs. Fitzgerald will get back just in time for our annual meeting in Cleveland. Mrs. D. B. Dana, archives chairman, is busy with something of an entirely different nature. Mrs. Dana has a little house on her farm where she spreads out her clippings and fills our scrapbook without cluttering up the big house. And in the little house she is having a desk built, a *great big one*, the kind she's been dreaming about for —well we forgot how many years—and in the desk will be a made-to-measure cubby hole for each filing envelope, and everything else she can think of. And we have a sneaking suspicion that Mrs. Dana really needs that desk!

And so, in conclusion, "a fine time was had by all" socially, and seriously.

### Brown-Kewaunee-Door

The members of the Woman's Auxiliary to the Brown–Kewaunee–Door County Medical Society heard Mrs. W. H. Garner of De Pere give a review of Ernest Hemingway's latest novel, "For Whom the Bell Tolls," February 13, at a dinner meeting at Hotel Northland, Green Bay.

The table was decorated on a Valentine theme, with a centerpiece of red and white flowers, red candles, and red paper hearts. About twenty-eight attended.

The group is already planning its annual public card party, which will be held on Saturday, April 19.

### Dane

The Woman's Auxiliary to the Dane County Medical Society met on March 10 at 1 p. m. at the home of Mrs. F. K. Dean, Fuller's Woods. Assisting hostesses were Mrs. J. T. Sprague, Mrs. C. G. Reznichek, Mrs. R. H. Stiehm, Mrs. H. N. Winn, and Mrs. W. B. Dimond.

Mrs. Irma Williams and Miss Carolyn Schlattman, Dane County nurses, gave an interesting resume on work that is being done through the use of the loan closet, which is furnished by the Dane County auxiliary. Beds, wheel chairs, bedding, layettes, and so forth, which are loaned to patients, have given confidence and cheer to those who have had use of them. An additional $20 was donated to be used by the Dane County nurses to purchase needed articles for the loan closet.

Mrs. S. J. Briggs gave a resume on current bills pending in the legislature which would affect the public health of the state. After a business meeting, various committee chairmen gave their reports regarding plans for the coming convention. Forty members were present at the meeting.

### Fond du Lac

Mrs. J. E. Twohig of Fond du Lac has submitted this report:

Members of the philanthropic committee of the Woman's Auxiliary to the Fond du Lac County Medical Society will conduct two benefit card parties after the Lenten season, it was decided at a dinner meeting on Thursday, February 27, at the home of Mrs. J. J. Sharpe. Mrs. J. P. Connell will be chairman of the events to be given at her home and at the home of Mrs. S. E. Gavin.

For the dinner, places were laid for twenty-two members and four guests at tables decorated with tapers and early spring flowers. The hostess committee consisted of Mrs. Sharpe, chairman, and Mmes. H. H. Hull, Nora McGauley, J. J. Rehorst, P. G. McCabe, E. H. Pawsat, and P. J. Trier.

During the business session the group affiliated with the Clean Reading Council appointed Mrs. McGauley and Mrs. H. C. Werner to serve on the Clean Reading Assembly. The Fond du Lac Auxiliary will conduct an afternoon card party in con-

junction with the state convention to be held in Madison in the fall. Mrs. A. W. Hammond of Beaver Dam, president of the Dodge County Auxiliary and mothercraft chairman of the Wisconsin Federation of Women's Clubs, who discussed "Mothercraft," was presented with gardenias.

## Manitowoc

Mrs. T. H. Rees writes from Manitowoc that the February meeting of the Manitowoc County Medical Auxiliary was held on the afternoon of February 19 at the home of Mrs. Theodore Teitgen. Mrs. R. G. Yost and Mrs. Nathan Schneck were co-hostesses to the fourteen members present.

Mrs. Teitgen called the meeting to order, and reports by the committee chairmen were given. Mrs. J. M. Kelly asked to be released from the Archives Committee, and Mrs. F. W. Hammond was appointed to take her place. A discussion followed on ways of earning money for the treasury, but no decision was reached.

Mrs. T. H. Rees presented the program—a book review of "The Great Physician"—a story of Sir William Osler, by Edith Gittings Reid. The other members did Red Cross sewing while Mrs. Rees read.

## Milwaukee

Mrs. G. H. Friedman of Milwaukee reports: "The March meeting of the Woman's Auxiliary to the Medical Society of Milwaukee County was held on Friday, March 14, at the Schroeder Hotel. Seventy-five members sat at tables decorated with bowls of fresh fruit. The St. Patrick motif was carried out at the speakers' table with shamrock place cards.

"It was indeed a privilege as well as a pleasure to have had as guest speaker, Carl Eppert, Milwaukee composer who won the Chicago Symphony Orchestra's composers' contest in 1940. Mr. Eppert mentioned the following points as paramount in writing a musical composition: melody, rhythm, harmony, form, design, tempo, dynamics, tone color, and nuance. 'All music has a story and must have appeal' was illustrated by Mr. Eppert's playing of themes from his prize winning composition 'Two Symphonic Impressions.'

"The dinner dance will be held April 26 at the Wisconsin Club.

"The next meeting of the study group will be held April 18, preceding the Auxiliary meeting at the Y. W. C. A."

"Mrs. Rudolph Pfeil, chairman of the nominating committee, presented this slate of new officers:

President-elect, Mrs. H. O. Zurheide
Vice-president, Mrs. A. R. Langjahr
Corresponding secretary, Mrs. P. A. Lee
Recording secretary, Mrs. L. B. Uszler
Treasurer, Mrs. M. C. Borman
Directors for two years: Mrs. E. F. Barta, Mrs. F. R. Janney, Mrs. W. A. Ryan

## Racine

A newspaper clipping sent by Mrs. J. F. Henken of Racine states that twenty-five members of the Woman's Auxiliary to the Racine County Medical Society were entertained on Monday afternoon, February 24, at the home of Mrs. R. D. Jamieson, Racine.

Following a short business meeting, Mrs. Carroll Heft entertained with two readings, "The Selfish Giant" by Oscar Wilde and "America For Me;" incidental music was furnished by Mrs. Alfred E. LaFrance. As piano solos, Mrs. LaFrance played the first movement of the "C Sharp Minor Sonata" by Beethoven, "Clare de Lune" by Debussy, and "Whitecaps" by John Carre.

During the tea hour, Mrs. F. C. Christensen and Mrs. T. C. Hemmingsen poured. Articles for the Red Cross completed by the members were brought to the meeting.

---

Mrs. F. W. Pope of Racine was hostess to members of the Racine County Auxiliary on March 10. A short business meeting was followed by a talk on interior decorating by Sidney Lee of Chicago, who discussed materials and color harmony in the home.

Materials for Red Cross work were distributed, and completed articles were returned.

At a tea table decorated with cut spring flowers, Mrs. C. F. Browne and Mrs. I. F. Thompson poured. Assisting hostesses were Mmes. R. O. Peterson, A. S. Pfeiffer, G. L. Ross, G. L. Rothenmaier, G. J. Schulz, S. Sorenson, and E. C. Pfeifer.

## Rock

The Woman's Auxiliary to the State Medical Society is indebted to Mrs. V. W. Koch of Janesville and Mrs. H. E. Kasten of Beloit for a fine collection of clippings from the Janesville and Beloit newspapers about the activities of the Rock County auxiliary.

February was health month for the auxiliary and the thirty-five members participated in two outstanding health programs. The regular meeting on February 25 was held at Pinehurst Sanatorium, Janesville, where dinner was served to twenty persons. The functions of the social service department of the Wisconsin Anti-Tuberculosis Association were described comprehensively by Miss Meta Bean, Milwaukee, director in Wisconsin for the last fourteen years. The department serves as the agent for the patient and doctor and assists in rehabilitation following release from the sanatorium, Miss Bean explained. The work as carried on by Pinehurst was discussed by Miss Stephanie Nania, staff social worker.

Miss Iva Louise Hartman, superintendent, spoke on behalf of the members of the sanatorium board, who were hosts to the auxiliary. She showed x-ray films of normal and tuberculous patients and de-

## ANNUAL MEETING IN JUNE

Hotel Carter will be the headquarters for the annual meeting of the Woman's Auxiliary to the American Medical Association which will be held in Cleveland, June 2–6, 1941. Requests for reservations should be sent immediately to Dr. Edward F. Kieger, chairman of the Committee on Hotels and Housing, 1604 Terminal Tower Building, Cleveland, Ohio.

scribed various treatments. Miss Kremmer, surgical nurse, took the auxiliary members through the newer part of the sanatorium, explaining the surgery, x-ray, and dental departments, and also through the new nurses' home.

Mrs. Kasten, in behalf of the auxiliary, presented the sanatorium with a collection of pictures.

On February 28 and March 1 the Rock County auxiliary cooperated with the Beloit Y. M. C. A. and seventeen other city, state, and national organizations in presenting a "Hall of Health" exhibit at the "Y." This exhibit was patterned after those presented at the San Francisco and New York world fairs and contained many of the same exhibits or duplicates of them. The purpose of this effort was to bring to the attention of the public, for their education and entertainment, the available health resources.

The American Medical Association and the Wisconsin unit of the Women's Field Army for the Control of Cancer loaned valuable exhibits. A theater exhibiting movies, slides, and plays, including the highly praised film, "Goodbye, Mr. Germ," was an outstanding feature. Among other cooperating organizations in the project were Beloit College, the State Board of Health, the Wisconsin Anti-Tuberculosis Association, the American Museum of Health, the State Medical Society of Wisconsin, the Beloit members of the American Dental Association, and many civic organizations.

### Sheboygan

The members of the Sheboygan County Auxiliary held their February meeting at the home of Mrs. J. J. Boersma. A dessert luncheon was served at 2 p. m.; assisting hostesses were Mrs. L. M. Simonson and Mrs. J. W. McRoberts.

Miss Betty Krippene, Sheboygan dental hygienist, spoke to the group on the dental care of the preschool and school child. The talk was followed by a discussion in which all members participated.

### Walworth

Mrs. Walter Mauthe of Whitewater, secretary of the Walworth County Auxiliary, writes that the last meeting of the Walworth County auxiliary was held on Tuesday, February 25, at the home of Mrs. N. F. Crowe in Delavan. Luncheon was served and a business meeting followed. A campaign to make this a "worth while year" was started. A report was given by Mrs. D. H. Jeffers of Lake Geneva on the state board meeting which she and Mrs. W. H. MacDonald attended. Bridge was played after the business meeting adjourned.

Officers of the Walworth County auxiliary are:

President—Mrs. E. D. Sorenson, Elkhorn
President-elect—Mrs. D. H. Jeffers, Lake Geneva
Secretary—Mrs. Walter Mauthe, Whitewater

### Washington-Ozaukee

The Woman's Auxiliary to the Washington–Ozaukee County Medical Society met for luncheon at the Beacon Restaurant in West Bend, March 13. Due to bad weather only nine of the twenty-seven members were able to attend. After the luncheon, the meeting adjourned to the home of the president, Mrs. A. H. Heidner, for a business session, a program, and bridge.

The report of the Hygeia Committee was given by Mrs. F. W. Lehmann of Hartford. This auxiliary was one of the six in the state to meet its quota of Hygeia subscriptions. Fifteen yearly subscriptions and twenty-four six-month subscriptions were purchased by the auxiliary and presented as gifts to public and parochial schools, hospitals, beauty parlors, and public libraries in the two counties.

The Philanthropic Committee, of which Mrs. O. J. Hurth of Cedarburg is chairman, reported completion of the following work for the Red Cross: twenty dresses, five gowns, two sweaters, and two flannel shirts. The auxiliary has been working for the Ozaukee, West Bend, and Hartford chapters of the Red Cross.

Mrs. M. E. Monroe of Hartford, president-elect, reported on the mid-year meeting of the State Board of Directors held in Milwaukee, February 20. Mrs. A. H. Barr of Port Washington also attended the board meeting.

The Ten Commandments for the Doctor's Wife, taken from the Illinois Medical Journal, were read by Mrs. R. S. Fisher of Allenton.

### Waukesha

The Woman's Auxiliary to the Waukesha County Medical Society met at the home of Mrs. F. L. Grover, Hartland, on Wednesday afternoon, March 5, with seventeen members in attendance. Assisting hostesses were Mrs. G. W. Brewer and Miss Hertha Voje.

The business meeting was conducted by the president, Mrs. T. H. Nammacher of Oconomowoc.

Reporting for the History Committee, Mrs. J. B. Noble stated that since the last meeting all but two members of the staff of Waukesha Memorial Hospital had signed up to have photographs taken, and that a composite picture will be taken for the hospital. In agreement with the agent, there will be three photographs for each history. In addition, Mrs. Noble said that all the county physicians will be contacted for photographs, and expressed the hope that perhaps it will also be possible to have a composite picture made of the county physicians.

A letter from Mrs. R. H. Bitter, state chairman of public relations, with proposals for a public relations program, was read; a questionnaire for a survey of women's health interests was enclosed. This proposal was presented as a project of the auxiliary, but since the purpose of the project was not clear a motion was adopted to secure more information before action was taken.

An announcement was made of the annual open meeting, sponsored by the Rogers Memorial Sanitarium, to be held in the high school auditorium in Waukesha early in April. Dr. Annette Washburne of Madison will be the speaker.

Subscriptions to the Bulletin of the national auxiliary were discussed, and final action was deferred until the next meeting.

On the program were Mrs. W. H. Oatway, Sr., Waukesha, speaking on medical legislation, and Mrs. W. D. James, Oconomowoc, speaking on our medical defense program. Mrs. F. W. Aplin of Waukesha, in abstracting Mrs. Oatway's talk for this report, said—

"Medical legislation which has been promoted includes the first child labor laws signed in 1916 and the canners' bill. In 1886 the home for dependent and neglected children was established at Sparta, but it was not until ten years later that adequate surgical facilities were available for these children at Madison."

Mrs. Aplin stated further—

"Mrs. James gave a brief resume of our medical defense set-up. She stated that the government will be drafting doctors by July 1 and outlined the procedure to be followed so that no community will be left without adequate medical care. Control of diseases, especially venereal diseases, is of military importance. Vaccine for yellow fever is one of grave concern, our supply at present not being enough for one regiment. We have on hand a three years' supply of opium, morphine, and quinine, and quinine may be obtained from South and Central America. Epidemics to be concerned about are mumps and influenza. Gas gangrene is also a grave danger. Mrs. James said that the great need is for a coordinator of the medical defense board; at present this is handled in the Federal Security Department."

These talks were extremely informative and indicate clearly that there is a definite place for the auxiliary and its work in the legislative and defense program.

### Winnebago

Mrs. E. F. Cummings of Oshkosh sends news of the February meeting of the Oshkosh group of the Woman's Auxiliary to the Winnebago County Medical Society. This auxiliary meets in two groups during the winter months.

The Oshkosh members met at the Colonial Inn on February 6. After a 1 p. m. luncheon a business meeting was held, during which Mrs. R. H. Bitter gave a report of the Board of Directors of the State Auxiliary, which she attended. Announcement was made of a joint meeting of the entire county auxiliary to be held in Menasha on March 24.

## ATTENTION: COUNTY PRESIDENTS

What is your Public Relations Committee sponsoring this year?

What are your plans for the coming year?

Now is the time to make plans with the lay organizations for 1942.

Are you reading the Bulletin articles on public relations?

Various new things are coming under the caption "Public Relations."

Will you give the subject of radio talks, concerning which you recently received a circular, your cooperation? Should you feel that your auxiliary wishes to sponsor this project, please write direct to Dr. W. W. Bauer, 535 North Dearborn Street, Chicago, Illinois, or write to me and I will see that you receive as many as you wish for distribution.

Please, may I hear from you very soon as I need to get my report ready for the national session.

Mrs. R. H. Bitter, *Chairman, Public Relations Committee*
850 Oakland Avenue, Oshkosh, Wisconsin

# News Items and Personals

*Dr. H. E. Kasten, Beloit,* will present a paper on "Anuria; Its Causes and Treatment," before the American Urological Association in May. The Association will meet in Colorado Springs, Colorado.

—△—

*Dr. H. J. Lee,* Oshkosh, addressed the Neenah Homemakers Club in March on the subject of allergy.

—△—

*Dr. Peter Midelfart,* Eau Claire, gave a lecture on chest surgery at a meeting of the nurses of the Tenth District of Wisconsin at Mt. Washington Sanatorium, February 18.

—△—

*Dr. G. J. Hildebrand,* Sheboygan health commissioner, discussed public health accomplishments before a parent-teacher group of Sheboygan, March 11.

—△—

*Dr. William H. Oatway, Jr.,* Madison, won first prize in the hobby show of the University of Wisconsin with his sculpture of *Dr. Joseph S. Evans,* member of the medical staff, University of Wisconsin Medical School. The prize was the last remaining original lithograph of a painting, "John Brown," by John Steuart Curry.

—△—

*Dr. H. H. Kleinpell* was one of the several citizens of Prairie du Chien, honored by the Kiwanis Club of Prairie du Chien, at a meeting on March 10, for meritorious community service.

—△—

*Dr. M. G. Peterman,* Milwaukee pediatrician, spoke on "Pediatrics and General Practice" at a meeting of the staff of Holy Family Hospital, Manitowoc, March 6.

—△—

At its bi-monthly meeting on March 21, the *State Board of Health* appointed a committee on nursing education, as follows: Sister Berneice, Milwaukee, and Miss Agnes Newbold, Eau Claire, representing the Wisconsin State Nurses' Association; Misses Clara Bumiller, Milwaukee, and Ida Collings, Madison, representing the League of Nursing Education; Sister Olympia, Wausau, representing the Catholic Hospital Association; Rev. H. L. Fritschel, Milwaukee, representing the Wisconsin Hospital Association; and Dr. W. A. Munn, Janesville, representing the State Medical Society of Wisconsin.

The Board also voted to establish a division of mental hygiene.

—△—

*Dr. R. O. Ebert,* Oshkosh, has announced the association with him in practice of Dr. Paul S. Emrich, former resident at the New York Polyclinic Hospital. Both physicians specialize in the treatment of diseases of the eye, ear, nose and throat.

*Dr. E. C. Cary,* Reedsville physician and surgeon, was feted at a dinner on his 57th birthday anniversary, February 26.

—△—

The *Wisconsin General Hospital* staff meeting, on March 4, featured lectures on "Recent Advances in Our Understanding and Management of Some Postoperative Complications." Speakers were: Drs. R. B. Larsen, A. S. Tucker, Reinhold Kanzler, O. V. Hibma and F. G. Joachim, resident members of the staff.

On March 18, the hospital staff members presented the following program: "Regression Neuroses and Schizophrenia; an Analysis of Forty Cases Among University Students," by Dr. Annette C. Washburne; "Hereditary Aspects of Schizophrenia," by Dr. Hans H. Reese; and "Objective Study of Thinking," by Dr. Norman Cameron.

—△—

The *14th annual William Snow Miller lecture,* sponsored by the Phi Beta Pi medical fraternity of the University of Wisconsin Medical School, was given by Dr. John H. Skavlem, former student of Dr. Miller and now associate professor of medicine, University of Cincinnati College of Medicine, March 13, in the Service Memorial Institute, Madison. His subject was "Lest We Forget," and dealt with the importance of Dr. Miller's anatomical contributions in clinical diseases of the chest.

—△—

Dr. J. A. Carswell, associate executive secretary of the Wisconsin Anti-Tuberculosis Association, Milwaukee, and for ten years a resident of Alaska, spoke on tuberculosis problems in Alaska, at a meeting of the Business and Professional Women's Club of Manitowoc, March 4.

—△—

Dr. Fritz Kant, Hartford, Connecticut, has been appointed acting professor of neuropsychiatry at the University of Wisconsin Medical School for the duration of *Col. W. J. Bleckwenn's* military duties with the Wisconsin National Guard. In 1936 Dr. Kant became associated with the Boston Psychopathic Hospital. Later he was engaged in medical research at the Neuro-Psychiatric Institute in Hartford.

—△—

"It costs much more to allow a person to die from tuberculosis than to keep him well and alive," *Dr. Jerome M. Jekel,* Shorewood, stated recently in connection with a fluoroscopic clinic conducted in Shorewood.

—△—

*Dr. I. I. Cowan,* Milwaukee radiologist, discussed the value of x-ray apparatus at a meeting of the Kiwanis Club of Port Washington, March 6.

*Dr. H. F. Schroeder,* Marinette, traced the history of medicine in a talk given before the members of the Marinette Kiwanis Club, in March.

—△—

*Dr. A. J. Quick,* Milwaukee, co-editor of the Comments on Treatment section of The Journal, and associate professor of pharmacology, Marquette University School of Medicine, was one of the speakers at the 75th annual convention of the Wisconsin State Dental Society in Milwaukee, March 24.

—△—

*Dr. Addie Schwittay,* Madison, spoke on "New Trends in the Treatment of Children's Diseases, at a meeting of the Marquette Parent-Teacher Association, Madison, March 11.

—△—

A number of Wisconsin physicians participated in the sectional meeting of the American College of Surgeons in Minneapolis, March 10–12. The following took part in panel discussions: Drs. *Gunnar Gundersen,* La Crosse; *Carl W. Eberbach,* Milwaukee; *David Cleveland,* Milwaukee; *Lyman A. Copps,* Marshfield; *Erwin R. Schmidt,* Madison; *Volney B. Hyslop,* Madison; *Roland S. Cron,* Milwaukee; *Arnold S. Jackson,* Madison; *Harold R. Fehland,* Wausau; *William E. Grove,* Milwaukee; and *Ralph E. Campbell,* Madison. Drs. *William E. Grove* and *Volney B. Hyslop* also gave lectures before a section on eye, ear, nose and throat surgery. Dr. Hyslop spoke on "Cleft Palate Repair Technique Based on the Action of the Palatal Muscles," and Dr. Grove discussed "The Role of the Otologist in Diagnosis of Craniocerebral Injuries."

A motion picture, "Orchiopexy," was presented by Dr. James C. Sargent, Milwaukee. Among those taking part in the hospital conference program of the meeting were Drs. *Robin C. Buerki,* Madison and *John B. MacLaren,* Appleton.

—△—

A joint resolution (Jt. Res. No. 73, A.) relating to the life and public service of *Dr. J. L. Barber,* was introduced in the Wisconsin Assembly, March 20, by Hon. Martin C. Lueck, Hamburg, as follows:

Dr. J. L. Barber, former state senator, assemblyman and practicing physician, died at Marathon on April 6, 1940.

Dr. Barber was born in Calumet county, Wisconsin, on March 24, 1864. After completing high school, he graduated from an Illinois medical college, and since 1896 had been a practicing physician in the state.

Dr. Barber served on the Marathon county board of supervisors for 4 terms, 2 terms as a state senator and another 2 terms as an assemblyman. He was a delegate to the national republican convention in 1920. During his legislative service, he was interested in legislation that made possible the fox and mink fur farm industry. He had been an organizer of the Hatley State bank and had been a leader in many other community enterprises.

He was a member of the state and county medical societies and had served as an officer thereof in many different capacities. Likewise, he was a member of the Sons of Veterans of the Civil War, the Odd Fellows lodge and the Modern Woodmen of America. His affability, his innate kindliness, and his respect for his fellowmen were evidenced by his every activity, public or private. He possessed a great heart, and was loyal and true to his friends, possessed of a fine sense of honor, and a strong sense of duty to give of his time and talent in order to render his people and state the highest possible service. He championed the cause of men who have their own way to make and effected policies to make such way easier.

The deceased is survived by his widow, Mrs. Ella Barber; 2 daughters, Mrs. Otto Abel of Marathon, Wisconsin, and Mrs. Harry Small of Virginia, Minnesota, and one son, Mr. Earl Barber of Fond du Lac, Wisconsin.

In view of the faithful and long public and private service as a healer of the ills and troubles of man; now, therefore, be it

Resolved by the assembly, the senate concurring, That this resolution be spread upon the assembly journal and that properly attested copies be sent to the members of the family of the deceased.

Dr. Everett D. Plass, shown above, who will appear as a featured speaker on the Spring Clinics program, sponsored by the State Medical Society of Wisconsin, April 28 to May 2, was the main speaker at a meeting of the Alpha Epsilon Iota medical fraternity, held March 28 in Madison. Dr. Plass' subject was: "Trichomonas Vaginalis."

## MARRIAGE

Dr. H. A. Anderson, Janesville, and Miss Irene Schultz, Hudson, February 22.

## BIRTHS

A son to Dr. and Mrs. H. H. Hull, Brandon, February 10.

A son, Michael John, to Dr. and Mrs. John H. Reynolds, Milwaukee, March 18.

A daughter to Dr. and Mrs. Clayton Ingwell, Deerfield, March 5.

A daughter to Dr. and Mrs. Marvin F. Greiber, Route 2, Madison, March 2. Dr. Greiber is medical director of Normandale Sanitarium.

A son to Dr. and Mrs. Sylvester E. Coffey, Milwaukee, February 7.

A daughter to Dr. and Mrs. Hilbert Dricken, Milwaukee, January 30.

## DEATHS

**Dr. Irving M. Addleman,** Wausau, died on February 25 of a heart attack. He was 71 years of age and had practiced in Wausau since 1907. The doctor had been in poor health for a little over one year.

He received his medical degree from Milwaukee Medical College in 1906. He was a member of the Marathon County Medical Association and the State Medical Society of Wisconsin. He was a fellow of the American Medical Association. The doctor is said to be the last member of his family.

**Dr. Paul H. Hannen,** Milwaukee, died on March 5 of a heart attack. He was born in Germany in 1894 and received his medical education in that country. He served in the medical corps of the German army in the World War and received the iron cross in recognition of his service. He came to the United States in 1924 and soon thereafter settled in Milwaukee, where he specialized in dermatology.

The doctor was a member of the Medical Society of Milwaukee County and the State Medical Society of Wisconsin. He was a fellow of the American Medical Association. Survivors include his widow, and a son.

**Dr. William C. Watkins,** Oconto, died on March 19 of a heart attack. He was 62 years of age.

Dr. Watkins was graduated from the Baltimore Medical College, Baltimore, Maryland, in 1905. He was a major in the 127th infantry during the World War and served in France. He was the recipient of a distinguished service medal.

The doctor, who specialized in surgery, was a member of the Oconto County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. Survivors include the widow, and a son who is now serving with the army air corps in Salt Lake City, Utah.

**Dr. John McGovern,** Wisconsin Dells, died on March 13. He was born in 1871 and was graduated in 1906 from Northwestern University Medical School, Chicago.

**Dr. Paul Guttman,** Kellnersville, died on the evening of February 17 of a heart attack. He had seemed in good health and attended his patients during the day. He was 79 years of age.

Dr. Guttman was graduated from Milwaukee Medical College in 1902, and shortly thereafter opened his Kellnersville practice. He was a former member of the Manitowoc County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by two sons—Dr. L. P. Guttman, Corpus Christi, Texas, and Robert A. Guttman, Manitowoc.

**Dr. G. B. McKnight,** first full-time health officer of Fond du Lac, died on March 6. He was 77 years of age and had practiced his profession in Fond du Lac County for over fifty years.

The doctor was graduated from the Hahnemann Medical College and Hospital, Chicago, in 1889. He practiced for twelve years at Rosendale, Fond du Lac County, before opening his Fond du Lac office. From January, 1927, to January, 1940, Dr. McKnight served on the board of trustees of Sunny View Sanatorium, Winnebago.

Dr. McKnight is survived by his widow and a son.

**Dr. Charles A. Dodson,** Palmyra, died on February 24 after an illness of several weeks. He was 63 years of age.

Dr. Dodson studied pharmacy before taking up the study of medicine. He received his medical degree from the University of Illinois College of Medicine in 1901. He spent most of his years in practice in Palmyra and was well known in surrounding communities, including Whitewater, Eagle, Little Prairie, Rome, and Milwaukee. He is survived by his widow and two sons.

**Dr. James E. Boden,** Milwaukee, died of a cerebral hemorrhage on February 22. He was 67 years of age.

Dr. Boden was graduated in 1901 from the Milwaukee Medical College. He spent the remaining years of his life in the practice of his profession in Milwaukee. The doctor is survived by a brother and a sister.

## SOCIETY RECORDS

### New Members

R. H. Quade, 104 North Commercial Street, Neenah.

H. M. Hawkins, 425 East Wisconsin Avenue, Milwaukee.

R. J. Bryant, Durand.

Eugenia S. Cameron, State Capitol, Madison.

R. M. Fellows, Milwaukee County Hospital for Mental Diseases, Wauwatosa.

## SOCIETY RECORDS—Continued

H. C. Slocum, 1300 University Avenue, Madison.
N. W. Barnstein, Manitowoc.
R. F. Sanders, Williams Bay.
R. J. Brown, Richland Center.
T. J. Buckley, North Freedom.
E. C. Glenn, Pittsville.

### Changes in Address

M. J. Hermes, Alhambra, California, to 919 West Las Tunas, San Gabriel, California.

J. F. Cary, Sheboygan, to First Medical Squadron, Fort Bliss, Texas.

Bertha Reynolds, Lone Rock, to Avoca.

K. A. Seifert, Washburn, to 522 West Second Street, Ashland.

M. J. Lustok, Milwaukee, to William Beaumont General Hospital, El Paso, Texas.

L. B. McBain, Appleton, to 30th Division, Fort Jackson, South Carolina.

L. H. Gueldner, Fort Atkinson, to Station Hospital, Fort Sill, Oklahoma.

E. R. Nelson, Madison, to 3008 First Avenue, San Diego, California.

Bourne Jerome, Superior, to 4108 North Richards Street, Milwaukee.

S. A. Montgomery, La Crosse, to Station Hospital, Fort Sam Houston, Texas.

R. S. Grant, Racine, to 712 North Walden Drive, Beverly Hills, California.

K. D. Hannan, Prairie du Sac, to Fort McClellan, Alabama.

A. N. Tousignant, Oconto, to Station Hospital, Fort Sill, Oklahoma.

R. H. Bitter, Oshkosh, to 12th Cavalry, Fort Brown, Texas.

Harold Nebel, Milwaukee, to 121st Field Artillery, 32nd Division, Camp Livingston, Louisiana.

W. T. Becker, Milwaukee, to 135th Medical Regiment, Camp Shelby, Mississippi.

W. A. Ford, Sheboygan, to Station Hospital, Fort Sill, Oklahoma.

W. D. James, Oconomowoc, Station Hospital, Fort Sill, Oklahoma.

O. G. Moland, Augusta, to Station Hospital, Fort Sam Houston, Texas.

S. P. O'Donnell, Kiel, to Station Hospital, Fort Sill, Oklahoma.

H. F. Pagel, Ladysmith, to Station Hospital, Fort Sill, Oklahoma.

G. A. Rau, Two Rivers, to Station Hospital, Fort Sam Houston, Texas.

J. M. Sullivan, Milwaukee, to Station Hospital, Fort Sam Houston, Texas.

B. E. McGonigle, Ableman, to Sioux City, Iowa.

Leonard Long, Madison, to 533 East Wiley Street, Bluffton, Indiana.

A. J. Wagner, Fort Sheridan, to Scott Field, Belleville, Illinois.

F. O. Kuehl, Green Bay, to 53rd Medical Battalion, Camp Claiborne, Louisiana.

R. S. Baldwin, Marshfield, to 4108 North Richards Street, Milwaukee.

C. S. Bolles, De Pere, to Station Hospital, Fort Sam Houston, Texas.

T. E. Wyatt, Camp Beauregard, Louisiana, to 128th Infantry, 32nd Division, Station Hospital, Camp Livingston, Louisiana.

E. Lee Lochen, Rantoul, Illinois, to Army Hospital, Honolulu, Hawaii.

A. A. Filek, Green Bay, to Fort Benning, Georgia.

C. S. Williamson, Green Bay, to Station Hospital, Ponce, Porto Rico.

(See page 328 for complete list of men who have gone into service)

## Army Medical Library Inaugurates Medicofilm Service

Physicians everywhere may now order, through the Army Medical Library's new microfilm service, copies of medical articles contained in the Library at the low rate of 30 cents for any article up to thirty pages in length. In the case of longer articles, 10 cents additional is charged for each succeeding ten pages or fraction thereof.

The microfilms are strips of 35 mm. motion picture film with images of printed pages photographed upon them in sequence. The printed text can be read only with the aid of a magnifier enlarging to five or more diameters or by means of a projecting apparatus. A special monocular viewer is available at $1.50, or, equipped with handle and eye shield, at $2. Highly perfected projectors cost at present about $100, but a simplified model at about $25 has been designed and will probably be available shortly.

Remittances for articles desired may be made with the order, or, in the case of persons or institutions expecting to make repeated use of the service, paid for at such intervals as found most convenient. All checks and money orders should be made payable to Medicofilm Service. References to the desired articles should be complete and correct; incomplete or erroneous references may retard or prevent the filling of an order. Orders for microfilm copying should be addressed to: Medicofilm Service, Army Medical Library, 7th St. and Independence Ave., Washington, D. C.

### CENTENNIAL ANNIVERSARY INVITATIONS

If you know any former Wisconsin physicians who might enjoy returning to the state for the centennial anniversary meeting of the State Medical Society, send their names and present addresses to the Society and special invitations will be extended to them to attend the centennial session.

## MEMBERS IN ACTIVE MILITARY SERVICE

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Baldwin, R. S., Captain | Marshfield | 4108 North Richards Street, Milwaukee |
| Becker, W. T., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| Benson, George B., 1st Lt. | Richland Center | Armored Forces, Fort Benning, Ga. |
| Bitter, R. H., Captain | Oshkosh | 12th Cavalry, Fort Brown, Tex. |
| Bleckwenn, W. J., Colonel | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Bolles, C. S., 1st Lt. | De Pere | Station Hospital, Fort Sam Houston, Tex. |
| Bristow, J. H., 1st Lt. | Monroe | 5th Medical Battalion, Fort Custer, Mich. |
| Cary, E. C., Captain | Reedsville | Armored Forces, Fort Benning, Ga. |
| Cary, J. F., 1st Lt. | Sheboygan | First Medical Squadron, Fort Bliss, Tex. |
| Filek, A. A., Captain | Green Bay | Armored Forces, Fort Benning, Ga. |
| Foley, M. E., 1st Lt. | St. Nazianz | 5th Division, Fort Custer, Mich. |
| Ford, W. A., Lt. Colonel | Sheboygan | Station Hospital, Fort Sill, Okla. |
| Frackelton, W. H., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Greenstein, Carl, 1st Lt. | Sheboygan | Chanute Field, Rantoul, Ill. |
| Gueldner, L. H., 1st Lt. | Fort Atkinson | Station Hospital, Fort Sill, Okla. |
| Hannan, K. D., 1st Lt. | Prairie du Chien | Fort McClellan, Ala. |
| Hathaway, G. J., Major | Superior | Camp Beauregard, La. |
| Heiden, H. H. | Sheboygan | Camp Beauregard, La. |
| Huth, M. F., 1st Lt. | Baraboo | Camp Grant, Ill. |
| James, W. D., 1st Lt. | Oconomowoc | Station Hospital, Fort Sill, Okla. |
| Jerome, Bourne, Captain | Superior | 4108 North Richards Street, Milwaukee |
| Johnson, H. C., Major | Madison | Station Hospital, Camp Grant, Ill. |
| Kaiser, L. F., 1st Lt. | Rhinelander | 5th Medical Supply Depot, Fort Sam Houston, Tex. |
| Keck, E. B., Lt. Commander | Madison | Post Hospital, Marine Barracks, Quantico, Va. |
| Kennedy, H. A., 1st Lt. | Winneconne | Field Hospital, Naval Air Station, Corpus Christi, Tex. |
| Kocovsky, E. C., 1st Lt. | Milwaukee | Reception Center, Camp Grant, Ill. |
| Kuehl, F. O., 1st Lt. | Green Bay | 53rd Medical Battalion, Camp Claiborne, La. |
| Lochen, E. L., Captain | Waukesha | Army Hospital, Honolulu, Hawaii |
| Ludwig, E. P. | Wausau | Company G, 135th Medical Regiment, Camp Shelby, Miss. |
| Lustok, M. J., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Martini, H. F., 1st Lt. | Wausau | 5th Division, Fort Custer, Mich. |
| McBain, L. B., Captain | Appleton | 30th Division, Fort Jackson, S. Car. |
| McCormack, E. A., 1st Lt. | Niagara | 123rd Field Artillery, Monmouth, Ill. |
| McCormick, D. W. | Madison | Station Hospital, Fort Custer, Mich. |
| Millard, A. L., Major | Marshfield | Second Infantry, Fort Custer, Mich. |
| Mitchell, M. T. | Eau Claire | Fort Sam Houston, Tex. |
| Mokrohajsky, S. M., 1st Lt. | Green Bay | Station Hospital, Camp Grant, Ill. |
| Moland, O. G., 1st Lt. | Augusta | Station Hospital, Fort Sam Houston, Tex. |
| Montgomery, S. A., 1st Lt. | La Crosse | Station Hospital, Fort Sam Houston, Tex. |
| Moran, C. J. | La Crosse | Camp Beauregard, La. |
| Nebel, Harold, Major | Milwaukee | 121st Field Artillery, 32nd Division, Camp Livingston, La. |
| Nelson, E. R., Lieutenant (j. g.) | Madison | 3008 First Avenue, San Diego, Calif. |
| Nowack, L. W., 1st Lt. | Watertown | 127th Infantry, 32nd Division, Camp Beauregard, La. |
| O'Donnell, S. P., 1st Lt. | Kiel | Station Hospital, Fort Sill, Okla. |
| Pagel, H. F., 1st Lt. | Ladysmith | Station Hospital, Fort Sill, Okla. |
| Peterson, L. W., Lt. Col. | Sun Prairie | 135th Medical Regiment, Camp Shelby, Miss. |
| Pomeroy, R. K., 1st Lt. | Port Washington | Naval Training Station, Great Lakes, Ill. |
| Rau, G. A., 1st Lt. | Two Rivers | Station Hospital, Fort Sam Houston, Tex. |
| Rechlitz, E. T., 1st Lt. | Milltown | Fort Knox, Ky. |
| Schwade, E. D., 1st Lt. | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Stern, Louis, Captain | Milwaukee | Fort Bliss, Tex. |
| Sullivan, J. M., 1st Lt. | Milwaukee | Station Hospital, Fort Sam Houston, Tex. |
| Talbot, J. R., 1st Lt. | Marshfield | Fort Riley, Kan. |
| Tousignant, A. N., Captain | Oconto | Fort Bliss, Tex. |
| Vetter, E. W., Captain | Randolph | Company E, 135th Medical Regiment, Camp Shelby, Miss. |
| Wagner, A. J., 1st Lt. | Brillion | Scott Field, Belleville, Ill. |
| Walske, B. R. | Independence | Station Hospital, Camp Grant, Ill. |
| Weaver, D. F., 1st Lt. | Green Bay | Fort Sam Houston, Tex. |
| Weissmiller, L. L., Captain | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Wier, J. S., Major | Fond du Lac | Fort Benning, Ga. |
| Williamson, C. S., Major | Green Bay | Station Hospital, Ponce, Porto Rico |
| Winkler, R. J. | Hilbert | Armored Forces, Fort Benning, Ga. |
| Wyatt, T. E., 1st Lt. | Marshfield | 128th Infantry, 32nd Division, Station Hospital, Camp Livingston, La. |
| Young, J. J., 1st Lt. | Appleton | Station Hospital, Camp Grant, Ill. |

# Coming Events

**Clinics of Marquette School of Medicine.**—Physicians are cordially invited to attend the weekly clinics, conducted by Dr. Francis D. Murphy and Dr. Joseph King, at the Milwaukee County Hospital on Fridays at 10:30 a. m. Subjects of clinics for the remainder of April are:

April 11:
Rheumatic fever in children.
Anesthesia and anesthetic agents.
April 18:
Diseases of the gallbladder and jaundice.
Surgery of obstructive jaundice.
April 25:
Acute cardiac emergencies.
Treatment of esophageal lesions.

**Spring Clinics, Marquette University Alumni Association Set for May 9, 1941.**—The date of the spring clinics of Marquette University School of Medicine has been changed from May 2 to May 9. The program, to be presented in the Auditorium of the school, is as follows:

**Morning Session**

Chairman, Dr. Dexter H. Witte

A. M.
10:00–10:30 Carcinoma of tongue and lip (Interesting slides)—Dr. James G. Garland
10:30–11:00 Injuries to abdominal wall and its contents—Dr. Matthew McGarty
Discussant: Dr. Dexter H. Witte
11:00–11:30 Differential diagnosis of non-tuberculous diseases of lungs—Dr. William M. Jermain
Discussant: Dr. Timothy J. Howard
11:30–12:00 Diagnosis and treatment of common rectal conditions—Dr. Albert G. Schutte and Dr. John D. Charles

**Luncheon**

Exhibits in Various Departments

**Afternoon Session**

Chairman, Dr. Robert T. McCarty

P. M.
1:30– 2:00 Chronic suppurative otitis media—Dr. G. Straus
Discussant: Dr. O. P. Schoofs
2:00– 2:30 Leukopenia—Dr. John Hirschboeck
Discussant: Dr. L. J. Van Hecke
2:30– 3:00 Laboratory tests—Dr. Lorin E. Dickelmann
Discussant: Dr. Edward L. Tharinger
Chairman, Dr. Joseph M. King
3:00– 3:15 Anatomy of vertebrae—Dr. Walter Zeit
3:15– 3:30 Basic principles in treatment of traumatic wounds of extremities—Dr. J. J. Adamkiewicz
3:30– 3:45 Protrusion of intervertebral disks and allied conditions—Dr. James Regan
General Discussion

**Annual Convention of Catholic Hospital Association.**—Under the patronage and by the invitation of His Eminence, Dennis Cardinal Dougherty, Archbishop of Philadelphia, the officers and executive board of the Catholic Hospital Association of the United States and Canada announce that the 26th annual convention of the Association will be held at Convention Hall, Philadelphia, June 16 to 20, 1941.

**Clinics of Milwaukee Children's Hospital.**—Surgical clinics will be conducted on Mondays, orthopedic clinics and clinics of the fracture service will be conducted on alternate Tuesdays, and pediatric clinics will be conducted on Fridays. Dr. Stanley J. Seeger will direct the surgical clinics. Dr. Walter P. Blount will direct the orthopedic and fracture service clinics, and Dr. A. L. Kastner will direct the pediatric clinics. These men will be assisted in the presentations by staff members of the hospital. A tentative program for the remainder of April and for May follows. The time of the clinical presentations will be from 12:30 to 1:30 p. m. with the exception of the clinics conducted on the second Friday of each month. On that day a special clinic will be arranged in cooperation with the Medical Society of Milwaukee County.

Pediatric Clinic, Friday, April 11:
Special Clinic, 1–3 p. m.
Surgical Clinic, Monday, April 14:
Presentation of cases. Discussion of kidney tumors and congenital defects of genitourinary tract.
Orthopedic Clinic, Tuesday, April 15:
The roentgenographic diagnosis of bone lesions. Discussion by H. W. Hefke, M. D., Milwaukee.
Pediatric Clinic, Friday, April 18:
Chemotherapy in meningitis. Discussion by V. J. Cordes, M. D., Milwaukee.
Surgical Clinic, Monday, April 21:
Presentation of cases. Discussion of hernia—inguinal and umbilical.
Fracture Service Clinic, Tuesday, April 22:
Compound fractures in children. Discussion by W. P. Blount, M. D., Milwaukee.
Pediatric Clinic, Friday, April 25:
Open.
Surgical Clinic, Monday, April 28:
Presentation of cases. Discussion of surgical lesions of the neck—infections.
Orthopedic Clinic, Tuesday, April 29:
Posture in childhood. Discussion by L. D. Smith, M. D., Milwaukee.
Pediatric Clinic, Friday, May 2:
Cardiovascular disease in children. Discussion by Stanley Gibson, M. D., Chicago.
Surgical Clinic, Monday, May 5:
Presentation of cases. Discussion of surgical lesions of the neck—cysts and fistulae.

KEEP YOUR WISCONSIN MEDICAL BLUE BOOK (December issue of The Journal) WITHIN EASY REACH

Fracture Service Clinic, Tuesday, May 6:
Epiphyseal fractures in children. Discussion by A. C. Schmidt, M. D., Milwaukee.
Pediatric Clinic, Friday, May 9:
Special Clinic. 1:00 to 3:00 p. m.
Surgical Clinic, Monday, May 12:
Presentation of cases. Discussion of jaundice and congenital defects of bile tracts.
Orthopedic Clinic, Tuesday, May 13:
The child's foot. Discussion by W. P. Blount, M. D., Milwaukee.
Pediatric Clinic, Friday, May 16:
Psychiatry. Discussion by R. A. Jefferson, M. D., Milwaukee.
Surgical Clinic, Monday, May 19:
Presentation of cases. Discussion of intestinal obstruction.
Fracture Service Clinic, Tuesday, May 20:
Miscellaneous fractures in children. Discussion by Irwin Schulz, M. D., Milwaukee.
Pediatric Clinic, Friday, May 23:
Posture in infants. Discussion by Franz Baumann, M. D., Milwaukee.
I. V. therapy. Discussion by M. H. Poindexter, M. D., Milwaukee.
Surgical Clinic, Monday, May 26:
Presentation of cases. Discussion of intestinal obstruction.

**Wisconsin Urological Society.**—The next meeting of the Wisconsin Urological Society will be held in Green Bay, April 12. Clinics will be conducted at the Bellin Hospital beginning at 9 a. m.

**Public Health Conference, Madison, April 21–23.**—A general conference on public health, sponsored by the State Board of Health and the University of Wisconsin Medical School, will be presented in Madison, April 21–23. The last two days of the conference will be devoted to nursing problems. The program for the first day, April 21, planned for physicians interested in public health problems, is as follows:

**Morning Session**

Presiding—C. A. Harper, M. D., State Health Officer.
9:10 a. m.
Public health and national defense—Otis L. Anderson, M. D., U. S. Public Health Service.
10:00 a. m.
Modern health administration—Harry C. Mustard, M. D., Director, DeLamarr Institute of Public Health, Columbia University.
11:00 a. m.
The public health nurse in today's public health programs—Miss Eula B. Butzerin, Professor of Nursing Education, University of Chicago.

**Afternoon Session**

Presiding—Carl N. Neupert, M. D., Assistant State Health Officer.
2:00 p. m.
The control of the venereal diseases—Norman B. Ingraham, Jr., M. D., Associate Director, Institute for the Control of Syphilis, University of Pennsylvania.
3:00 p. m.
Environmental sanitation—H. A. Whittaker, Director, Division of Sanitation, State Department of Health, Minneapolis, Minnesota.
4:00 p. m.
Nutrition in relation to public health—Conrad A. Elvehjem, Ph. D., Professor of Biochemistry, University of Wisconsin.

**Clinics of the University of Wisconsin Medical School.**—Physicians are invited to attend clinics held on Saturdays from 11 a. m. to 12:30 p. m., in the sixth floor lecture room of Wisconsin General Hospital, Madison, and also to attend ward rounds, operating clinics, conferences and seminars, a detailed schedule of which may be obtained from Dr. W. S. Middleton, dean of University of Wisconsin Medical School.

Clinics for the remainder of April and for May are as follows:

April 12:
Problems in infant feeding—Dr. John E. Gonce and associates
April 19:
Management of the Squinting Child—Dr. E. E. Neff and associates
April 26:
Chronic non-tuberculous infections of the lung—Dr. W. H. Oatway and associates
May 3:
The normal fundus and its variations—Dr. F. A. Davis and associates
May 10:
Office gynecology—Dr. C. S. Harper and associates
May 17:
Convulsions in infancy and childhood—Dr. K. B. McDonough and associates
May 24:
Management of infections—Dr. E. R. Schmidt and associates
May 31:
Clinical problem of syncope—Dr. C. F. Midelfart and associates

**Symposium on Respiratory Enzymes and Biological Action of Vitamins, September 11–13, Madison.**—The Wisconsin Alumni Research Foundation is sponsoring a symposium on respiratory enzymes and the biological action of vitamins at the University of Wisconsin Medical School, Madison, September 11–13. Leading biochemists and physicians of America and Europe will take part in the program and discussions. Wisconsin physicians may attend. After the Madison meeting the group will proceed to the University of Chicago for a similar symposium, September 15–17. Further information regarding the program may be obtained from V. R. Potter, Ph.D., Research Fellow in Cancer, McArdle Memorial Institute, Madison.

**Milwaukee County Hospital Internes Association to Meet, April 19.**—A one-day program will be presented at the meeting, beginning with a series of presentations at Milwaukee County Hospital. At 2 p. m., a lecture will be presented by Dr. Raymond W. McNealy, associate professor of surgery, Northwestern University Medical School, Chicago, on "Three Pillars of Wisdom in Colon Surgery." Following the afternoon session, dinner will be served at the University Club.

Wisconsin physicians are cordially invited to attend. Dinner reservations may be obtained by writing to:

Mr. James O. Kelley, Executive Secretary,
Medical Society of Milwaukee County,
208 E. Wisconsin Ave., Milwaukee.

**Jackson Clinic Spring Postgraduate Meeting.**—Announcement is made of the special two-day postgraduate clinic program. Attendance is limited to 100. Those wishing to attend are requested to write for reservations to Dr. Russell Jackson. A registration fee of $2 for each day is charged which includes meals.

**Thursday, May 15, 1941**

8:10 a. m. Surgical Clinics, Surgical Amphitheaters
10:00–12:30 Symposium on Chemotherapy
10:00 Relation to respiratory diseases ----------Dr. Harold Marsh
10:20 Relation to urology ----Dr. George Ewell
10:40 Relation to gynecology ----------Dr. A. M. Schwittay
11:00 Relation to surgery ----------Dr. James A. Jackson
11:20 Relation to fractures --Dr. John Gallagher
11:40 Round-table Discussion
12:30 Luncheon at Loraine Hotel
2:00– 3:20 Symposium on Injection Therapy
2:00 Hernia injection—Case demonstrations Technic of truss fitting ----------Dr. Luther Holmgren
2:20 Operative and injection treatment of hernia ----------Dr. Arnold Jackson
2:40 Hydrocele and hemorrhoid injection ----------Dr. George Ewell
3:00 Varicose-vein injection --Dr. John Hurlbut
3:20 Round-table discussion
3:40 Stilbestrol therapy ----Dr. A. M. Schwittay
4:00 The use of histaminase --Dr. Harold Marsh
4:20 The use of ethyl chloride in sprains ----------Dr. John Gallagher
4:40 Round-table discussion
6:30 Dinner at Loraine Hotel—Informal—Ladies invited.
7:30 Travel Pictures --------Dr. R. H. Jackson
8:15 Surgical technic, motion pictures ----------Dr. J. A. Jackson

**Friday, May 16, 1941**

8:10 a. m. Surgical Clinics—Surgical Amphitheaters
10:00–12:30 Symposium on Fractures
10:00 Demonstrations, cast technic -----Drs. J. A. Jackson, John Gallagher
11:00 Roentgenological study ----Dr. J. N. Sisk
11:20 Fracture dry clinic ----------Staff
12:00 Round-table discussion
12:30 Luncheon at Loraine Hotel
2:00– 5:00 p. m. Thyroid and Cardiac Symposium
2:00 Basal metabolic technic --Miss Lounsbury
2:20 Significance of the BMR ----------Dr. Arnold Jackson
2:40 Recognition of thyroid disease ----------Dr. Russell Jackson
3:00 Relation to heart disease ----------Dr. Harold Marsh
3:30 Significance of electrocardiographic studies ----------Dr. Albert Bryan
3:40 Hypothyroidism ------Dr. A. M. Schwittay
4:00 Round-table discussion
4:30 Dry Clinic—Case presentations --------Drs. Phelps, Moore and Schnell
6:00 Dinner at Loraine Hotel—Ladies Invited.
7:30 Travel pictures ----------National Parks
8:00 The acute surgical abdomen ----------Dr. Arnold Jackson
8:30 Guest speaker

**Annual Open Lecture, Rogers Memorial Sanitarium, April 21.**—The annual open lecture sponsored by the Rogers Memorial Sanitarium, as part of its educational program, will be held in Waukesha, in the high school auditorium, Grand Avenue, at 8 p. m., Monday, April 21. The speaker will be Dr. Annette C. Washburne, associate professor of neuropsychiatry, University of Wisconsin Medical School. She will discuss "Some Mental and Emotional Problems of Students." Physicians and the public are cordially invited to attend.

**Annual Session, A. M. A., June 2–6, Cleveland.**—The 92nd session of the American Medical Association, according to an official call issued by the Association, will be held in Cleveland, June 2–6, 1941.

The House of Delegates will convene on Monday, June 2.

The Scientific Assembly will open with the general meeting on Tuesday evening, June 3, at 8 p. m. The various sections of the Scientific Assembly will meet on Wednesday, June 4, at 9 a. m. and 2 p. m., and subsequently according to their respective programs. Sections to convene at 9 a. m., June 4, are:

Practice of Medicine
Obstetrics and Gynecology
Laryngology, Otology and Rhinology
Pathology and Physiology
Orthopedic Surgery
Urology
Preventive and Industrial Medicine and Public Health
Anesthesiology

Sections to convene at 2 p. m., June 4, are:

Surgery, General and Abdominal
Ophthalmology
Pediatrics
Pharmacology and Therapeutics
Nervous and Mental Diseases
Dermatology and Syphilology
Gastro-Enterology and Proctology
Radiology

The Registration Department will be open from 8:30 a. m. until 5:30 p. m. on Monday, Tuesday, Wednesday and Thursday, June 2, 3, 4 and 5, and from 8:30 a. m. to noon on Friday, June 6, 1941.

**A. M. G. A. Golf Tournament, June 2.**—The American Medical Golfing Association will hold its 27th annual tournament at the Cleveland Country Club and Pepper Pike Club, in Cleveland, Monday, June 2, 1941. All male fellows of the American Medical Association are eligible for membership in A. M. G. A. Participants are required to present their home club handicaps, signed by the club secretary, at the first tee on the day of play. No handicap over 30 is allowed. Application blanks and further information concerning the 1941 tournament may be obtained by writing to: Mr. Bill Burns, 2020 Olds Tower, Lansing, Michigan.

Complete Details Concerning the Spring Clinics Will Be Found on Pages 314-316

# The Insurance Examiner

By LAWRENCE L. GROSSMANN, M. D.
*Milwaukee*

THE examination of the insurance claimant, whether one covered by industrial compensation law, public liability, or simple health and accident compensation, presents many problems to tax the ingenuity and judgment of the physician.

The examiner must first gain the confidence of the patient and break down resistance to the "Insurance Doctor." He must separate the honest from the dishonest claimant, the malingerer from the psychoneurotic. In spite of possible belligerence on the part of the patient, he must maintain an open mind in order to form an opinion which favors neither the insurance company nor the examinee.

From the onset the examining physician is at a handicap since he has been selected, not by the patient, but by the insurance company. The patient, who usually has a family doctor, is too often ready to believe that any examiner so chosen is allied with the insurance companies and therefore bent on defrauding him out of his just dues through medical manipulation of facts. There is no voluntary personal contact or confidence such as usually exists between patient and physician to aid the examining doctor. The patient readily shows by his attitude that he regards with resentment, suspicion, and distrust the examiner who "will not give him any breaks."

In the average case the patient does not come into the office alone. Husband is usually accompanied by wife, brother by brother or friend. The manner in which they flank the patient almost makes one think of the quarterback in a football game who runs interference for the ball carrier. Wife, friend, or brother injects answers for the patient or prompts him to remember symptoms. One gets the impression that the patient is guarded by friend or relative for the sole purpose of protecting him from the "Insurance Doctor."

The natural reaction of the physician is an immediate and equal distrust of the patient and his complaints. Unintentionally, he is apt to lean toward the insurance company in the formation of his views.

*But the insurance examiner is a product born of demand for a truly unbiased opinion.*

He is called in by the insurance carrier because it is difficult if not impossible for the family physician to render such an opinion, handicapped as the latter is by knowing the patient personally or socially, or by his natural sympathy if the patient is very poor.

For the insurance examiner to lean in the opposite direction, however, is for him to forego his real function, that of an unbiased observer, and cause not only the patient but the insurance carrier immeasurable harm.

The testimony of the examiner must bear the weight of integrity if justice is to be done and the confidence of patient, court, and insurance carrier alike maintained. It is from bald and unvarnished facts untouched by the color of personal opinion that satisfactory settlements are made. And no insurance company wants its testimony to become an embarrassing handicap because the physician of its choice has attempted to favor the carrier.

In order to minimize personal prejudice, the physician should always remember that it is his duty to be fair to the patient as well as the carrier. He should remove the thought of insurance from his mind during the examination and attempt to consider and treat the claimant exactly as if he were a private patient.

### Examination Technique

Only if the doctor is naturally sympathetic and avoids a cross-examination type of conversation can the confidence of the patient be won. The physician who implies by word or gesture that there is something queer about the symptoms described suffers immediate loss of confidence and cooperation. Too much sympathy, on the other hand, may

prove equally disastrous. If the complaints turn out to be largely imaginary, the doctor finds himself in the unenviable position of one who by laying too great stress on symptoms has added fuel to the fire of a neurosis.

In my experience, the only safe course is to discuss the complaints of the patients as if they were common and treat him as if he were a new patient off the street and referred by no one. Thus, it is possible to communicate to him a sense of confidence such that dissipation of distrust results and the invisible wall between patient and insurance examiner is broken down. Once this is accomplished it becomes very simple to obtain a complete and accurate history.

Indeed, the fight for the patient's trust and assurance is begun the moment he enters the reception room. Gradually he becomes aware that the doctor has an extensive private practice and that all patients in the waiting room have not been referred by an insurance company. At such positive proof that the confidence of the insurance carrier in its examiner is shared by others, some of the stigma he attaches to the "Insurance Doctor" disappears.

If, in addition, the doctor happens to know some of the patient's fellow workmen, friends, or neighbors, and can adroitly lead him to ask, "Are you the same doctor who took care of Mr. Jones?" the classification of "Insurance Doctor" may be almost completely removed from his mind.

During the course of actual conversation with the patient, I find it efficacious to do very little or no writing. Later, while the patient undresses out of sight in an adjoining room, the physician can put all his information on record. Let the examinee once feel that his conversation may be used against him and he will not volunteer any information at all.

In some cases it is inevitable that any direct questioning should result in a mental duel, for a belligerent patient feels that an attempt to get at the facts is simply a means of finding flaws in his story.

With this type of patient, easily identified by his sullen attitude, staccato answers, and not uncommon remark, "I am here to be examined, not cross-examined," it is tactful and effective to speak a few moments of generalities and proceed promptly to the examination for objective findings. Only then should the physician attempt to discover the facts behind objective evidences of injury or disease.

Never must the examiner permit himself to become angry, regardless of the attitude of the patient. This is the sine qua non of successful examinations. If the physician early formulates the opinion that he is dealing with a malingerer, and shows it, it is not without reason that the patient becomes resentful and non-cooperative. By and large, however, the honest claimant, having nothing to fear, is usually cooperative, frank and friendly.

### Detection of Malingerers

The difficulties arise not with the normal patient but with the separation of the malingerer from the psychoneurotic. Unfortunately, the tendency is to make little distinction between the two, especially where monetary compensation is involved. But though difficult, such separation is not impossible. The realm of psychoneurosis may be a specialty all its own, but it offers definite aid in the field of insurance examinations.

Before beginning even a brief resumé of the problem, it is necessary to recall that the neurotic or psychoneurotic is not a malingerer. He or she is sick, mentally, if you will, but, nevertheless, sick. The malingerer, on the other hand, is simply an unmitigated liar or cheat.

If the psychoneurotic is to be separated from the malingerer, the examiner must be prepared to bring to bear upon the case every quality of tact, knowledge, and ability at his command.

In discovering whether complaints are imaginary or simply cleverly faked, an important first step is the obtaining of a past medical history. Too often the busy, time-harried physician is concerned only with the immediate injury, its history and its result.

That a detailed past medical history can sometimes be of major importance was demonstrated in this writer's own recent experience. The final outcome and dispensation of an alleged industrial injury was ma-

terially influenced by information gleaned from the past.

The patient presented an alleged head injury, followed by a bizarre symptom complex which showed no definite or reasonable pattern and which, during the passage of one and one-half years, became increasingly more bizarre and ridiculous. Because of such a peculiar trend of symptoms, a detailed past history was begun.

The patient admitted that he had been a boxing champion in the Navy for several years, but denied that he had ever been knocked down by a blow to the head or struck on the jaw.

This seeming rather dubious in the life of a boxer, the patient's past medical history in the service was investigated with interesting results. A hospitalization period for several months with a diagnosis of "psychoneurosis" was discovered. It is needless to state what aid the information afforded in explaining the background for the present complaints.

Past medical history, however, does not always afford conclusive evidence of neurosis or malingering. Any exhaustive attempt to describe the methods of detection for malingerers would necessitate a book of its own. However, several facts stand out and prove to be of definite aid to examination.

The most common complaint is pain, and to date no really satisfactory method of proving or disproving it has been found. We must choose between the word of the patient and the possible disbelief of the doctor.

Occasionally pain occurs as a symptom over muscle groups that become spastic involuntarily as in back injuries. Here the various back tests employed are of definite value, but in addition much may be gained by discovering how the patient acts at home, play, or work.

Very often the injection of 1 per cent novocain will prove or disprove pain. Incidentally, such use of novocaine is also an accepted treatment and has been employed with excellent result in back injuries, ankle sprains, and similar complaints.

With the malingerer, pain is only convenient when it is suitable to his purpose. With the neurotic the symptom is actually present and will interfere with both work and play, such that a weight loss, inability to sleep and constant tiredness are noted.

But the malingerer cannot continue to simulate pain to the point of showing weight loss or sleeplessness. It is a definite, conscious strain for him to prove his point. He becomes tired at acting disabled and can be caught off guard if carefully observed.

In addition, the neurotic enjoys being examined and questioned. He delights in a sympathetic audience and goes to great lengths and details.

Conversely, the malingerer resents history-taking and examination, since he fears exposure through his lack of sufficient medical knowledge.

Where the complaint is a head injury, careful examination is necessary. The eyes and ears should receive special attention and should be examined both by the attending physician and an eye, ear, nose and throat specialist.

Synthetic complaints relative to loss of hearing can be easily exposed if symptoms are confined to one ear only. The malingerer can be detected by the following method: Place the ear pieces of the stethoscope in the ears of the patient and hang the tubes and chest-piece over his back so that the doctor himself cannot be observed. While speaking into the mouth-piece, clamp off the tubes one at a time with a Kelly. By clamping off first one tube and then the other for irregular intervals and then repeating the process several times, the malingerer is easily confused since he does not know which tube is occluded.

Where the complaint is loss of vision in one member, a good test exists. Used by ophthalmologists, it is based on the physical law that certain color combinations are visible to tinted glasses and others are not. This phenomenon is commonly employed in toys for children.

The malingerer who complains of paralysis of an extremity can be detected by the method described by Hoover and known as Hoover's sign. Though most effective on the lower extremities, it may be successful on upper extremities also.

In this test the patient rests the arms on the arms of a chair if the upper extremities are to be tested and lies supine if the lower extremities are in question. The physician places one hand under the two extremities at one time (under the heels if the lower extremities are tested; under the hands in the case of the upper extremities) and asks the patient to lift the paralyzed member. In the true paralytic a sense of downward pressure of the good extremity is noted when attempt is made to raise the paralyzed one. This is not observed in the malingerer since he makes no attempt to cooperate.

Attempt to prove loss of power or muscle weakness is much more difficult since it is quite simple to feign loss of muscle power merely by failure to execute sufficient muscular contractions. The physician may feel the muscles for evidences of contraction. Or he may employ a mechanical device which measures muscle strength on a dial, a test of dubious value since it can only be honest if the patient is not malingering.

In these cases the privacy of the dressing room may prove the real weakness or strength of the extremity. If this fails, the physician may have to employ the element of surprise to catch the patient off guard. Apparent accidents such as the unexpected spilling of water or dropping of a weight on the suspected extremity, or suddenly tossing a soft rubber ball to the patient have proved effective. It is obvious, of course, that these tests must be performed so that no injury will result if the patient possesses a true disability or is a real paralytic.

In the literature can be found many other simple methods of separating the psychoneurotic from the malingerer and the malinger from the normal individual.

Occupational neurosis forms another chapter in this field. A fair knowledge of its vast penetration into industrial, economic, and social life is a prerequisite for the physician who wishes to evaluate, treat, and render fair opinions as an insurance examiner.

The condition of the psychoneurotic is not to be trifled with; certainly, it is far from simple. The patient is not a malingerer, although the ability to simulate various pathological conditions does make some victims of hysteria malingerers. The psychoneurotic is a pathological problem. He is mentally ill and needs treatment, intelligent understanding, and not the sympathy on which he seems to thrive and which only prolongs the clinical picture.

There are many pitfalls and problems in the field of the insurance examiner. Often the physician fails to satisfy all parties concerned. Even though he possesses sufficient understanding so that he can evaluate, advise and treat with impartiality and fairness, uncomfortably often he suffers from the derogatory opinions of those who feel he has failed to satisfy their demands.

And withal, he must be friend, physician, adviser, and sleuth. He must be as completely unbiased and completely patient as it is possible for a human being to be.

Yes, the lot of the examiner is sometimes unpleasant, always exacting, occasionally ludicrous when exposing a simple malingerer, but nevertheless always very interesting.

Charles McKhann

**TOPICS**

Diagnosis and Management of the Physical and Mental Defects of Childhood—10:30–11:00 a. m.
Nutritional Feeding Problems—5:05–5:45 p. m.
Pediatric Round-table Discussion—6:00–8:00 p. m.
(See pages 314–316.)

*In this section of The Journal in 1941 will appear special historical articles, and items relating to the 100th anniversary of the State Medical Society of Wisconsin, which was organized under the provisions of a bill enacted by the Wisconsin Territorial Legislature in 1841.*

The remainder of the history of Dr. Hugo Philler, which began in the March issue, and the history of Dr. Charles A. Leuthstrom are reproduced below as submitted by the Woman's Auxiliary to the Waukesha County Medical Society in connection with the medical history project of the Woman's Auxiliary to the State Medical Society.

## Hugo Philler—Continued

### The Old Family Doctor Passing Away*

(Personal Recollections of Dr. Hugo Philler)

When I received the kind invitation to say something of interest in my line for the benefit of this Society, I felt a little embarrassed, thinking what can a common, country doctor of the old school tell to be of any value, who generally only sees the dark side of life, and whose services and experiences are often buried in oblivion and soon forgotten:

"For, God and the doctor we alike adore,
Just on the brink of danger, not before,
The danger past, both alike are requited:
God is forgot, and the doctor slighted."

But being always alert in complying with the request of a lady, I will follow Bellamy's example and perform the act of "Looking Backwards."

When I first came to Waukesha, then a village of hardly three thousand inhabitants in December, 1835, and opened an office over the store of the late Miss E. H. Clarke, vulgo "Aunt Betsy," believing that my experience gained in Uncle Sam's service during four years of actual strife and bloodshed from 1861–1865 would entitle me to gain a satisfactory patronage for getting wealthy and wise, I was very soon enlightened, that not all that glitters is gold, and that many obstacles were placed in my path by the older members of the profession who looked upon me as an up-start-one sailing under false colors and pretenses; one who never held a commission as a medical officer in a volunteer army; and one who had been a simple "Plaster Kasten" and inferior subordinate medical attendant; who would vanish within six months from the place to parts unknown.

Knowing something about the code of medical ethics, at that time a rather unknown quantity, I called upon the several practitioners of the village, introducing myself, but was shown a cold shoulder by everyone.

There were at that time six physicians in Waukesha village—Drs. Barrett, R. Dunlap, V. L. Moore (who spelled the word "pill" with one l), A. M. Warner, A. Kendrick, and J. Cook who was considered in the morning a beer-barrel and in the evening a barrel of beer. This latter, Dr. Cook or Koch, a German himself, was over anxious of belittling my ability and standing and it was a hard road I had to travel for a while and show my mettle.

However, I stood my ground, and was lucky enough to operate in January, 1866, on an Irishman in the Town of Genesee, removing a large fatty tumor of over two pounds in weight from his shoulder.

Many obstacles were placed in my way in undertaking this by the several doctors, like "little boys should not perform such work" and by the clergy, the patient being advised by his priest not to have the lump removed, such proceedings being against the will of God, and even being refused confession, absolution and communion before submitting to the operation.

Arriving at the farm I was approached by a ferocious looking group of neighbors of the Irish persuasion, each being armed with a rather thick shillalah, and addressed by their spokesman, if I was certain of being able to help their friend and neighbor, if not, I should abandon the job now, in order not to hurt myself. I excised the tumor and my start rose in that village, having since done a good deal of work in Genesee, and was often referred to as the young chap who cut out old Kelly's "big lump."

* Paper read at a meeting of the Waukesha County Historical Society, September 5, 1908, by Dr. Philler.

Treatment of disease, to a great extent, is built on confidence. The patient believes in the competence of his physician, and the doctor, in turn, relies upon the company whose products he prescribes.

## EXTRALIN

(Liver-Stomach Concentrate, Lilly)

'Extralin' provides the antipernicious-anemia principle in a highly concentrated form for oral use. With 'Extralin' the blood count may be maintained at normal levels with the least amount of inconvenience to the patient. Nine to twelve pulvules daily constitute an average maintenance dose.

*ELI LILLY AND COMPANY*

*Principal Offices and Laboratories, Indianapolis, Indiana, U. S. A.*

Within the last forty years, I have learned that our profession is not an exact science, but full of fads, schisms, and doctrines, which appear on the horizon of our thoughts for a while to be discarded as obsolete and replaced by new theories. From actual experience I learned very soon that what was new today is old tomorrow, and that a doctor of the old school had to yield to the doctrines of a new era.

At the same time, I cannot deny that it affords me great pleasure to admit that I have seen the greatest progress within the last forty years in my profession as in all other scientific departments. We live, indeed, in an age and day of progress. In all departments of art and sciences astonishing advancements have been made. Within the memory of many of us, almost miraculous changes and discoveries have been accomplished, and it is a matter of great satisfaction and gratification for me to be able to say, without fear of contradiction, that the progress in the science of medicine and surgery has well kept abreast with the sister sciences.

I, personally, am proud to assert that I have participated in the greatest war ever fought, that I have been favored to watch the untold inventions of the Wizard Edison, and that I have seen the Chicago World's Fair.

I am, also, happy to state that by reason of this progress, the field of medicine has been greatly narrowed and that of surgery correspondingly widened. In fact, surgery, is ever progressive and aggressive, and new fields are daily being wrenched from the domain of medicine. Such great strides are due chiefly to three factors—the introduction of antiseptic and aseptic methods, the experimental researches in the laboratory and upon animals, and last, but not least, the progress made in bacteriology. These three factors have been instrumental in making more advancement in surgery during the last forty years than was accomplished before in twenty centuries, when the practice of medicine and surgery was controlled by theologians and priests, and any innovations on their customs were considered by them as unholy and not in accordance with the pleasure of the Deity.

It is unnecessary for me to undertake to tell you anything in regards to antiseptic methods for they are as familiar to you as household words. The narrowing in the domain of medicine was also greatly due to the humanitarian, altruistic work of physicians in practicing more and more "preventive medicine" by employing improved sanitary measures to the detriment of their pocketbooks, so that many disorders, organic and functional, have lost their virulency, and that maladies such as typhoid fever, consumption, diphtheria, etc., will be stamped out in the course of time.

I often wonder what will come next. The pathologist, the microscopist and bacteriologist have promulgated as the latest phase, the serum therapy; the old theory of treating disease as disease is thrown away, and rightfully so, and the old country doctor, the family adviser and family friend, had to take in his shingle and acknowledge defeat.

The same idea is still rampant with the law. We all know that at present the law courts treat the crime and not the criminal and that a revision of this practice would be highly advisable.

The great factor that obliterates the "man" from the physician's mind, at present, is over-specialism. This has increased by such leaps and bounds that the good-all-around doctor, once so popular and genial, has well-nigh passed away, and only hardy specimens exist scantily in isolated districts. To him has succeeded the pale, spectacled, serious and most profoundly scientific student of the sixty or seventy parts into which, I believe, we are now segmented.

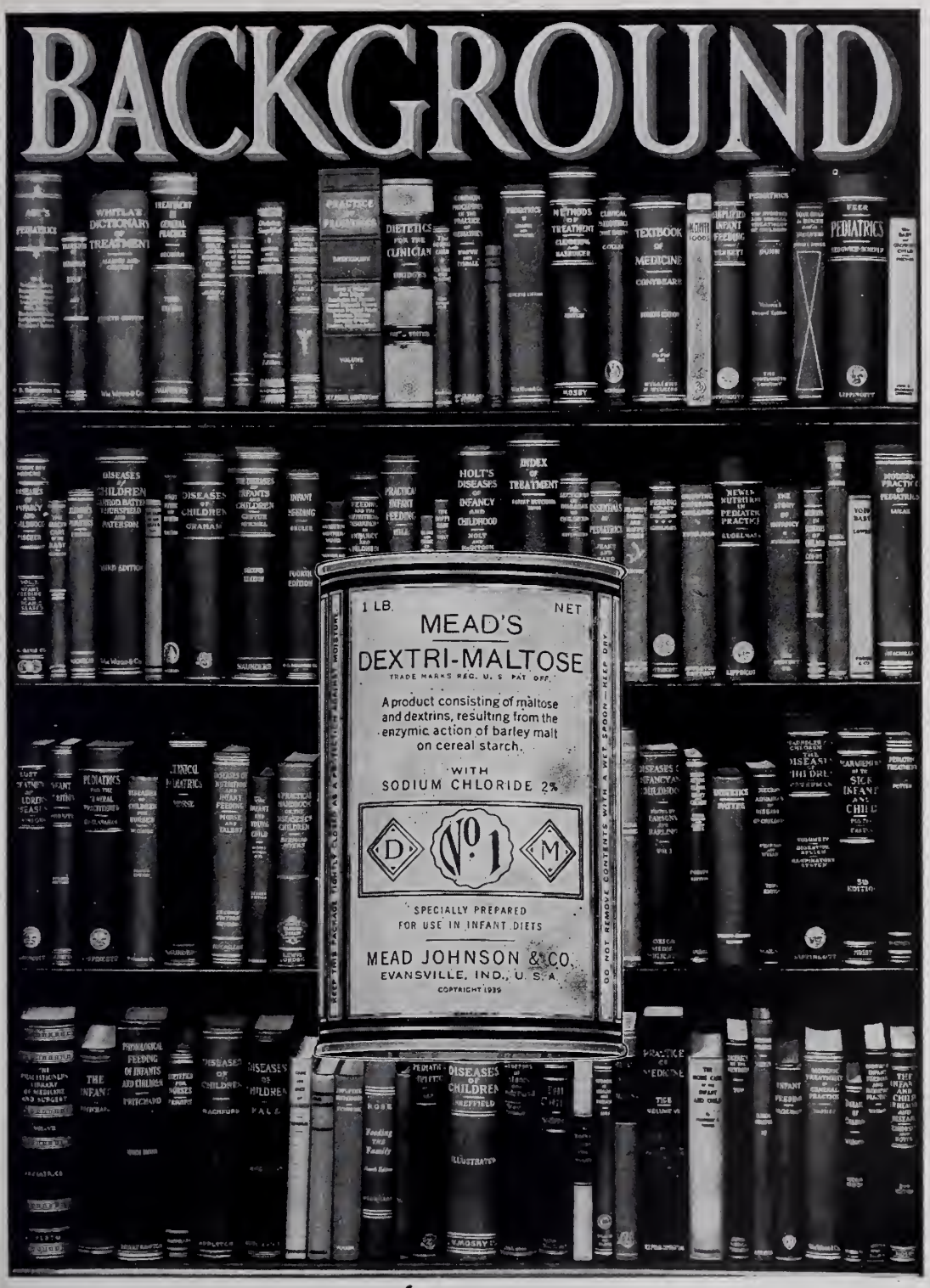
It really becomes increasingly easy (sic), as one listens to a paper in a medical society, that a man as such still exists, while it is perfectly obvious, that whole lives apparently center around the "appendix" and the "posterior nares."

It seems almost time that a "man" specialist appeared, one who studies the "altogether"—to use poor Trilby's happy expression—a physician, whose exclusive duty it should be to study "men" as "men," to master the marvelous intricacies and dependencies of mind and body, and to be skilled to know when and how to call on the one to help the other, or as Dr. S. Weir Mitchell expresses it in the language of the poet:

"Our best have owned the rare dramatic power,
Which gives to sympathy its lifting hour;
Go learn of them, the masters of our art,
To trust that wise consultant, called the heart.
There are among us those who haply please
To think our business is to treat disease,
And all unknowingly lack this lesson still,
'Tis not the body, but the man is ill."

Very truly prophetical, Mr. T. W. Haight of Waukesha used the following words when he welcomed, as the proxy of the Mayor, the members of the Wisconsin State Medical Society at the former Fountain House, in June, 1901:

"There are a great many things, gentlemen, for you to find out yet and it has struck me that one of the principal things which it is necessary for the medical profession to bring down to a solid basis, is the relation between the mind and the body of the individual as affecting conditions of disease and ability to resist disease and lack of ability. Of course we know a good deal about it now but when we consider that upon this relation have been built up so many so-called sciences of one name or another, and of so many appearing and disappearing 'pathics,' it seems to me it is necessary that the members of the medical profession should pay a great deal of attention to the matter and, if possible, ascertain its precise status. Of course, we all know something of the general principles of therapeutics, anatomy, and physiology, but the relations between mind and body are an apparently inexplicable tangle; yet, I believe, the same will be untangled, and now that we are at




THE use of cow's milk, water and carbohydrate mixtures represents the one system of infant feeding that consistently, for three decades, has received universal pediatric recognition. No carbohydrate employed in this system of infant feeding enjoys so rich and enduring a background of authoritative clinical experience as Dextri-Maltose.

Prescribe Journal-advertised products and you prescribe the best.

the beginning of a century of progress, I hope that the close of it will see a clear elucidation of that particular subject among others."

Every one of us has since learned to recognize the reality of spiritual phenomena, the interdependence of mind and body, the effect of psychical states on physical states.

There exists now, in the archives of medicine, as Prof. Osler in his review of the progress of medicine during the 19th century admits, a great amount of trustworthy material, testifying to the reality of cures effected or facilitated by other than physical means. Yes, even the individual personality counts for much as every well-trained physician is aware of; and it is we, ourselves, who give to many medicaments their efficacy, and their good effects persist as long as does the faith of physicians and patients in their virtue.

And this brings before my mental eye, the present status of things, of treating nervous diseases by suggestion. Stripped of all its mystery, suggestion and hypnosis stand out as one of the triumphs of modern science, whose laws are fairly well known, and whose mechanism is far removed from the occult.

From the standpoint of therapeutics, many of the functional disorders of the nervous system, particularly hysteria and neurasthenia, have been greatly ameliorated and in many cases absolutely cured by hypnotism, suggestion and persuasion, and on the other hand, experimental hypnosis has enabled us to penetrate deeply into the workings of consciousness, especially the baffling states of double personality and subconscious phenomena.

Again looking backward, I miss the familiar faces of most of the doctors of the "all around," with whom I was in contact for over forty years; who were all exact counterparts of the doctor of the old school, so well depicted by Ian MacLaren in his splendid book, "Beside the Bonnie Briar Bush" who were always ready with good advice, forbearance and timely help to the younger member; who may truly be styled the pioneers of medical lore of this country.

I mention only a few: Dr. H. A. Youmans of Mukwonago; Dr. John A. Rice of Merton; Dr. A. Sperry of Delafield; Dr. John Ingersoll of Prospect; Dr. R. Stelle of Genesee; Drs. Clark Allen and Barndt of Menomonee Falls. They have all been away to the Great Beyond, and to their names I offer a tear of pious remembrance and thankfulness for their kindness shown me at the bedside or in social intercourse.

I shall never forget my first meeting with Dr. John A. Rice, at which occasion I also met, for the first time, my friend Dr. D. McL. Miller of Oconomowoc (and, indeed, he is the only one remaining in the land of the living of the "all around" practitioners besides myself).

A poor youth suffering from tuberculosis of the bone, at that time, 1866, called "white swelling," was doomed to lose one of his lower limbs and Dr. Miller and myself were invited to assist Dr. Rice. The place of action was a small cabin in the picturesque (?) hamlet of Monches, where everything was primitive, even the solitary dish-pan, which served as a basin for washing hands, instruments and the wound. The heating of the domicile was done by running through two open doors a chain, on one end of which was the old gray mare as horse power and an immense log of good timber, on the other, which, with some coaxing and a crowbar, was brought before the fireplace. I remember one could warm himself by installments. The operation was done "lege artis" without any reference to the rules regarding infection; healthy laudable pus was expected, now considered a criminal negligence, and the patient made an uneventful recovery. By the shades of Aesculapius! We did not know any better forty years ago.

A more ludicrous experience I had a few years later. Called by Dr. J. L. Ingersoll, the brother of old "Bob" to Prospect Hill, there a citizen, in a moment of mental depression, had seen proper to cut his throat from ear to ear with a common butcher knife. Examining the wound which required twenty stitches, I made the casual remark to the doctor, "we might just as well put the fellow under a sewing machine," whereupon the spinster sister, who had been listening in an adjoining room, informed me that they had such an article in the house and that she would bring it in. I politely thanked her and told her that this time I would do it in the old way with needle and thread.

Time is too short to punish you with the relation of many similar experiences of serene and funny character and, in closing, I can assure you that I look back with pleasure to a career of professional activity in your midst for over forty-one years and with the satisfaction that I have always tried to be true to my patrons, my professional brothers and to myself.

Signed HUGO PHILLER.

## Charles A. Leuthstrom, M. D.

Excerpts taken from historical records of the years Dr. Leuthstrom practiced in Merton Township, Waukesha County.

### Items of Interest

C. A. Leuthstrom, M. D., Homeopathist.

Having permanently located myself in the village of Waukesha, I hereby tender my professional services to the public generally.

Having had many years experience in the Homeopathic, as well as in the Allopathic system of practice, I feel myself competent to judge the efficacy of the one over the other. Experience has proved it more satisfactory to myself than the old system and owing to its mildness and specific action in curing diseases, a blessing to mankind.

Located in a village where the treatment of acute diseases occupies but a portion of my time, I feel desirous of inviting the attention of all suffering from protracted illness of whatever nature to this

A friendly suggestion: Your "littlest" patients aren't the only ones, Doctor, who enjoy wholesome **CHEWING GUM**

The enjoyment of delicious chewing gum is a real American custom—probably because chewing is such a basic, natural pleasure.

Enjoy chewing gum yourself. See how the chewing helps relieve tension by giving it a try during your busy days.

Have some gum in your pocket or bag and in the office. Your patients—children and adults—appreciate your friendliness when you offer them some. Try this for a month—you'll be pleased with the results.

*National Association of Chewing Gum Manufacturers, Staten Island, New York*

V-24

new mode of treating chronic diseases, assuring them that I will cure many which have not yielded to ordinary remedies and which are generally considered incurable. Persons living at a distance can transmit their symptoms in writing as the medicine can be forwarded by mail to any point.

To Dyspeptics, I would say, I will cure you or make no charge. To the Public, I commit my claims and constitute them judge of my success.

Office in Atkins' Block, Waukesha.

—*Waukesha County Democrat*, December, 1856.

### Business Card

Dr. C. A. Leuthstrom, Office near his house on the Public Square, Waukesha, Wis.

—*Waukesha County Democrat*, April 5, 1859.

Dr. Leuthstrom's notice in our columns may be of importance to some of our readers. Read it!

All persons indebted to me are respectfully requested to call at my office and settle within 30 days from date. Be prompt in attending to my call as I have been in responding to yours.

C. A. Leuthstrom, M. D.

P. S. Will the person who borrowed my Sleigh Bells on the night of the dance at Martin's please return them. It may be done after dark as that was the time preferred for obtaining them.

—*Waukesha County Democrat*, December 18, 1860.

Dr. C. A. Leuthstrom has our thanks for late Louisville and Cincinnati papers from one of which we extract a succinct and interesting account of the position of our Army on the Potomac.

—*Waukesha Freeman*, September 24, 1861.

### Justice

An advertisement signed by Wm. Fenorhelm appeared in the *Freeman* some three weeks since and was a certificate of a cure performed upon him of a very bad cancer by the Indian doctor (Fowler). We did not particularly notice the reading of the certificate until after its publication when our attention was called to it. But we are not satisfied that the certificate, although speaking in just and high terms of the medical skill of our esteemed townsman, Dr. Leuthstrom, was not strictly a representation of the facts.

Dr. Leuthstrom, we learn, did not decline to undertake the case—neither did he intimate, in the slightest degree, his inability to cure the cancer from which Mr. Fenorhelm was suffering—but on the contrary, expressed his entire confidence in being able to effect a speedy and permanent cure. The writer of the certificate evidently got the wrong conception of Mr. Fenorhelm's statement (he speaks English very imperfectly) and thus unwittingly we believe, committeed a wrong upon Dr. Leuthstrom.

We believe in justice and fair play and, poor as we are, no amount of money shall ever induce us to prostitute the press for the purposes of gain—to the injury of any man—much less a gentleman of Dr. Leuthstrom's standing as a citizen and of high medical acquirements and in whom none have greater confidence than ourselves.

—*Waukesha Freeman*, February 18, 1862.

### Notice

All persons indebted to me are respectfully requested to call and settle within 60 days from date hereof as I am preparing to change my residence. I will sell my residence, office and 160 acres of land in the Town of Pewaukee, cheap for cash or on time.

—C. A. Leuthstrom, M. D., *Waukesha Freeman*, July 17, 1862.

Dr. C. A. Leuthstrom, of this village, authorizes us to say that he will furnish medicine and prescribe for the families of all those who enlist as volunteers for the war.

—*Waukesha Freeman*, August 19, 1862.

On subscriptions of money raised to provide needed assistance to soldiers' families where enlistments took place, Dr. Leuthstrom's name appears for $50 donated.

—*History of Waukesha County*, 1880, p. 511 (For chronological reference).

"Inter-Lachen", the wondrously beautiful home of Dr. C. A. Leuthstrom, is located on Pine Lake, a short drive northwest of Hartland. His mansion occupies a magnificent site on the west of his grounds and on the east of the lake.

He was born at Norrkoping, Sweden, November 20, 1818, where he remained until he was 21 years of age. He then came to this country and was engaged in the mercantile business in Cincinnati and Louisville, Kentucky.

In 1841, he entered the Louisville Medical University, graduating therefrom among the first in his class. He, afterward, attended and graduated from the Eclectic Medical School in Cincinnati, and was presented, at the same time, with an honorary diploma from the Cleveland Homeopathic Medical College.

He first practiced medicine in Bowling Green and Franklin, Kentucky. In 1848 he moved to Columbus, Ohio, and there practiced his profession until 1856, when he located in Waukesha, where he continued until 1863, when he went to Milwaukee and there had the most extensive and successful practice for seventeen years of any physician in that city. He moved to his present home "Inter-Lachen" in April, 1879.

He makes a specialty of chronic diseases and is attending patients in various parts of the United States.

He has, at the present writing, been a member of the State Medical Society of Wisconsin for over fifteen years.

He was twice married, his first wife being Eliza Folger, who died in Milwaukee. His present wife was Mary C. Gifford.

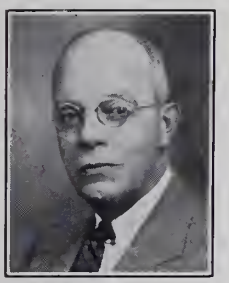
—*History of Waukesha County*, 1880, p. 951.

Established 1865

ARTIFICIAL LIMBS
ORTHOPEDIC APPARATUS
TRUSSES—SUPPORTERS
ELASTIC STOCKINGS

Superior custom work.
Woman Attendant for Women.

DOERFLINGER'S
770 North Water St. Phone Daly 1461
MILWAUKEE, WIS.



Everett D. Plass

## SPRING CLINIC SPEAKER

**Topics**

Prevention of Accidents in Pregnancy — 11:30–12:00 a. m.

Obstetrical Round-table Discussion—6:00–8:00 p. m.

Treatment of Obstetrical Emergencies — 8:00–8:45 p. m.

(See pages 314–316.)

Dependable

If you want the best selection in any line you will naturally seek it in an organization which has the reputation, after an experience of almost half a century, of being well directed and soundly managed—such as ours.

If it is health insurance you have in mind you will want it to be Non-Cancellable, and renewable at the option of the insured—we issue no other kind.

THE MASSACHUSETTS PROTECTIVE ASSOCIATION, Inc.
Worcester, Massachusetts

A. L. LYTTLE, State Manager
Wisconsin and Upper Peninsula of Michigan
5000–2–4 Plankinton Building
Milwaukee, Wisconsin
Marquette 0505

Branch offices at Green Bay and Wausau
Capable, trustworthy representatives soliciting regularly throughout the State.

*For the Local Treatment of Acute Anterior*
URETHRITIS
(DUE TO NEISSERIA GONORRHEAE)
SILVER PICRATE *
*Wyeth*

Silver Picrate, Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by Neisseria gonorrheae. (1) An aqueous solution (0.5 percent) of silver picrate or water-soluble jelly (0.5 percent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," Am. J. Syph. Gon. & Ven. Dis., 23, 201 (March) 1939.

*Silver Picrate, is a definite crystolline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

*A complete technique of treatment and literature will be sent upon request*

JOHN WYETH & BROTHER, INCORPORATED, PHILA.

# THE JOURNAL BOOKSHELF

## BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

**Medical Clinics of North America.** Vol. 24, Philadelphia Number. Philadelphia: W. B. Saunders Company, 1940.

The symposium on arthritis in this volume adds nothing new and is less complete than some of the textbooks devoted to arthritis. The clinics are of a high caliber and bring to one's attention some less well recognized and reported subjects such as nonrenal azotemia. C. F. M.

**Medical Clinics of North America.** Vol. 25, Chicago Number. Philadelphia: W. B. Saunders Company, 1941.

The symposium on pain in this volume is a collection of fairly good review articles on certain aspects of pain. The other clinics are orthodox and also in the nature of reviews. C. F. M.

**Year Book of Obstetrics & Gynecology (1940).** Edited by Joseph B. DeLee, A.M., M.D., and J. P. Greenhill, B.S., M.D., F.A.C.S. Cloth. Price, $2.50. Pp. 714, illustrated. Chicago: Year Book Publishers, 1941.

This Year Book follows the general plan of its predecessors. While most all subjects are discussed, nevertheless, in the field of obstetrics the best contributions are concerned with roentgen diagnosis of pelvic and soft tissue abnormalities, pyelonephritis of pregnancy, toxemias, cesarean section, and asphyxia neonatorum. De Lee's cryptic comments and his article reviewing eclampsia, placenta praevia, and cesarean section during the last half century add to the value of this book. Greenhill has prefaced the section on gynecology by a general summary of the progress during this century. The literature concerning sterility problems is good. One of the best groups of papers concerns the operative technic of uterine prolapse. The numerous articles concerning menstruation and gynecological endocrinology result in a top-heavy section which, however, is readily summarized by the editor in a few pertinent paragraphs.

To practitioners this book offers a comprehensive and critical review of the new literature. It organizes, screens and summarizes articles in lucid order. The book also can be recommended to specialists and should be of particular value to those preparing themselves for specialty board examinations. The price is right! C. J. L.

**A Textbook of Clinical Neurology.** By J. M. Nielsen, B.S., M.D., F.A.C.P., associate clinical professor of medicine (neurology), University of Southern California; senior attending physician (neurology), Los Angeles County General Hospital; attending neurologist, Hospital of the Good Samaritan, Los Angeles, California. Cloth. Price, $6.50. Pp. 672, with 179 illustrations. New York: Paul B. Hoeber, Inc., 1941.

A new text in the field of neurology and psychiatry is an event—for modern texts in this field are not numerous. Dr. Nielsen's volume is comprehensive and will find favor with students. But if the reviewer be critical, shortcomings should be mentioned. In his foreword the author states he has not included controversial material, yet in his chapter on avitaminosis there is much that is still controversial. On the other hand in discussion of the anatomical explanation of the Argyll Robertson pupil, the work of Merritt and Moore which is generally accepted is not mentioned. One might wish for more detailed discussion of some subjects such as spontaneous subarachnoid hemorrhage which is neglected in American texts. His chapter on chemical intoxications is commendable, but he has made no reference to the antidotal treatment of barbiturate intoxication.

This text will be useful to students and those in general practice desirous of having a reference book at hand, but it will not supersede others in the field. M. G. M.

**Hemorrhagic Diseases; Photo-Electric Study of Blood Coagulability.** By Kaare K. Nygaard, M.D., former fellow in surgery, the Mayo Foundation; former assistant surgeon, the University Clinic, Oslo; fellow of the Alexander Malthe Foundation for Research in Medicine, Surgery and Gynecology. Cloth. Price, $5.50. Pp. 320, illustrated. St. Louis: C. V. Mosby Company, 1941.

This book is largely a report of the investigations of the author upon the problems of blood coagulation. The work includes a description and discussion of the photo-electric principle in the study of the various phases of the formation of a clot. The coagulability of recalcified plasma (the author studies plasma principally rather than whole blood) is measured with the photo-electrometer and he has devised an apparatus where recordings on sensitized paper can be made, thus depicting the velocity of coagulation. Further at different points in the "Coagelgrams" the investigator can conclude that at these points certain fundamental biologic changes in the specimen under observation occur. These changes are discussed in detail by the author and the various elements of blood clotting, prothrombin, calcium, thrombin, fibrinogen and thromboplastin, with the effects of temperature changes and many other modifiers, are taken up.

The final third of the book deals with some of the hemorrhagic diseases. The author offers a new clas-

sification; furnishes evidence that the delay in coagulation in hemophilia is due to a quantitative deficiency of thromboplastin, and he also believes that there is a qualitative deficiency of platelets. He demonstrates that there is hypocoagulability of plasma as well as a prolonged bleeding time in thrombocytopenic purpura. His discussions of vitamin K, hemorrhagic diseases associated with biliary tract disease and hemorrhagic disease of the newborn are very good.

This monograph is excellent and represents a tremendous amount of careful work by the author. The material is well and interestingly presented and contains a wealth of information. The author is not a physiologist but he has done fine research upon fundamental factors of clotting. His new methods of study seem sound and should be valuable in further researches which undoubtedly will be fruitful. The book is moderately technical and will be of interest principally to physiologists and those especially interested in hemorrhagic diseases. There is a good bibliography and the book is well set up and illustrated. A fine work. O. O. M.

Smoke-Screen. By Samuel B. Pettengill, former member of Congress (Indiana). Cloth. Price, $1 (orders for the book to be sent to America's Future, Inc., New York City, rather than to the publisher). Pp. 126. Kingsport, Tenn.: Southern Publishers, Inc., 1940.

This brochure which is an indictment of the New Deal can best be reviewed by the following quotations from the book:

"If, after full debate, the American people were to deliberately and freely select National Socialism as a way of life by the democratic process of ascertaining the major voice of all the people, no one could question their right to do so, however mistaken we would consider their decision.

"But after eight years in Congress I am certain that the American people have not chosen that course, and I do not think they will freely and deliberately make that decision.

"The decision is being made for them behind the 'smoke-screen' of an unguaranteed political promise of the more abundant life which our great age is capable of producing. Hence the title of this book, 'Smoke-Screen.'

"Many will say that we have not yet gone National Socialist, and may approve our course thus far. But even these must admit that we cannot continue long in the present direction without coming late or soon to National Socialism.

"It may be that we can go on half socialist and half free. It may be that in time we will be able to digest federal control of banking, credit, railroads, shipping, bituminous coal, radio, utilities, gold, silver, investment, farming, labor relations, wages, hours, etc., and still remain free citizens reading free newspapers, listening to a free radio, going to a free church, our children in free schools, and casting a free man's vote on election day. I would regard this as doubtful and the price in a lower standard of living both certain and large." R. C. B.

**BIDWELL BETTER LIMBS**

Everyone Receives the Personal Attention of G. L. Bidwell the well-known Orthopedic Appliance Expert.

EXPERIENCED LADY ATTENDANT

Artificial Limbs, Braces, Trusses, Elastic Stockings, Crutches, Invalid Chairs, Abdominal Belts.

**934 N. WATER ST.**
PHONE BROADWAY 4369
MILWAUKEE, WISCONSIN

Edgar Gordon

## SPRING CLINIC SPEAKER

Topics

Debunking Vitamins—10:00–10:30 a. m.
Acceptable Endocrines—2:00 2:40 p. m.
Medical Round-table Discussion—6:00–8:00 p. m.

(See pages 314–316.)

**USEFUL** IN EVERY FIELD OF PRACTICE

DERMATOLOGY
UROLOGY
E.E.N.&T.
GYNECOLOGY
PROCTOLOGY
GENERAL PRACTICE

ONLY
$37.50
COMPLETE

*The* BIRTCHER-BUILT
**HYFRECATOR**

A compact and convenient high frequency unit for the treatment of a long list of common conditions benefited by electrodesiccation.

Write us for FREE BOOKLET outlining the uses of electrodesiccation in your practice.

**ROEMER DRUG COMPANY**
606 North Broadway — Milwaukee, Wis.

## "THE LITERATURE . . ."

The literature,
The medical literature—
When in doubt look it up in the literature.
Every question that man can raise, every phrase
of every phase of that question is on record
In the literature;
Thrashed out threadbare pro and con
In the literature.
Did the man prehistoric once have the hysterics?
Why aren't the holes in the body square?
From Abderhalden's reaction to the zymogens in
action, if you're interested you'll find it, for
it's there
In the literature.
In *Journal* this or *Zeitschrift* that, *Comptes rendus*
or *Gazette*
It's somewhere
In the literature.
(With apologies to Kipling and Horton)

—Reprinted from **Current List of Medical Literature,** March 12, 1941.

**FOR YOUR LITERATURE USE THE**

**MEDICAL LIBRARY SERVICE**

**Service Memorial Institutes Building**

**MADISON**

**All books reviewed in The Journal as well as current issues of medical periodicals are available for loan. References on any selected subject will be sent on request for a two weeks' period. Service for Members at the Cost of Postage.**


**The Extra-Ocular Muscles; a Clinical Study of Normal and Abnormal Ocular Motility.** By Luther C. Peter, A.M., M.D., Sc.D., F.A.C.S., LL.D., professor emeritus of diseases of the eye in the Graduate School of Medicine of the University of Pennsylvania; member of consulting staff in the graduate hospital of the University of Pennsylvania. Cloth. Price, $4.50. Ed. 3. Pp. 368, illustrated. Philadelphia: Lea & Febiger, 1941.

For many years, "Extra-ocular Muscles" has been considered by ophthalmologists as one of the outstanding works in this field. The third edition of this excellent work is now available. The book is divided into six parts; namely, anatomy and physiology, heterophoria, heterotropia or concomitant squint, paralytic squint, nystagmus or talantropia, and surgical technique.

In general, the book follows previous editions with its excellent diagrams and illustrations. In this work Dr. Peter considers at some length the matter of orthoptic training and its evaluation. He has enlarged considerably the discussion of nystagmus or talantropia. This is indeed a helpful addition since nystagmus in general is so poorly understood.

The part devoted to surgical technique clearly states Dr. Peter's preferences regarding extra-ocular muscle surgery. He does not attempt to enumerate the many operations but describes in detail those which have given the best results in his hands. Outstanding in this section are his illustrations of the operations on the oblique muscles, and also the methods of transplanting parts of muscles for the correction of paralytic squint.

This most excellent book is essential in the armamentarium of every ophthalmologist. P. A. D.

**Biological Aspects of Infectious Disease.** By F. M. Burnet, M. D., assistant director, Walter and Eliza Hall Institute, Melbourne. Cloth. Price, $3.75. Pp. 310. New York: The MacMillan Company, 1940. Cambridge: At the University Press.

This fine book, written for the intelligent layman will also be of much interest to many physicians. In the author's own words (on page 24):

"It is the aim of this book to present a simple account of the micro-organisms which cause disease, of the processes within the body which are called into action against them, and of the way infection persists and spreads within the community. It is written not from the point of view of a physician or a pathologist whose interests must necessarily center in the human aspect, but with the outlook of a biologist to whom both man and micro-organisms are of equal interest."

The author, an Australian with the viewpoint of a cosmopolite, has fulfilled his aim and in so doing has produced a clear, concise, well written, informative and interesting work.

Two-thirds of the book are devoted to discussion of infection and immunity in various aspects with recording of many specific facts. In the last third of the volume certain important infectious diseases are discussed in more detail. These include diphtheria, influenza, tuberculosis, cholera, plague, malaria and yellow fever. The book can be recommended for reading by physicians, medical students and laymen. O. O. M.


**PRESCRIBE OR DISPENSE ZEMMER**

Pharmaceuticals, Tablets, Lozenges, Ampules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled.

Write for general price list.
*Chemists to the Medical Profession* WI 4-41

Zemmer
THE ZEMMER COMPANY
OAKLAND STATION
PITTSBURGH, PA.

**The 1940 Year Book of General Surgery.** Edited by Evarts A. Graham, A.B., M.D., professor of surgery, Washington University School of Medicine; surgeon-in-chief of the Barnes Hospital and of the Children's Hospital, St. Louis. Price, cloth, $3. Chicago: Year Book Publishers, 1941.

On reading this book of 800 pages, the reviewer felt it a short concise symposium of the various phases of general surgery. The editor has briefed the literature of the last year in a very orderly, clear and interesting manner, thus making it possible for one to cover it in a short time. The occasional notes added by the author are timely and add zest to the book.

This book is modeled after previous editions but in addition special sections are included devoted to the history of the *Year Book of Surgery*, bronchogenic carcinoma, and military surgery. The sections on the chest and on military surgery are excellent. This book is recommended to all general practitioners and surgeons. A. R. C.

**Textbook for Male Practical Nurses.** By Gayle Coltman, R.N. Cloth. Price, $2. Pp. 215. New York: The MacMillan Company, 1941.

This book is apparently designed to give general rather than detailed facts about hospitals and nursing procedures which might be useful to a practical nurse. It sketches briefly, yet quite clearly and concisely the purposes of hospitals, their classifications, plans of organization, departments, and the School of Nursing.

The ward unit and furnishings are described and practical suggestions given for the care of equipment, general cleaning, removal of common stains and the prevention and extermination of vermin and rodents. The nursing procedures included are the more common ones, such as the open and closed bed, bed bath, enemas, catheterization, oral and hypodermic medication administration.

It is not a large or heavy book so it is comfortable to hold. The paper has a dull finish and the print is a size that makes for easy reading. Subjects are well set out by headings in bold face type. There are no illustrations other than a few diagrams showing square and envelope corners in bedmaking. Directions for some of the procedures might have been made more clear had more illustrations been used.

A criticism of the book may be that at times one feels that directions for procedures are written with a specific institution in mind which might detract from applying them generally or in home situations. M. R. E.

### FILM ON ARTIFICIAL PNEUMOTHORAX

The W. A. T. A. has purchased a 35 mm. sound film entitled "Artificial Pneumothorax in the Treatment of Pulmonary Tuberculosis," and will arrange for the showing of this film to various county and district medical societies in Wisconsin on request. Write to: W. A. T. A., Health Service Bldg., Milwaukee, Wisconsin.


Lepel

MODEL TC SHORT WAVE AND FJ ULTRA VIOLET

EQUIPMENT OF DISTINCTION

SHORT WAVE APPARATUS LOW VOLTAGE MACHINES
ULTRA VIOLET LAMPS

"Look At The Rest—And Buy The Best"

*For Complete Information or Demonstration See*

BAIRR X-RAY CO.

2540 West Wells St. Milwaukee, Wisc.

PROFESSIONAL PROTECTION

SINCE 1899 SPECIALIZED SERVICE

A DOCTOR SAYS:

*"In the future my check stubs will show that the Medical Protective fee has gained a position of pre-eminence over rent, supply and other bills of the most fundamental importance."*

THE MEDICAL PROTECTIVE COMPANY OF FORT WAYNE, INDIANA

## BOYER—Acute Abdominal Disease

*(Continued from page 306)*

there is a large neoplastic growth involving the stomach. This perhaps is so extensive that surgery will not be of benefit. If she is not operated upon, she will certainly die. If she is operated upon she will probably not be benefited by surgery, and the operative procedure will probably be one of exploration with closure of the abdomen. However, one has no means of stating the degree of malignancy nor the extensiveness of metastases, if any. In the absence of apparent metastasis the patient should be given every chance no matter how small. The full potentialities and possibilities should be explained before surgery.

Prior to surgery in this case a proctoscopic examination was done to exclude metastasis to the rectum, in view of the previous rectal findings. This was negative. The patient was operated upon. A large inoperable carcinoma of the stomach was found with metastatic spread to the regional lymph nodes. The diagnosis was thereby confirmed. The patient was given what small chance there was. She expired some six weeks later. It may be of interest to know that the autopsy showed a normal gallbladder, advanced sclerosis of the coronary arteries, and a large carcinoma of the stomach. The latter was deeply ulcerated and evidently had arisen from a prior ulcer of the stomach. It should be mentioned at this time that if the epigastric mass had not been palpated that the examination and care of the patient would not have been complete with her recovery from the acute attack. Further study would have included x-ray study of the gallbladder and stomach, and gastric analysis.

### "In Conclusion . . . "

In conclusion, it has been the purpose of this paper to emphasize the importance of complete study of the patient. This means a complete history and physical examination with the necessary laboratory work. It is only in this way that the patient can receive the best care. Too often the basic principles of the practice of medicine are forgotten and diagnosis left to chance and probabilities. Once a diagnosis is made, treatment should follow. There is no room for vascillation in the adequate care of patients. Thorough and complete study results in more accurate diagnosis, fewer mistakes, and healthier people.

## TUBERCULOSIS AND THE EARLY DIAGNOSIS CAMPAIGN

Each year the Wisconsin Anti-Tuberculosis Association emphasizes the Early Discovery Campaign in Wisconsin as a part of the national movement for earlier recognition of tuberculosis.

This year's slogan, "A Good X-Ray is Your Doctor's Best Aid in Discovering Early Tuberculosis," is particularly appropriate. Perhaps no instrument except the microscope has revealed as many cases of tuberculosis as has the x-ray machine.

Coupled with the general educational campaign this year is a concentrated program for the control of tuberculosis in industry here in Wisconsin. This program is made possible with funds left the association by the late Howard E. Mitchell of Milwaukee.

As a part of national defense measures, the well-taken, well-interpreted chest x-ray film, repeated periodically on all employes, was stressed at the recent annual meeting of the association as one of the most effective procedures for controlling tuberculosis in industry.

In addition to the industrial groups, recent studies both in this state and in other parts of the country indicate that it is important that concentrated efforts be made to discover early tuberculosis among young women, lower income groups generally, and members of colored races. These four groups contribute the great majority of deaths to the total tuberculosis toll each year.

April is "EDC" month. However, the educational fight against tuberculosis which is emphasized during April by the W.A.T.A. is actually a year-around fight conducted against one of man's worst disease enemies—tuberculosis.

# WISCONSIN PHARMACISTS

When you order a prescription filled by one of the pharmacies named below you are assured of INTEGRITY AND FIDELITY in performance and QUALITY in ingredients.

## MATHER'S PHARMACY

Prescription Experts

Most complete line of Biologicals and largest prescription store in Northern Wisconsin.

Trusses, Wheel Chairs, Crutches, Electric Pads, etc.

**SUPERIOR, WISCONSIN**

## McCUE & BUSS DRUG CO.

Prescription Druggists
Physicians Supplies
Sick Room Needs

**14 So. Main St.** **JANESVILLE, WISCONSIN**

## BOCK DRUG STORES

*Dependable Druggists Since 1876*

Complete Stock of Biologicals—Ampoules and Vaccines—Mail Orders Promptly Filled

Trusses—Supports—Crutches—Elastic Goods

**Phone 4100** **SHEBOYGAN, WISCONSIN**

Distributors of

Dependable Pharmaceutical & Biological Products for Physicians, including Lederle, Lilly, Parke Davis, etc.

*The Hebberd Drug Store*

"EXPERT PRESCRIPTION SERVICE"

Phone 29 4th and Main LA CROSSE, WIS.

## RED CROSS DRUG CO.

DOCTORS!! *Save on Office and Dispensing Supplies.*

Mail orders filled in all parts of Wisconsin. Many doctors save hundreds of dollars yearly by concentrating their purchases. Let us quote you on your requirements. Orders shipped the same day received. We pay all delivery charges.

**RED CROSS DRUG CO.**
**RACINE, WISCONSIN**

## CHILSON DRUG COMPANY

*Benj. Chilson, Ph. G.*

Specializing in a complete stock of serums, vaccines and medical supplies. Carefully and accurately compounding prescriptions is the main feature of our drug store.

**BELOIT, WISCONSIN**

## BELLING'S DRUG STORE

*The Prescription Drug Store*

**204 E. College Ave.** **Appleton, Wis.**
**Phone 131**

A complete stock of Ampoules, Biologicals, including Rabies Vaccine, always under proper refrigeration.

## MAYER DRUG

Harry F. Mayer, Prop.

*A Complete Prescription Department*

Biologicals and Ampoules

**KENOSHA, WISCONSIN**

# Capital City Doctors

## Note These Reliable Madison Firms Which Sell Dependable Products, Services

Prescription Service at

**RENNEBOHM**

Better Drug Stores

is always

100% Dependable

Biologicals—Chemicals—Drugs

**FIRST CENTRAL DISPENSARY**

602 First Central Bldg.
Madison, Wis.
Phone: Badger 7929

RELIABLE PRESCRIPTION SERVICE

**LORAINE HOTEL**

Fireproof

SCHROEDER HOTELS

*Sleep in Safety*

**CENTRAL GARAGE**

15 South Webster St.

Parking and General Service

MODERN — CONVENIENT
ALWAYS DEPENDABLE

Ampoules, Biologicals, Chemicals, Bacteriological Stains, Trusses, Camp Surgical Supports, "Leeches."

**THE PRESCRIPTION PHARMACY**

Samuel R. Chechik, Ph.D.

20 S. Carroll St. Phone: Badger 755
"The Park Hotel Building"

*For Lovely Flowers*

Phone

**RENTSCHLER'S**

Badger 177

230 State St. Madison

Office: Badger 787 Residence: Badger 2308

**AUTO SERVICE COMPANY, Inc.**

Dan Bilsie

"Private Ambulance Service"

750 East Washington Ave. Madison, Wis.

**Frautschi Funeral Home**

120 E. Wilson St.

Madison, Wis.

ARTHUR A. FRAUTSCHI, *Director*

Phone Badger 733

Her Results Will Be Better

With Efficient Equipment!

*Phone Badger 5900*

**BLIED PRINTERS AND STATIONERS**

114 E. WASHINGTON AVE., MADISON

# INDEX TO ADVERTISERS IN THIS ISSUE


| | Page |
|---|---|
| American Can Co. | 274 |
| American Optical Co. | 282 |
| Audiphone | 351 |
| Auto Service Co., Inc. | 350 |
| Barr X-ray Co. | 347 |
| Belling's Drug Store | 349 |
| Benson Optical Co., Inc. | 357 |
| Bidwell Better Limbs | 345 |
| Blied Printers & Stationers | 350 |
| Bock Drug Co. | 349 |
| Borden Co. | 355 |
| S. H. Camp & Co. | 275 |
| Central Garage | 350 |
| Chilson Drug Co. | 349 |
| Coca Cola Co. | 341 |
| Cook County Graduate School | 281 |
| Doerflinger's | 343 |
| First Central Dispensary | 350 |
| Frautschi Funeral Home | 350 |
| Hebberd Drug Store | 349 |
| Kennedy–Mansfield Dairy | 350 |
| Kremers–Urban Co. | 281 |
| Lakeside Laboratories | 270 |
| Eli Lilly & Co. | 337 |
| Loraine Hotel | 350 |
| Marquette University School of Medicine | 356 |
| Massachusetts Protective Cos. | 343 |
| Mather's Pharmacy | 349 |
| Mayer Drug | 349 |
| McCue & Buss Drug Co. | 349 |
| Mead Johnson & Co. | 339 |
| Medical Protective Co. | 347 |
| Merck & Co. | 279 |
| Milwaukee Optical Manufacturing Co. | 284 |
| Milwaukee Sanitarium | 360 |
| National Ass'n Chewing Gum Manufacturers | 341 |
| New York Polyclinic | 356 |
| Normandale | 356 |
| Orthopedic Appliance Co. | 351 |
| Parke, Davis & Co. | 278 |
| Petrolagar Laboratories, Inc. | 359 |
| Philip Morris & Co., Ltd. | 354 |
| Physicians Casualty Ass'n | 282 |
| Physicians Radium Ass'n | 282 |
| Mary E. Pogue School | 356 |
| Prescription Pharmacy | 350 |
| Radiation Therapy Institute | 273 |
| Radium & Radon Corp. | 351 |
| Red Cross Drug Co. | 349 |
| Rennebohm Drug Stores | 350 |
| Rentschler Floral Co. | 350 |
| Roemer Drug Co. | 345 |
| Rogers Memorial Sanitarium | 360 |
| Sacred Heart Sanitarium | 272 |
| St. Croixdale Sanitarium | 273 |
| Schering Corp. | 283 |
| Schroeder Hotel | 281 |
| Shorewood Hospital Sanitarium | 284 |
| SMA Corp. | 276 |
| Summit Hospital | 357 |
| Uhlemann Optical Co. | 353 |
| Upjohn Co. | 271 |
| Waukesha Springs Sanitarium | 270 |
| Winthrop Chemical Co., Inc. | 277 |
| Wyeth & Brother, Inc. | 343 |
| Zemmer Co. | 346 |



**Western Electric HEARING AID**

Air and Bone Conduction

There's a Western Electric Ortho-Technic Audiphone designed by Bell Telephone Laboratories—embodying new principles, exclusive features, to meet the individual needs of your patients.

Small, Inconspicuous, High Fidelity

AUDIOMETERS — ELECTRICAL STETHOSCOPE

**AUDIPHONE UTILITIES**

Suite 205 739 N. Broadway Daly 2505

MILWAUKEE

**Orthopedic Appliances**

Abdominal Belts Elastic Stockings
Whitman Arch Plates Trusses
Braces of all Descriptions

**Artificial Limbs**

Trained Mechanics and Fitters Only

**THE ORTHOPEDIC APPLIANCE CO.**

123 East Wells St.

Tel. Daly 3021 Milwaukee, Wis.

**RADIUM**

**RENTED**
for the individual case at lowest rates. Instruments loaned.

**LEASED**
in any quantity of 50 milligrams or more, on a yearly basis. Continuous possession. No investment.

**SOLD**
in any quantity in latest platinum containers.

RADON in all-gold Implants at $2.50 per millicurie.

*For details, address*

**RADIUM AND RADON CORP.**

Marshall Field Annex • Randolph 8855

CHICAGO

# PHYSICIANS' EXCHANGE

**Advertisements for this column must be received by the 25th of the month preceding month of issue. A charge is made of $2.00 for the first appearance of copy occupying 1 inch or less of space and $1.00 for each succeeding insertion of the same copy. Kindly accompany copy with remittance to cover number of insertions desired. Advertisements from members of the State Medical Society will be accepted without charge. Such copy will be taken out after its second publication unless otherwise requested. Where numbers follow advertisements replies should be addressed care Wisconsin Medical Journal.**

FOR SALE—Complete medical and surgical equipment for office and hospital practice. New instruments, obstetrical bag, Castle sterilizer, etc. Address replies to No. 61 in care of Journal.

FOR SALE—Office equipment of the late Dr. J. J. McGovern including drugs, books, instruments, Fischer diathermy, etc. Address replies to No. 65 in care of Journal.

FOR SALE—One 5-30 Engeln x-ray unit, complete with Bucky table, separate vertical fluoroscope, cassettes, tank, etc. $350 cash. Dr. C. E. McJilton, River Falls, Wisconsin.

FOR SALE—Office equipment of the late Dr. E. J. Knapp. Books, instruments, some furniture, Leitz microscope, McCaskey register, Battle Creek vibrator, etc. Will sell separately. Address replies to No. 32 in care of Journal.

FOR SALE—Desirable practice in central western Wisconsin with a gross income of $7,200 annually. Will sell for the value of furniture, equipment, and drugs. Catholic preferred. Owner leaving state for work in the war department. Address replies to No. 33 in care of Journal.

FOR SALE — Reconditioned examining table. Baked enamel with chromium plate. Address replies to No. 42 in care of Journal.

FOR SALE—Allison, quarter-sawed oak, solid wood, examining table, and instrument cabinet, in good condition. Address replies to Mrs. E. L. Tompach, 920 Kewaunee Street, Racine, Wisconsin.

FOR SALE—Complete office equipment and instruments; also furnishings for small hospital. Address replies to No. 81 in care of Journal.

FOR SALE—Practice for price of equipment. Transferable appointments netting $1,800 yearly. Should be investigated. Will consider any reasonable offer. Address replies to No. 82 in care of Journal.

FOR SALE—The eye, ear, nose, and throat instruments and miscellaneous items of the late Dr. I. M. Addleman. Reasonable. Address replies to Erna M. Krenz, 515 Third Street, Wausau, Wisconsin.

FOR SALE—Active practice near Milwaukee. Collected $7,000 last year. Good price. Easy terms for reliable purchaser. Low overhead. Address replies to No. 90 in care of Journal.

FOR SALE—Practice by physician who desires to leave to specialize. Community of 900 in Southwestern Wisconsin with additional 900 population in immediately surrounding territory. Good schools. Nearest physician eighteen miles. Sale conditional only upon disposing of x-ray unit, office equipment and drugs. Will stay to introduce successor. Hospital connections available. Address replies to No. 40 in care of Journal.

FOR SALE—A large, long-established, unopposed practice in center of extensive farming community. Good hospital facilities. Fine residence with office in connection. Easy terms. Reason for selling: failing health. Address replies to No. 21 in care of Journal.

FOR SALE—Practice in small but prosperous community. Physician desires to leave well-established practice in order to specialize. Community population under 1,000, excellent school system, modern conveniences, dairy section, good roads, hospital facilities within twenty-five miles. Prefer young, married physician, Protestant, with two years or more of general practice. Will stay to introduce successor. Prepared to offer liberal terms to well-trained physician of ability and integrity. Address replies to No. 30 in care of Journal.

FOR SALE OR RENT—Excellent, long-established, unopposed practice with modern home and office. Prefer young married man of good habits, Protestant, and not of draft age. Good hospital facilities. Reason for selling: ill health. Address replies to No. 80 in care of Journal.

FOR RENT—Well built up practice of twenty-eight years in village of 300 in rich community in northeastern part of State. Address replies to No. 41 in care of Journal.

FOR RENT—Suite of offices of late Dr. J. T. Corr. Located in business district. Equipped for eye, ear, nose, and throat practice. Address replies to Mrs. J. T. Corr, 928 Hayes Avenue, Racine, Wisconsin.

WANTED—Assistant in general practice in southeastern Wisconsin town of 1,000, with excellent surrounding territory. Prefer one who can take full charge in case I am called for army service. Address replies to No. 31 in care of Journal.

WANTED—A young physician at once. Address replies to No. 70 in care of Journal.

WANTED—Young physician to take over practice in town of 400 in central Wisconsin. Free office privileges in local ten-bed hospital and work as resident physician on free basis. Address replies to No. 91 in care of Journal.

WANTED—One or two additional specialists to share an excellently equipped and furnished suite in a Milwaukee downtown office building. Secretarial, x-ray, and laboratory facilities provided. Address replies to No. 59 in care of Journal.

WANTED—General practitioner for locum tenens for about six weeks. Address replies to No. 45 in care of Journal.

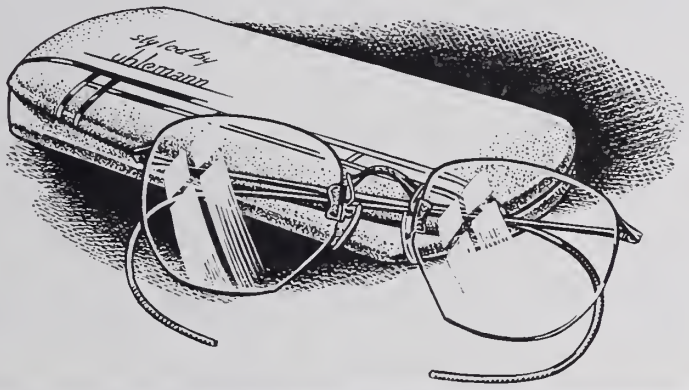
LOCATION AVAILABLE—Since I expect to be called for military service would like locum tenens for indefinite period, or would be willing to sell. Good general practice in east central portion of state in town of 600. Attractive new home and office combined. Hospital facilities within ten miles. No competition. Address replies to No. 50 in care of Journal.

LOCATION—Opening due to death of only physician in farming community; large territory, mixed nationality, good roads; will rent office space reasonably. Hospital available in which to do surgery. Address replies to No. 62 in care of Journal.

LOCATION AVAILABLE—Unusual opportunity. General practice. Established office, well-equipped, including x-ray and physiotherapy apparatus, in prosperous city in Fox River Valley, Wisconsin. Hospital facilities; fine schools. Owner retiring. Terms reasonable. Price based on inventory value of equipment only. Address replies to No. 22 in care of Journal.

LOCATION WANTED—Physician desires part-time work in industrial medicine and surgery. Four years' experience. Qualifications on request. Address replies to No. 92 in care of Journal.

# Styled by Uhlemann




• Good manners, someone aptly remarked, are outward evidence of an inward regard for other people's feelings.

Style is like that—an external thing, difficult to define, but as unmistakable as salt on a good steak. And, like skillful seasoning of food, style is most effective when it associates with quality. They belong together.

Styled by Uhlemann is an instinctive union of smart good taste, becomingness, and that basic fine quality that every true craftsman finds essential. It means glasses which are first of all a faithful translation of an eye physician's prescription. It means glasses as nearly perfect as human skill can make them. It means glasses wholly suitable as a smart, becoming item of necessary apparel.

There's no better guarantee of comfort and satisfaction than the simple phrase, Styled by Uhlemann.

## UHLEMANN OPTICAL COMPANY

ESTABLISHED 1907

*Exclusive Opticians for Eye Physicians*

PITTSFIELD BUILDING • CHICAGO, ILLINOIS

*OFFICES:* CHICAGO • DETROIT • TOLEDO • SPRINGFIELD
EVANSTON • DAYTON • PORT HURON • APPLETON • OAK PARK

Prescribe Journal-advertised products and you prescribe the best.

# For your patients who inhale

**_All_ smokers inhale _some_ of the time and thereby increase the possibility of irritation.**

MAY WE therefore suggest, for your patients who smoke, the protection of Philip Morris—proved* definitely and measurably less irritating to the membranes of the nose and throat.

# PHILIP MORRIS

*Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York*

Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154— Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

When writing advertisers please mention the Journal.

A Reminder from Borden about

# SOUND INFANT NUTRITION

IN BIOLAC—the *liquid* modified milk for infants—sound nutrition and ease of digestion are assured by four key principles.

**1. Fat Adjustment**—fat is reduced to a moderate, more readily assimilable level than is found in regular fluid or evaporated milk. Biolac is homogenized to provide small, readily-digestible fat droplets.

**2. Protein Adjustment**—protein is maintained at higher level than in breast milk to compensate for biological difference of cow's milk protein, and to provide amply for the greater needs in early months when growth is fastest.

**3. Carbohydrate Adjustment**—as in breast milk, carbohydrate for the growing young is provided solely by lactose, and in Nature's own equilibrium of 60% beta, 40% alpha lactose.

**4. Vitamin and Iron Adjustment**—vitamins A, $B_1$, D, and iron are provided at recognized prophylactic levels, making their ingestion automatic and certain.

Needing only simple dilution with boiled water, Biolac assures a sterile formula—even including the carbohydrate. It is sold only in drug stores; no feeding directions are given to the laity.

● Please enclose professional card or letterhead when requesting literature or samples. The Borden Co., 350 Madison Avenue, New York City.

*Borden's* **BIOLAC**

**A BORDEN PRESCRIPTION PRODUCT**

Prescribe Journal-advertised products and you prescribe the best.

# THE NEW YORK POLYCLINIC
## MEDICAL SCHOOL AND HOSPITAL
*(The Pioneer Post-Graduate Medical Institution in America, Organized 1881)*

### ROENTGENOLOGY

A comprehenstve review of the physics and higher mathematics involved, film interpretation, all standard general roentgen diagnostic procedures, methods of application and doses of radiation therapy, both x-ray and radium, standard and special fluoroscopic procedures. A review of dermatological lesions and tumors susceptible to roentgen therapy is given, together with methods and dosage calculation of treatments. Special attention is given to the newer diagnostic methods associated with the employmentof contrast media, such as bronchography with Lipiodol, uterosalpingography, visualization of cardiac chambers, peri-renal insufflation and myelography. Discussions covering roentgeo departmeotal management are also included.

### PLASTIC REPARATIVE SURGERY

The course comprises examination of patients; tests, models, and photographs; diagnosis and selection of method of correction; the properties of various orders of skin grafts and variance in their application; bone, cartilage and nerve grafts; readjustments and replacements; fresh wound treatment; preoperative care; anesthesia; operative procedures; wound closing and minimum scar; follow-up and infection problems; keloids. The course covers the field of correction of disfigurements and replacement of traumatic loss and congenital deficiency. Exposition of cases, lectures and cadaver demonstrations.

FOR INFORMATION ADDRESS
MEDICAL EXECUTIVE OFFICER 345 West 50th Street, New York City

## THE MARY E. POGUE SCHOOL

DOCTORS: You may continue to supervise the treatment and care of children you place in our school. Catalogue on request.

90 Geneva Road Telephone
Wheaton, Illinois Wheaton 66

## NORMANDALE SANITARIUM
Madison, Wisconsin

Normandale is a sanitarium for the care and treatment of nervous and mental disorders, inclusive of addictions. All of the modern methods of neuropsychiatric therapy are available. Special accommodations and rates are offered for the care of chronic cases.

Normandale is located on the outskirts of Madison, Wisconsin. This location affords the conveniences of the city and the restful environment of a rural setting.

Inquiries are invited. Telephone:
Fairchild 2486
Medical Director,
M. F. Greiber, M. D.

# MARQUETTE
## SCHOOL OF MEDICINE

**Requirements For Admission** The minimum requirements for admission are three years of such college work as is acceptable towards the Bachelor's degree in an approved college of liberal arts or in a recognized University. The following subjects must be included in these three years: zoology, general chemistry, organic chemistry, English, French or German, physics.

**Instruction** The duration of the course leading to the degree of Doctor of Medicine is five years, the fifth year of which is devoted to a hospital internship. The school year begins about the first of October and ends about the middle of June. The aim is constant coordination of the basic sciences with the clinical subjects applied to curative and preventive medicine.

**Clinical Facilities** Milwaukee County General Hospital, Milwaukee County Emergency Hospital and Dispensary, Milwaukee Children's Hospital and Dispensary, Milwaukee County Insane Hospitals, Acute and Chronic, South View Hospital for Contagious Diseases, Muirdale Sanatorium for tuberculosis, Mt. Sinai Hospital Dispensary, Marquette Eye Clinic, Public Health field work.

For further information address:

DEAN, MARQUETTE UNIVERSITY SCHOOL OF MEDICINE
561 North Fifteenth Street
Milwaukee, Wisconsin

There is no substitute for quality when prescribing lenses for the human eye. Our ORKON CORRECTED CURVE OPHTHALMIC LENSES represent the best produced by Optical Science.

**N. P. Benson Optical Co., Inc.**

Established 1913

MAIN OFFICE: MINNEAPOLIS, MINN.

DULUTH
ALBERT LEA
WINONA

EAU CLAIRE
LA CROSSE
WAUSAU
STEVENS POINT

BISMARCK
ABERDEEN
RAPID CITY

SH The SUMMIT HOSPITAL
OCONOMOWOC, WIS.

Here, in a cordial and homelike environment, we operate a hospital and sanatorium with facilities and personnel adequate to manage your

CHRONIC,
NERVOUS and
MENTAL
CASES

A natural Beauty Spot — Fireproof, Modern buildings, Moderate rates.

*For further information write or phone*

G. R. Love, M.D.
*Physician in Charge*
The Summit Hospital
Oconomowoc, Wis.

Chicago Office:
Loren W. Avery, M.D.
*Consulting Neuropsychiatrist*
122 So. Michigan Ave.

# THE STATE MEDICAL SOCIETY OF WISCONSIN

## ORGANIZED 1841

R. P. SPROULE, Milwaukee, President
GUNNAR GUNDERSEN, La Crosse, President-Elect
R. M. KURTEN, Racine, Speaker
CHARLES FIDLER, Milwaukee, Vice-Speaker
Mr. J. G. CROWNHART, Madison, Secretary
IRA R. SISK, Madison, Treasurer

## Councilors

TERM EXPIRES 1942

First District:
H. P. Bowen——Watertown

Second District:
C. E. Pechous——Kenosha

TERM EXPIRES 1943

Third District:
W. T. Clark——Janesville

Fourth District:
B. I. Pippin——Richland Center

TERM EXPIRES 1943

Fifth District:
A. H. Heidner——West Bend
Sixth District:
S. E. Gavin——Fond du Lac

TERM EXPIRES 1941

Seventh District:
H. A. Jegi——Galesville
Eighth District:
G. W. Krahn——Oconto Falls
Ninth District:
H. H. Christofferson——Colby
Tenth District:
F. E. Butler——Menomonie

TERM EXPIRES 1942

Eleventh District:
F. G. Johnson——Iron River
Twelfth District:
H. J. Gramling——Milwaukee
R. E. Fitzgerald——Milwaukee

TERM EXPIRES 1943

Robert W. Blumenthal
——Milwaukee

TERM EXPIRES 1941

Thirteenth District:
J. W. Lambert——Antigo

TERM EXPIRES 1941

R. G. Arveson——Frederic
(Past President)

## Delegates to American Medical Association

Stephen E. Gavin, Fond du Lac, 1942 James C. Sargent, Milwaukee, 1942 Joseph F. Smith, Wausau, 1941

## Alternates

S. J. Seeger, Milwaukee, 1942 F. E. Butler, Menomonie, 1942 C. W. Giesen, Superior, 1941

Advertising Representative: The Wisconsin Medical Journal, Official Publication
Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Illinois

## List of Executive Officers of County Medical Societies

| County | President | Secretary |
|---|---|---|
| Ashland–Bayfield–Iron | C. A. Grand, Ashland | A. H. Lamal, Ashland. |
| Barron–Washburn–Sawyer–Burnett | H. H. Ainsworth, Birchwood | R. W. Adams, Chetek. |
| Brown–Kewaunee–Door | L. D. Quigley, Green Bay | E. J. O'Brien, Green Bay. |
| Calumet | J. W. Goggins, Chilton | J. A. Knauf, Stockbridge. |
| Chippewa | F. B. Sazama, Chippewa Falls | L. W. Picotte, Chippewa Falls. |
| Clark | G. G. Shields, Abbotsford | W. A. Olson, Greenwood. |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | C. J. Radl, Wisconsin Dells. |
| Crawford | G. R. J. Hammes, Seneca | O. E. Satter, Prairie du Chien. |
| Dane | S. J. Briggs, Madison | D. L. Williams, Madison. |
| Dodge | A. J. Hebenstreit, Juneau | A. G. Hough, Beaver Dam. |
| Douglas | Rudolph Christiansen, Superior | Fred Johnson, Jr., Superior. |
| Eau Claire–Dunn–Pepin | J. C. Baird, Eau Claire | H. S. Fuson, Eau Claire. |
| Fond du Lac | O. F. Guenther, Campbellsport | S. A. Theisen, Fond du Lac. |
| Forest | G. W. Ison, Crandon | G. E. Carroll, Laona. |
| Grant | H. J. McLaughlin, Bloomington | H. L. Doeringsfeld, Platteville. |
| Green | W. G. Bear, Monroe | L. E. Creasy, Monroe. |
| Green Lake–Waushara | J. A. Kelly, Green Lake | D. M. Regan, Berlin. |
| Iowa | T. A. Hagerup, Dodgeville | H. M. Walker, Dodgeville. |
| Jefferson | J. C. Brewer, Jefferson | E. A. Schoenecker, Lake Mills. |
| Juneau | W. T. O'Brien, Mauston | Brand Starnes, New Lisbon. |
| Kenosha | E. F. Andre, Kenosha | L. M. Rauen, Kenosha. |
| La Crosse | M. W. Ward, Bangor | J. C. Fox, La Crosse. |
| Lafayette | S. A. J. Ennis, Shullsburg | E. D. McConnell, Darlington. |
| Langlade | R. J. Portman, Antigo | W. P. Curran, Antigo. |
| Lincoln | W. F. Austria, Merrill | L. J. Bayer, Merrill. |
| Manitowoc | T. H. Rees, Manitowoc | T. A. Teitgen, Manitowoc. |
| Marathon | M. L. Jones, Wausau | H. H. Fechtner, Wausau. |
| Marinette–Florence | J. V. May, Marinette | K. G. Pinegar, Marinette. |
| Milwaukee | T. J. Howard, Milwaukee | Mr. James O. Kelley, Ex. Sec., Milw. |
| Monroe | D. C. Beebe, Sparta | T. J. Sheehy, Tomah. |
| Oconto | W. C. Watkins, Oconto | A. N. Touslgnant, Oconto. |
| Oneida–Vilas | C. A. Richards, Rhinelander | H. J. Westgate, Rhinelander (acting) |
| Outagamie | W. H. Towne, Hortonville | D. M. Gallaher, Appleton. |
| Pierce–St. Croix | C. A. Dawson, River Falls | A. E. McMahon, Glenwood City. |
| Polk | W. B. Cornwall, Amery | G. B. Noyes, Centuria. |
| Portage | H. P. Benn, Stevens Point | T. L. Harrington, Stevens Point. |
| Price–Taylor | H. B. Norviel, Phillips | J. L. Rens, Phillips. |
| Racine | A. M. Lindner, Racine | Beatrice O. Jones, Racine. |
| Richland | L. C. Davis, Richland Center | G. H. Benson, Richland Center. |
| Rock | G. C. Waufle, Janesville | O. V. Overton, Janesville. |
| Rusk | W. F. O'Connor, Ladysmith | M. L. Whalen, Bruce. |
| Sauk | J. F. Moon, Baraboo | C. B. Pope, Baraboo. |
| Shawano | A. A. Cantwell, Shawano | E. E. Evenson, Wittenberg. |
| Sheboygan | Anthony Voskuil, Cedar Grove | W. G. Huibregtse, Sheboygan. |
| Trempealeau–Jackson–Buffalo | E. A. Meili, Cochrane | R. R. Richards, Blair. |
| Vernon | W. H. Remer, Chaseburg | R. S. Hirsch, Viroqua. |
| Walworth | H. J. Kenney, Delavan | L. H. Donath, Lake Geneva. |
| Washington–Ozaukee | F. W. Lehmann, Hartford | R. S. Fisher, Allenton. |
| Waukesha | G. S. Jones, Genesee Depot | J. F. Wilkinson, Oconomowoc. |
| Waupaca | A. M. Christofferson, Waupaca | J. W. Monsted, New London. |
| Winnebago | F. G. Jensen, Menasha | E. F. Cummings, Oshkosh. |
| Wood | L. A. Copps, Marshfield | R. W. Mason, Marshfield. |

# Petrolagar*

## *Helps establish habit time*

● The establishment of Habit Time for bowel movement may be aided by the use of Petrolagar Plain.

As part of a complete program for treatment of constipation, Petrolagar contributes to the restoration of normal bowel movement by softening fecal mass.

Petrolagar induces comfortable evacuation which tends to encourage the development of a regular "HABIT TIME."

**Petrolagar—The trademark of Petrolagar Laboratories, Inc., brand emulsion of mineral oil . . . Liquid petrolatum 65 cc. emulsified with 0.4 gm. agar in menstruum to make 100 cc.*

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

Prescribe Journal-advertised products and you prescribe the best

# Rogers Memorial Sanitarium

OCONOMOWOC, WIS.
Telephone 448

A PRIVATE sanitarium
(incorporated not-for-profit)
for the treatment of
**DISEASES OF THE NERVOUS SYSTEM**
All approved methods of therapy are used

Fireproof Building
Booklet on Request

*RESIDENT PHYSICIANS*

JAMES C. HASSALL, M.D.
Medical Director
OWEN C. CLARK, M.D.
DONALD A. R. MORRISON, M.D.

*BOARD OF TRUSTEES*

JAMES C. HASSALL, M.D.
FREDERICK PABST
Oconomowoc, Wis.
T. H. SPENCE
MITCHELL MACKIE
MACKEY WELLS
O. R. LILLIE, M.D.
Milwaukee, Wis.
PETER BASSOE, M.D.
RALPH C. HAMILL, M.D.
JOHN FAVILL, M.D.
Chicago, Ill.
W. S. MIDDLETON, M.D.
Madison, Wis.
SCOTT LOWRY
Waukesha, Wis.

Milwaukee Office:
By Appointment
1330 Wells Building
Telephone Daly 1441

# MILWAUKEE SANITARIUM

Wauwatosa, Wisconsin

## FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

(Chicago office—1117 Marshall Field Annex. Wednesdays, 1–3 P. M.)

Staff
Rock Sleyster, M.D.
Lloyd H. Ziegler, M.D.
William T. Kradwell, M.D.
Merle Q. Howard, M.D.
Carroll W. Osgood, M.D.
Benjamin A. Ruskin, M.D.
Arthur J. Patek, M.D.

One of the Fourteen Units in "Cottage Plan"
COLONIAL HALL

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

CENTENNIAL MEETING
State Medical Society
September 10, 11, and 12
Madison

# The Wisconsin Medical Journal

IN THIS ISSUE

INDUSTRIAL DERMATITIS
By H. R. Foerster, M. D.
IMPETIGO CONTAGIOSA
By Stephan Epstein, M. D.
TREATMENT OF BURNS
By A. A. Schaefer, M. D.
SQUINT IN CHILDREN
By E. E. Neff, M. D.
USE OF "COLD CAPSULES"
By A. A. Holbrook, M. D.
LEGISLATIVE HEARINGS
(501, A. and 245, A.)

COLLEGE OF PHYSICIANS
LIBRARY
MAY 15 1941
OF PHILADELPHIA

COMPLETE TABLE OF CONTENTS, PAGE 364

ne 40, Number 5
enney Building
MADISON, WISCONSIN, MAY, 1941
Copyright, 1941, by The State Medical Society of Wisconsin
Per Year $3.50
Single Copy 50 Cents

Left—A warm welcome awaits the medical profession at the main entrance of The Lakeside Laboratories, Inc.

Right—Adrenalectomy of a dog for use in research on physiology of adrenal cortex.

Far Right—Reaction kettle used in the synthesis of hormones and rare chemical compounds.

## LAKESIDE dedicates its new ENDOCRINE building

For the second time in seventeen months, Lakeside announces increased facilities. A new building dedicated to endocrine research and the development of rare chemicals has just been completed. It represents another milestone in the Lakeside program of progress.

"Manufacturers to the Medical Profession EXCLUSIVELY"

The LAKESIDE Laboratories Inc. MILWAUKEE WISCONSIN

# Waukesha Springs Sanitarium

## FOR NERVOUS DISEASES

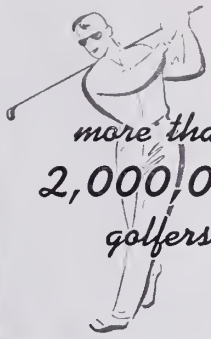
*BUILDING ABSOLUTELY FIRE-PROOF*

BYRON M. CAPLES, M. D. Medical Director. FLOYD W. APLIN, M. D.

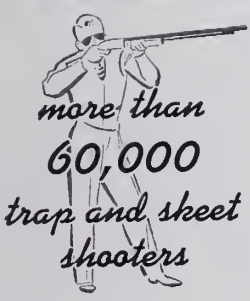
**WAUKESHA, WISCONSIN**

*An extra pair for outdoor wear*

**Insures Complete Eye Comfort and PATIENT SATISFACTION**



*more than 2,000,000 golfers*



*more than 60,000 trap and skeet shooters*

*more than 50,000 pilots*

*more than 300,000 pleasure boat owners*

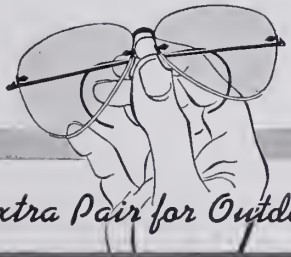
*Ray-Ban*

**PRESCRIPTION SERVICE**

Two out of every three persons have uncorrected vision, according to the Better Vision Institute. Many hundreds of thousands are thus handicapped in the full enjoyment of their favorite sports and outdoor activities.

Broaden your examination procedure to include a thorough analysis of your patients' outdoor requirements. Prescribe the correct lens filter just as you prescribe reading corrections to bifocal patients.

There is a Riggs office near you where complete Prescription Service for Outdoor Glasses is available. Number 2 or 3 shade Ray-Ban and 3 or 4 shade Soft-Lite are recommended in most cases.



*℞ An Extra Pair for Outdoor Wear*

**RIGGS OPTICAL COMPANY**

*Distributors of Bausch & Lomb Products*

GENERAL OFFICES, CHICAGO AND SAN FRANCISCO; BRANCHES IN PRINCIPAL WESTERN AND MID-WESTERN CITIES

# THE WISCONSIN MEDICAL JOURNAL

Volume 40
Number 5

MADISON, WISCONSIN, MAY, 1941

Per Year $3.50
Single Copy 50 Cents

## TABLE OF CONTENTS

### SCIENTIFIC ARTICLES

Page

Industrial Dermatitis by Harry R. Foerster, M. D., Milwaukee ---- 377
Impetigo Contagiosa by Stephan Epstein, M. D., Marshfield ---- 383
Treatment of Burns by Arthur A. Schaefer, M. D., Milwaukee ---- 391
Problem of Squint in Children by E. Eugene Neff, M. D., Madison ---- 394
Prophylactic Use of "Cold Capsules" by A. A. Holbrook, M. D., Milwaukee ---- 396
Comments on Treatment: Prostigmine by M. H. Seevers, M. D., Madison ---- 399

### SPECIAL ARTICLES

Obstetrics in Milwaukee by Gerald F. Burgardt, M. D., Milwaukee ---- 426
Pharmacists Cited for Selling Dangerous Drug Products (a reprint) ---- 430
Keep the Worker on the Job by Paul A. Brehm, M. D., Madison ---- 433
(No. 3 of a series of articles)
Centennial Section:
An Incident in Early Wisconsin Appendicitis History by A. E. Hedback, M. D., Minneapolis, Minn. ---- 435
Biographies of Pioneer Wisconsin Physicians —continued ---- 437

### EDITORIAL

Page

The 1941 Legislative Session ---- 400

### MISCELLANY

President's Page ---- 401
Woman's Auxiliary ---- 402
Society Proceedings ---- 408
News Items and Personals ---- 410
Births, Deaths ---- 412
Society Records ---- 413
Correspondence ---- 414
Appeal for Doctors to Serve in Britain ---- 414
Notice of Council Hearing on Proposed Amendment ---- 415
Initial Meeting of Wisconsin Society of Obstetrics and Gynecology ---- 415
Coming Events ---- 416
Medical Examiners under Selective Service ---- 418
(List revised to April 16, 1941; other appointments pending)
Members in Active Military Service ---- 424
Special Resolution on Military Service ---- 425
Technical Exhibitors, Centennial Session ---- 440
Book Reviews ---- 444
Physicians' Exchange Page ---- 452

[Entered as second class matter, June 30th, 1903, at the Post Office at Milwaukee, Wis., under Act of Congress March 3rd, 1879. Transferred to Madison, Aug. 1st, 1929.]
"Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized Aug. 7, 1918."

SACRED HEART SANITARIUM
MILWAUKEE, WISCONSIN

An institution conducted for the diagnosis and treatment of mild nervous disorders and non-infectious diseases; also for rest and recuperation under medical supervision. Equipped with every modern facility for diagnostic purposes. Scientific dietetics, physiomechanotherapy, hydrotherapy, supervised occupational and recreational activities. Literature and rates sent on request.

MEDICAL STAFF
William L. Herner, M.D., Medical Director
Delparde W. Roberts, M.D. — J. Frampton Wyman, M.D.
William F. Ragan, M.D. — Hubert H. Blanchard, M.D.
Frank W. Mackoy, M.D. — L. Tennyson Peyton, M.D.
Ray C. Johnston, M.D.

When writing advertisers please mention the Journal.

# ST. CROIXDALE ON LAKE ST. CROIX

**PRESCOTT, WISCONSIN**

**MAIN BUILDING—One of the 5 Units in "Cottage Plan."**

A Modern Private Sanitarium for the Diagnosis, Care and Treatment of Nervous, Mental and Medical Cases.

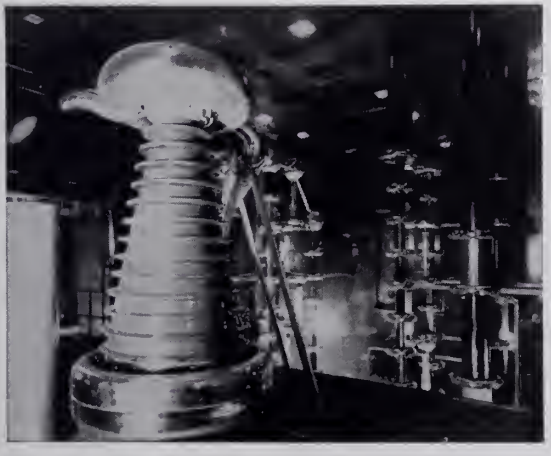
Located on beautiful Lake St. Croix, eighteen miles from the Twin Cities, it has the advantages of both City and Country. Every facility for treatment provided, including recreational activities and occupational-therapy under trained personnel. Milk, cream and butter from our own herd of Tuberculin-tested Registered Guernsey Cows. Inspection and co-operation by reputable physicians invited. Rates very reasonable. Illustrated folder on request.

CONSULTING NEURO-PSYCHIATRISTS
Hewitt B. Hannah, M. D.
Joel C. Hultkrans, M. D.
511 Medical Arts Building
Minneapolis, Minnesota
Tel. MAin 4672

RESIDENT PHYSICIAN
Howard J. Laney, M. D.
Prescott, Wisconsin
Tel. 39

SUPERINTENDENT
Frieda C. Beyrer, R. N.
Prescott, Wisconsin
Tel. 69

# Radiation Therapy Institute



Upper End of Tube and Million Volt Generator

of Saint Paul

## CHARLES T. MILLER HOSPITAL

Facilities for Radium and Roentgen Therapy, Including 1,200,000 Volt Constant Potential Installation of Most Advanced Design.

*You are cordially invited to visit the Radiation Therapy Institute and inspect its facilities.*

Edward Schons, M.D., *Director* J. P. Medelman, M.D., *Associate Director*

**Q.** *We serve canned foods at our house, of course. But are they all right for children?*

**A.** *Indeed they are. Canned foods are nutritious and wholesome and include some of the most valuable sources of the dietary essentials which should be present in abundance in the child's diet.*(1)

(1) The nutritive values of canned foods have been the subject of numerous investigations, the results of which have repeatedly demonstrated the value of commercially canned foods as sources of the essential nutrients that should receive special attention in planning the child's diet. For further particulars the references below may be consulted. *American Can Company, 230 Park Avenue, New York, N. Y.*

1939. Accepted Foods and Their Nutritional Significance, Council on Foods of the American Medical Association, Chicago.

1939. Food and Life; Yearbook of Agriculture. U. S. Dept. of Agriculture, U. S. Government Printing Office, Washington, D. C.

1939. Canned Food Reference Manual, American Can Company, New York.

1938. Nutrition Abstracts and Reviews 8, 281.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

**The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.**

# *Lederle has taken over*

# CEREVIM*

Cerevim is a pre-cooked cereal food of high nutrient values carefully balanced for the dietary requirements and digestive abilities of babies. It gets its calcium and phosphorus from milk powder and it is distinctly appetizing.

Hence, a willing intake! Infants gain weight and height on Cerevim.

All of which was indicated in 1937 in controlled studies on infants by Joslin and Helms[1] whose teachings are followed in the Cerevim formula.

Cerevim was designed to be *baby's* first solid food at 4 months, yet

—it has food values needed in the diets of adult invalids or dyspeptics requiring soft, bland, low-ash, easily digested diets attractive to frail appetites;
—Admiral Byrd bought it for 25% of the balanced trail ration for his husky men in the Antarctic.

Council-accepted . . . Sold only through drug stores.

[1] ARCH. PED., SEPT. 1937

*Formula*—Whole wheat meal • Oatmeal • Yellow corn meal • Barley • Powdered skimmilk • Wheat germ • Dried brewers' yeast • Malt • 1% table salt for flavoring.

PACKAGES: 1 pound and ½ pound.

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.

*Cerevim has been hitherto marketed on a three-year trial basis on the Atlantic seaboard by Cerevim Products Corporation with increasing encouragement from leading pediatricians; hereafter Cerevim will be made and sold by Lederle Laboratories, Inc.

# KARO ADVANTAGES IN INFANT FEEDING

**1.** *Minimum Fermentation*—"The dextrin is not irritating to mucous membranes, easily digested without undue fermentation in the intestinal tract, converted into maltose and finally into dextrose before absorption. The amounts of maltose and dextrose, present or formed, and of cane sugar are rarely sufficient to produce irritation or fermentation."

*Kugelmass:* "Newer Nutrition in Pediatric Practice." J. B. Lippincott Co., Philadelphia, 1940, p. 334.

**2.** *Maximum Assimilation*—Metabolic studies of experimental animals may have valuable implications for infant nutrition. For example, "The relative assimilation values of mixed sugars per 100 gms. of body weight are as follows: Dextrin and maltose 1.32; dextrin and dextrose 1.32; sucrose 0.76; fructose 0.50; lactose 0.16 and galactose 0.10."

*Ariyama & Takahasi,* Biochemische, Zeitschrift, vol. 216, p. 269, 1929.

**3.** *Ready Utilization*—"Karo syrup may be fed in large amounts without danger and is, at the same time, readily utilized. In our experience, it has been the most satisfactory form of carbohydrate for the feeding of normal and most sick infants."

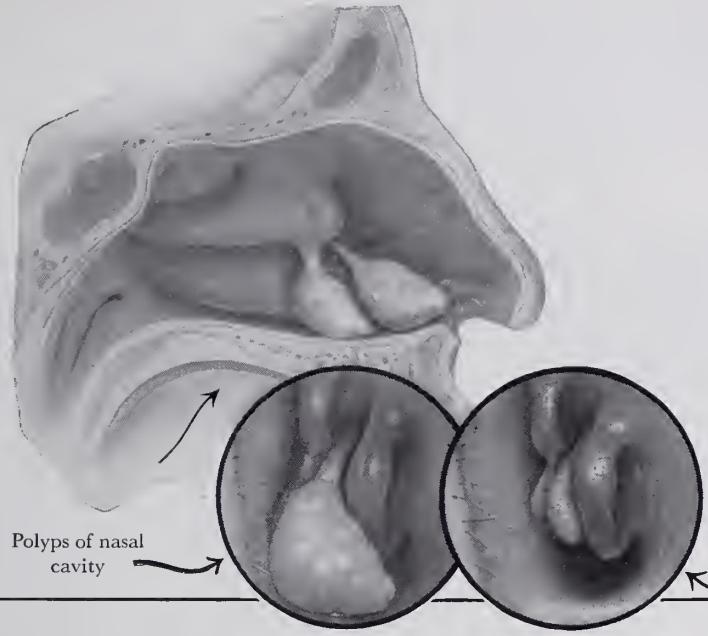
*Marriott:* "Infant Nutrition." C. V. Mosby Co., St. Louis, 1930, p. 45.

**THE CHEMICAL COMPOSITION OF KARO IN GLASS AND IN TINS IS IDENTICAL**

| | | | |
|---|---|---|---|
| Dextrins | 37% | 1 oz. volume | 40 grams 120 cals. |
| Maltose | 18% | | |
| Dextrose | 12% | 1 oz. wt. | 28 grams 90 cals. |
| Sucrose | 4% | | |
| Invert Sugar | 3% | 1 teaspoon | 20 cals. |
| Minerals | 0.6% | 1 tablespoon | 60 cals. |
| Moisture | 25% | | |

(Karo—Blue Label)

**CORN PRODUCTS SALES COMPANY** • 17 BATTERY PLACE, NEW YORK CITY




# PATHOLOGY OF THE UPPER RESPIRATORY TRACT: 1

## Nasal Polyps

SOLUTION

EMULSION

JELLY

The great majority of upper respiratory diseases are characterized by the acutely distressing symptom of nasal congestion. Both for subjective relief and improvement of drainage, shrinking of the mucous membranes may be indicated.

AMA JUNE 2 TO 6 1941 CLEVELAND

# NEO-SYNEPHRIN HYDROCHLORIDE

(laevo-alpha-hydroxy-beta-methyl-amino-3 hydroxy ethylbenzene hydrochloride)

a potent synthetic vasoconstrictor—relieves congestion rapidly, without sting, with more prolonged effect than ephedrine and with lower toxicity in therapeutic dosage. Unpleasant side effects are rare.

### DOSAGE FORMS:

**SOLUTION**—¼% and 1% in saline solution (1-oz. bottles)
¼% in Ringer's solution with Aromatics (1 oz.)

**EMULSION**—¼% (1-oz. bottle with dropper)

**JELLY** —½% (in collapsible tubes with nasal applicator)

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

PHYSICIAN

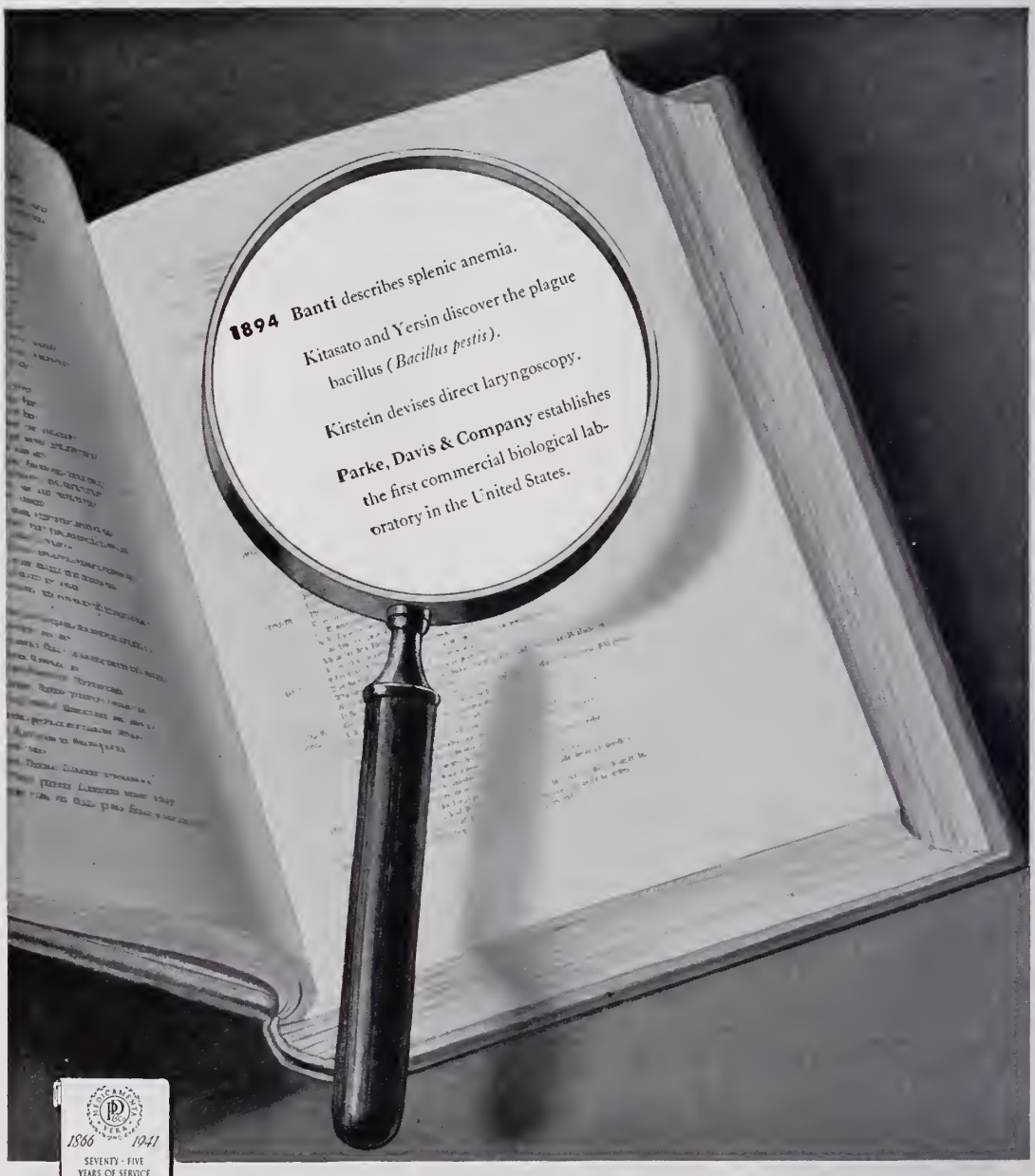
## FREDERICK STEARNS & COMPANY, Detroit, Michigan

New York Kansas City San Francisco Windsor, Ontario Sydney, Australia

Prescribe Journal-advertised products and you prescribe the best.

# These names, these years have helped make modern medical history

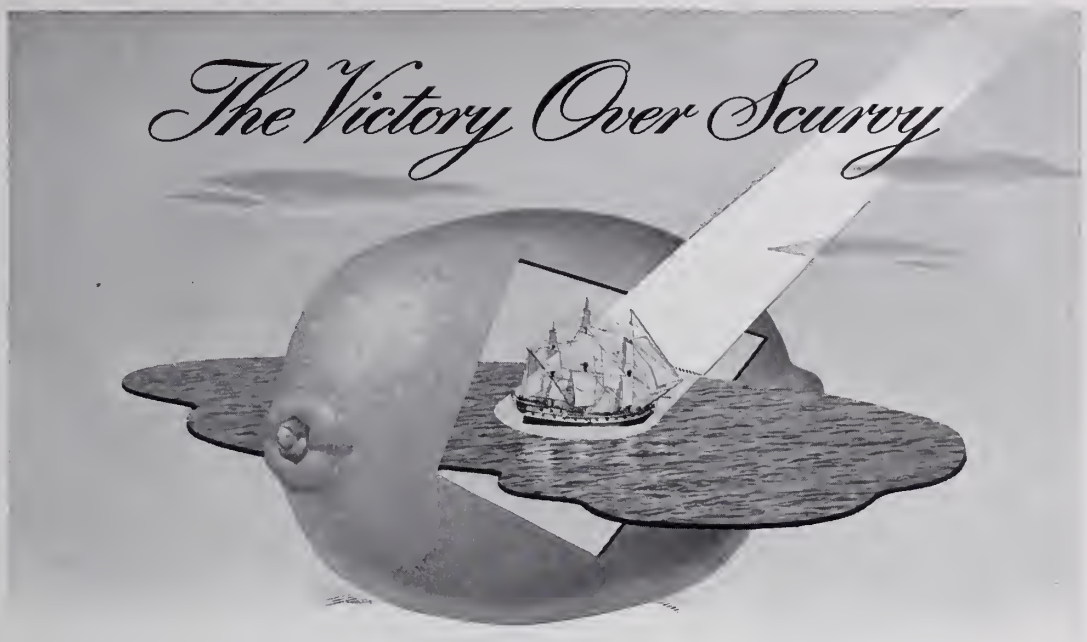
One of a series of advertisements commemorating three-quarters of a century of progress and achievement




## PARKE, DAVIS & COMPANY

PIONEERS IN RESEARCH
ON MEDICINAL PRODUCTS

When writing advertisers please mention the Journal.




SCURVY first attracted attention when men began to make long sea voyages. The 16th century explorer, Jacques Cartier, described it and told how it was cured by having his men drink an infusion of the leaves and bark of the Ameda tree. Nevertheless it remained a serious problem in the British Navy until the middle of the 18th century when James Lind wrote his *Treatise on Scurvy.* Through Lind's observations and influence it was virtually eliminated as a plague among British sailors by providing them with lemons or other citrus fruit.

A forward step was made in 1907 by Holst and Frölich who found that the guinea pig could be used experimentally for the study of scurvy. It was not until 1932, however, that the isolation of hexuronic (ascorbic) acid was announced almost simultaneously by Waugh and King in the United States and by Svirbely and Szent-Györgyi in Hungary. First obtained from the adrenal cortex of animals and from cabbage leaves, it has since been found widely in plant and animal tissues.

The story of the conquest of scurvy presents a dramatic page in medical history, yet it may be but a prelude to a still more fascinating and significant drama. The isolation of ascorbic acid opens the door a little further for investigators studying the physiology and metabolism of the living cell.

*Ascorbic Acid (Upjohn) is available from prescription pharmacists in the following dosages: scored compressed tablets of 15, 25, 50, and 100 mg., in bottles of 40, 100, 500, and 1000.*

Prescribe Journal-advertised products and you prescribe the best.

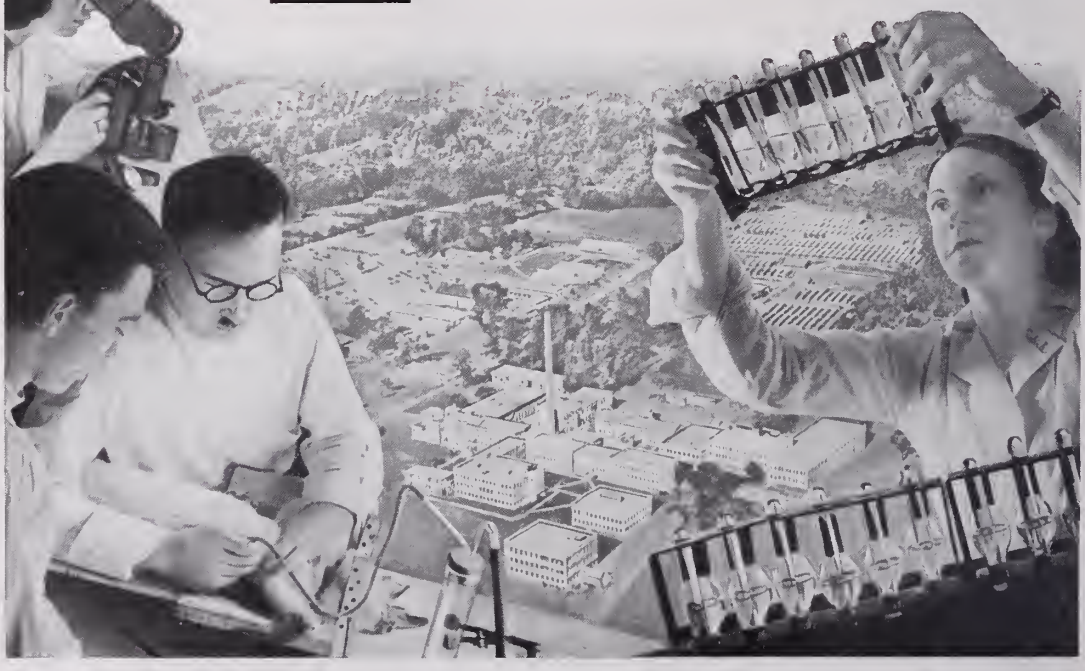
# Research on a large scale *at Lederle Laboratories*

Lederle is spending over $100,000 a year on sulfonamide research and still more on other pharmacological investigations. But the traditional eminence of Lederle is in biologicals and the bulk of its research, employing many experienced scholars and a generous-sized staff, is devoted to blazing new paths toward better and still better antitoxins, anti-sera and vaccines. There are over sixty virus diseases of man or beast as yet unconquered, a new concept of the nature of virus to be applied and new tools like the air-borne centrifuges (60,000 r.p.m.!), the Tiselius machines and the electron microscope, all at work today for Lederle.

Fascinating fun for an eager staff in buildings all their own on Lederle's 200-acre serum farm!

Lederle
CHEVRON OF SERVICE

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.

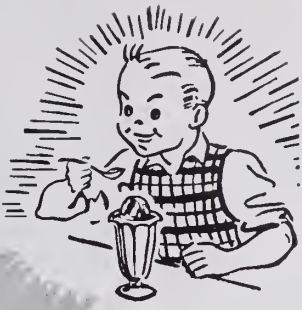


# PATIENTS LIKE IT!

## CHOCOLATE FLAVORED EMULSION OF LIQUID PETROLATUM

Contains 60% liquid petrolatum U.S.P. and 1% agar agar

With Phenolphthalein or Plain



NO OILY "AFTER-TASTE"
TASTES LIKE THE CHOCOLATE IN A DELICIOUS DESSERT
WINS COOPERATION

COUNCIL ACCEPTED

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

THE
**SMITH-DORSEY CO.**
LINCOLN, NEBRASKA
Manufacturers of Pharmaceuticals to the Medical Profession Since 1908

MAKE IT A TASTY PRESCRIPTION! • WRITE FOR SAMPLE

## Cook County Graduate School of Medicine

**(IN AFFILIATION WITH COOK COUNTY HOSPITAL)**
Incorporated not for profit

*Announces Continuous Courses*

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue, starting every two weeks. General Course, One, Two, Three and Six Months; Clinical Courses; Special Courses. Rectal Surgery every week.

MEDICINE—Two Weeks Intensive Course starting June 2nd. Two Weeks Course in Gastro-Enterology starting June 16th. Four Weeks Course in Internal Medicine starting August 4th. One Month Course in Electrocardiography and Heart Disease every month, except August.

FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course starting June 30th. Informal Course every week.

GYNECOLOGY—Two Weeks Intensive Course starting June 16th and October 20th. Clinical, Diagnostic and Didactic Course every week.

OBSTETRICS—Two Weeks Personal Course starting May 26th. Two Weeks Intensive Course starting October 6th. Informal Course every week.

OTOLARYNGOLOGY — Two Weeks Intensive Course starting September 8th. Informal and Personal Courses every week.

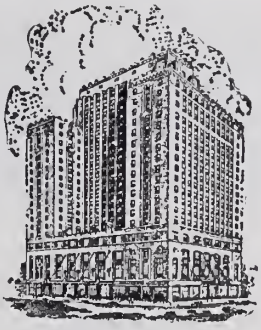
OPHTHALMOLOGY—Two Weeks Intensive Course starting September 22nd. Informal Course every week.

ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

Teaching Faculty—Attending Staff of Cook County Hospital

**Address: Registrar, 427 South Honore Street, Chicago, Illinois**



## Your Visit to Milwaukee

Is Made More Enjoyable by Stopping at the SCHROEDER

*Metropolitan atmosphere . . .*
*Cocktail Lounge and Circular Bar*
*Coffee Shop with popular prices*

•

The Beautiful EMPIRE Dining Room

**Music and Dancing—At Lunch, Dinner, After Theatre**

**Music By America's Leading Bands**
**Air Conditioned**

## HOTEL SCHROEDER

MILWAUKEE
WALTER SCHROEDER, President

Prescribe Journal-advertised products and you prescribe the best.

*86¢ out of each $1.00 gross income used for members benefit*

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness

INSURANCE

For ethical practitioners exclusively
(56,000 Policies in Force)

| | |
|---|---|
| LIBERAL HOSPITAL EXPENSE COVERAGE | For $10.00 per year |
| $5,000.00 ACCIDENTAL DEATH<br>$25.00 weekly indemnity, accident and sickness | For $33.00 per year |
| $10,000.00 ACCIDENTAL DEATH<br>$50.00 weekly indemnity, accident and sickness | For $66.00 per year |
| $15,000.00 ACCIDENTAL DEATH<br>$75.00 weekly indemnity, accident and sickness | For $99.00 per year |

*39 years under the same management*

$ 2,000,000 INVESTED ASSETS
$10,000,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

*Send for applications, Doctor, to*

400 First National Bank Bldg. Omaha, Nebraska

# Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

**The Physicians Radium Association**

**Room 1307—55 East Washington St., Pittsfield Bldg., CHICAGO, ILL.**
**Telephones: Central 2268–2269**
**Wm. L. Brown, M.D., Director**

# 18 YEARS BEFORE THE FIRST OPHTHALMOSCOPE

Eighteen years before Von Helmholtz invented the ophthalmoscope and opened the way for pathological study through the eye, the roots of American Optical Company were being planted. As American, from its start in 1833, grew sturdily, Ophthalmology advanced apace. New diagnostic instruments played an important part in this advance.

At the Cleveland Convention, June 2-6, the American Optical Company exhibit will include outstanding diagnostic and refracting instruments and equipment, designed and made by scientists and craftsmen of American and its scientific instrument division, Spencer Lens Company. If you come to the convention you are cordially invited to visit the American exhibit in Booths 448-449-450.

# BY AMERICAN OPTICAL COMPANY

# INVESTIGATE THE G-E MODEL D3-38

## IT'S AN EFFICIENT COMPACT FLEXIBLE

### MODERATELY PRICED COMBINATION X-RAY UNIT

You can sum up the D3-38 story in two words: better value. It has more of the features that you need and want—things that you and your colleagues specified—than any other moderate-price unit.

With its wide range of service, its refined, simplified control unit, its flexible, easy-to-operate tilt table with built-in Potter-Bucky diaphragm, its genuine G-E Coolidge Tube, the D3-38 offers you *bigger dollar for dollar value than any comparable equipment.*

You can rely on the D3-38 to routinely produce uniformly high quality results, and you can duplicate them accurately with ease. If you are interested in getting full measure for your x-ray dollar, it will pay you well to investigate the D3-38 before you invest in any x-ray unit. To get complete information, here's all you have to do—just fill in and mail the handy coupon, today.

*Please send me complete information about the G-E Model D3-38 Combination Diagnostic X-Ray Unit.*

Name_____

Address_____

City_____

**GENERAL ELECTRIC X-RAY CORPORATION**

2012 JACKSON BLVD. CHICAGO, ILL., U. S. A.

C15

# To Those

## *who want the best—*

When the correction calls for neutral absorption . . . when the finest optical performance is needed . . . when you want to be sure your patients are getting the best . . . that is when your prescriptions should specify Soft-Lite Lenses. Then you know you have given your patients the world's finest absorptive lens —the standard by which others are judged.

Soft-Lite Lenses, expertly finished by our skilled craftsmen, are always completely stocked here in a full range of forms suitable for every prescription requirement.

**Milwaukee Optical Manufacturing Co.**

208 East Wisconsin Ave. Milwaukee, Wisconsin

# THE SHOREWOOD HOSPITAL-SANITARIUM

MILWAUKEE, WISCONSIN

FOR NERVOUS AND ALLIED DISORDERS
ALCOHOL AND DRUG ADDICTIONS

Physiotherapy, Heliotherapy, Hydrotherapy, and Occupational Therapy Departments. X-Ray and Laboratory facilities.

WM. H. STUDLEY, M. D.
*Resident Physician*

HERBERT W. POWERS, M. D.
*Consulting Physician*

'Phone Edgewood 0384

A Modern and Thoroughly Equipped Hospital for Diagnosis, Care and Treatment

*Send for Illustrated Booklet*

Open to the Medical Profession

Established for 28 years

THE WISCONSIN MEDICAL JOURNAL

VOLUME 40, NO. 5 Copyright, 1941, by The State Medical Society of Wisconsin MAY, 1941

# Industrial Dermatitis*

By HARRY R. FOERSTER, M. D.
*Milwaukee*

THE elaboration of workmen's compensation legislation has increasingly emphasized the social and economic importance of occupational skin diseases, though such diseases have always existed.

Authoritative statistics indicate that industrial dermatoses, accidental injuries being excluded, comprise from 40 to 70 per cent of recorded industrial diseases, the percentage varying with the type and volume of industrial activity and the locality of occurrence. It has been estimated that at all times approximately 1 per cent of 40,000,000 gainfully employed workmen in the United States are subjects of industrial skin disease, at an approximate annual cost of $4,000,000 for medical care and compensation.

The incidence of industrial skin diseases in Wisconsin approximates the average for the country, the compensation law of this state protects the wage earner against the cost of any skin disorder that can be shown to have been caused by the nature of his employment, and the "open panel" sponsored by the State Medical Society and the State Industrial Commission permits any licensed physician to treat any or all industrial disease coming under his care.

It is therefore important that the practicing physician have a good working knowledge of the fundamentals of clinical dermatology, for industrial dermatology comprises only a small sector of the sphere of dermatology proper.

The importance of recognizing the industrial origin of an individual dermatosis, when it is actually industrial, is not only that this permits more appropriate treatment and management in that case and the prevention or control of recurrences, but that it fixes the liability for compensation and medical care in the interest of the workman, and also that it establishes a basis for the study and prevention of similar cases in that industry.

On the other hand, a general laxness in the medical investigation and diagnosis of cases that outwardly appear to be instances of industrial dermatoses, but which are actually nonindustrial, may result in a large increase in the economic burden of industry and insurance carriers. Such increased costs, like taxes, are usually passed on to the ultimate consumer, and this includes the doctor.

## Etiology

Occupational skin diseases are caused by *chemical* agents such as plant poisons, inorganic and organic acids, alkalies, salts, solvents, dyes and oils; *biologic* agents, chiefly pyogenic bacteria and fungi, and *physical* agents such as water, heat, cold, the different forms of radiant energy, and mechanical trauma. The latter are essentially injuries of a minor surgical nature. Chemical agents predominate among these varied etiologic factors and these usually produce acute and chronic inflammatory reactions of an eczematous or noneczematous character. This discussion will, therefore, be concerned chiefly with industrial dermatitis of chemical origin, and its differentiation.

The occurrence of dermatitis of occupational origin in one of a group of workmen handling the same materials is frequently looked upon as an allergic phenomenon, though allergy is only one of a number of causes to be considered.

Many cases of occupational dermatitis occur as a result of some predisposition to inflammation that may be accidental or

* Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

acquired or due to individual peculiarities of the skin. The intact normal epidermis with its oily coating of sebum offers a natural defense against dermatitis and this defense may be broken down by frequent contact with soap and water and other alkalies, or by acids, solvents, excessive perspiration, minor injuries, or lack of adequate personal hygiene.

The epidermis of the young or old and of females or blonds is more susceptible to both chemical and physical injuries. Preexisting cutaneous disease and abnormalities of the skin, such as hyperidrosis, ichthyosis and seborrhea, predispose to certain types of dermatitis. A person who sweats excessively is more susceptible to dust borne irritants, one with a very dry skin to solvents, and one with an excessively oily skin to follicular infections. Areas of preexisting dermatitis, cuts and abrasions are more susceptible to chemical irritation and consequent inflammation, or to accidental infection. This miscellaneous group of etiologic factors is responsible for a large number of industrial dermatoses.

Among other predisposing factors are noncutaneous conditions such as metabolic disorders, focal infections, toxemias, constitutional diseases, and systemic allergic states. Many cases of dermatitis looked upon as the result of allergy are caused by chemicals that are primary irritants. By this is meant that they may produce inflammation in normal skin in many instances by direct chemical action. The development of such cases of dermatitis is enhanced by the occurrence or presence of any of the predisposing factors just discussed.

On the other hand, the development of dermatitis following repeated contact with a generally innocuous chemical is often the result of an acquired allergy. This type of epidermal allergy and its resultant dermatitis must be differentiated from the dermatitis observed in patients with a systemic or somatic allergy. This latter form of allergy is very rarely of occupational origin and is frequently the result of an inherited predisposition to cutaneous inflammation.

Continued exposure to a potentially irritant chemical may result either in a development of tolerance, or "hardening" of the skin as a consequence of mild, possibly unrecognized inflammatory reactions, or, more frequently, it may result in a gradually increasing hypersensitiveness until the cutaneous reaction to contact irritation passes physiologic limits and results in severe dermatitis. Downing has observed that the longer the period of exposure to the eventual sensitizing agent the greater the likelihood of recurrences on return to the work that caused the dermatitis. The prognosis is therefore less favorable for older employes who develop dermatitis.

### Diagnosis

A diagnosis of occupational dermatitis is usually suggested by the appearance of a dermatitis venenata, or contact type of dermatitis, on the hands and forearms or face and neck in an individual who is employed in an industry or at a trade in which dermatitis is known to occur, or who has been exposed to a chemical or chemicals known to provoke inflammation of the skin.

The eruption may vary from a simple mild erythema, through stages of papulation or vesiculation, to intense inflammation with edema, exudation and crusting. It may begin in a small exposed area, may remain localized, or become rapidly generalized. There is usually a history of long employment at the same work and of preceding minor attacks of dermatitis that subsided spontaneously or following self-medication or first-aid measures, though the initial attack may be severe. In some cases the worker may have been at the provocative type of work only a few days or weeks. Cases of the latter type occur frequently in new chemical industries or following the introduction of new chemical procedures and may affect a large percentage of workmen until the susceptible have been weeded out and others have developed a tolerance to the irritant. Any increased industrial activity, with the enrollment of new workers, will step up the incidence of industrial disease. We must anticipate instances of this latter occurrence in new war industries.

The kind and severity of eruption is determined by the potency of the chemical irritant, the susceptibility of the worker, and the intimacy of the exposure, while the localization of the eruption is determined by the type of irritant. The hands and forearms are involved in most instances and may remain the sites of dermatitis, especially if the irritant is a solid or liquid. The face and neck may be involved at the onset if the causative agent is in the form of a vapor or dust, and those sites are frequently involved by transfer of the irritant with the hands or as a result of secondary sensitization. The covered parts of the body may be involved at sites of friction or close contact of clothing when the irritant is conveyed by penetrating dust or fumes, and flat surfaces of the trunk or extremities may be affected by water-soaked or oil-soaked clothing.

Assuming a diagnosis of occupational dermatitis has been arrived at, because of conditions like those just discussed, such diagnosis may be fortified by the information or observation that the dermatitis improves or subsides on removal from contact with the suspected causative agent, and that it becomes intensified or recurs on resumption of such exposure. The absence of previous dermatitis of this kind in such a patient prior to this type of employment, and information that other workers in the industry are similarly affected, may support the diagnosis.

However, an erroneous diagnosis of occupational dermatitis may be made in a case of contact dermatitis of nonoccupational origin because the dermatitis happens to occur while the worker is employed in an industry known to have a high incidence of dermatitis, or because a misleading history has been obtained regarding the onset of the eruption and the periodicity of exacerbations, recurrences or amelioration. Inadequate dermatologic knowledge, or similarity of the eruption to other kinds of skin inflammation, may lead to an erroneous diagnosis of occupational dermatitis, especially if supported by a positive patch test that may be positive because of the manner in which the test has been carried out, or because the test material is a primary irritant.

At work, dermatitis may be produced secondary to the occupation by chemically irritant or abrasive cleansers, such as mechanic's soap, turpentine and naphtha. Likewise the patient's home environment or his nonoccupational pursuits may be more likely to favor the development of a contact dermatitis than his job and he may deliberately or unintentionally fail to give important information bearing on such possible causes.

On the other hand, an erroneous diagnosis of nonoccupational dermatitis may be made in the presence of an industrial contact dermatitis because of localization of dermatitis in unusual areas, generalization of the eruption, negative patch tests, positive trichophytin tests, or the coincidental or preceding presence of another cutaneous entity; as, for example, psoriasis or seborrheic dermatitis.

### Patch Test

It should be clear from these remarks that a carefully taken history is extremely important in arriving at a diagnosis of industrial or nonindustrial dermatitis and that in most instances of dermatitis the etiology cannot be determined by examination alone. It must also be obvious that a history may be inadequate or misleading and that it may be deliberately falsified.

To bolster up the weakness in the diagnostic facilities of the physician, the patch test has been introduced and its widespread application has disclosed both good and evil features. The inexperienced clinician may rely too much on the patch test and all authorities on the subject are now agreed that the patch test must not be made the basis of a diagnosis and that it must be properly carried out and intelligently interpreted.

The patch test is a diagnostic aid intended only to support or to complement the history and clinical findings and it is valueless of itself. Patch testing should not be done with *primary* skin irritants except in extreme dilutions and its greatest usefulness is in testing with materials that are ordinarily innocuous and to which certain in-

dividuals may have developed an intolerance or hypersensitivity.

An occupational dermatitis may have resulted from repeated exposure to the irritant agent over a period of weeks, months or years, or because of the associated influence of sweating, occupational trauma or other environmental factors during exposure. The epidermal hypersensitivity resulting in contact dermatitis may be confined to the area of dermatitis. Patch testing in such instances is likely to result in negative reactions that may be misinterpreted. Because of a variation in sensitivity of different areas at the same time, or of an individual site at different times, multiple or repeated patch tests may be advisable or necessary for complete investigation. In suspected localized allergic hypersensitivity, testing must be deferred until after recovery; then, it may be cautiously carried out in the area of previous dermatitis. During an active extensive dermatitis, patch testing on uninvolved skin may produce a more severe local reaction or an intensification of the general dermatitis. In patch testing it may be advisable to include materials contacted by the patient outside his employment. The polyvalent, nonspecific hypersensitivity of allergic individuals may account for positive patch tests with materials that are not responsible for the patient's dermatitis. Serious consequences may follow indiscriminate patch testing of allergic patients.

### Symptomatology

The symptomatology of industrial dermatitis is usually that of contact dermatitis, whatever its source, with the predilections of localization peculiar to the work and materials concerned. The character and concentration of the irritant producing the dermatitis is the chief determining factor of the symptomatology, though it will naturally vary with the conditions under which the exposure occurred and with the susceptibilities of the patient's skin. The palms and the flexor surfaces of the fingers are not often involved and the eruption may be confined to circumscribed areas of contact peculiar to the work or it may be spread diffusely over exposed parts without sharp delineation. Inorganic chemicals, especially dye stuffs and solvents, produce diffuse erythema and dermatitis with or without numerous closely studded, minute thin-walled vesicles. Alkalies and degreasers or fat solvents produce these latter features in acute cases, and papules, dryness, stiffness and superficial fissuring in chronic cases.

Plants, weeds, ivy and lacquers frequently produce small and large blisters in groups and in linear arrangement along scratch marks.

Primary irritants usually act promptly after contact and produce reactions of inflammation varying from erythema to edema, vesiculation and exudation, and occasionally to actual necrosis of tissue.

Secondary irritants are sensitizing agents or allergenic substances that require a previous exposure before producing dermatitis. A period of latency and repetition of exposure, results in the development of a state of sensitization or an allergy in the exposed area. The clinical symptomatology produced may be similar to that following contacts with primary irritants, though eczematization is likely to occur when the dermatitis has passed the acute phase.

*Noneczematous industrial dermatitis,* commonly referred to as dermatitis venenata or contact dermatitis, results from contact with a primary chemical irritant, and, under certain circumstances, follows contact with secondary irritants or allergenic substances. This form of dermatitis usually occurs in the skin of a previously apparently normal individual, though susceptibility to such inflammation varies in different individuals, and in the same individual at different times. A minor injury such as a cut or an abrasion may predispose to dermatitis by furnishing a ready portal of entry for the irritant; penetration through the normally impermeable horny layer may occur through a duct or follicle, or as a result of a solvent or keratolytic action by the irritant, or some other substance, following prolonged contact. Noneczematous dermatitis usually responds well to appropriate treatment and the prognoses as regards healing, early termination of

disability, and possible resumption of the previous work are favorable. It may, however, result in eczematization if neglected or improperly treated or if unfavorable working conditions or excessive exposures lead to recurrences.

*Eczematous industrial dermatitis,* also referred to as eczematous contact dermatitis, eczematoid dermatitis or eczema, is less common than the dermatitis just described and it is usually the result of a hypersensitivity in the patient to substances that usually do not produce dermatitis following ordinary exposure. Such hypersensitivity may be monovalent or specific to a certain chemical or group of chemicals, in which case it is usually thought to result from an acquired epidermal allergy, or sensitization of the cells of the epidermis to an antigenic substance in the irritant. A patient with such susceptibilities frequently develops polyvalent or multiple sensitivities to a variety of substances that result in recurrent attacks of dermatitis stubborn to treatment and disabling for work. In this group, patch testing is of most value in determining the causative agent. The dermatitis is often extensive in these cases and frequently runs a protracted course with relapses or recurrences, and change of occupation is usually advisable. The fault is with the individual rather than with his work, though unfavorable working conditions and miscellaneous other factors may likewise predispose to dermatitis. Chronic eczematoid dermatitis that has developed in this manner may continue indefinitely after discontinuance of the original employment because of an acquired sensitivity to substances with which he repeatedly comes in contact, and the question of liability may, therefore, be difficult to determine.

However, when a chronic dermatitis proves intractable to appropriate treatment and little or no tendency to recover is shown after prolonged removal from the supposed industrial cause, it is advisable to consider the possibilities of a nonoccupational allergic dermatitis, with or without an occupational aggravation.

An inherited allergy, or atopy, that has manifested itself periodically from infancy into early adult life, may be mistaken for an industrial dermatitis because of the frequency of involvement of the hands, wrists, forearms, face and neck in atopy. In these cases there is a chronic inflammation with lichenification or leather-like thickening of the skin, and secondary exudation and crusting because of scratching. Even when a history of preceding eczema, asthma or hayfever is not obtainable there may be characteristic features of atopy observable to the dermatologist on which to base a diagnosis. Removal from work has little or no influence on the course of the disease in these cases.

Elderly employes with obscure foci of infection, degenerative changes or metabolic disorders possess a lowered threshold of resistance to cutaneous irritants and are therefore more likely to develop dermatitis, to be disabled by it, and to recover slowly.

### Pyogenic Infections

Pyogenic infections are more common complications of industrial dermatitis, and especially of industrial accidents, than other bacterial infections or fungus infections. The latter are more apt to predispose to occupational dermatitis than to follow it. Folliculitis, furunculosis and impetiginous infections of cuts and abrasions are common. *Infectious eczematiod dermatitis* is the most important of the major dermatologic conditions in this group and is most common after infection of minor injuries, especially contusions and abrasions. It also follows chemical sensitization of bruised and infected skin subsequent to the repeated use of strong antiseptics, such as mercurials, butyn preparations and iodine.

Infectious eczematoid dermatitis differs in appearance from the eczematous dermatitis just described. There is usually a large well defined patch of circumscribed dermatitis, covered with a thin, tightly adherent crust, at the site of original injury or irritation. There may be a scanty sero-purulent discharge or no gross evidence of infection. There is a progressive peripheral extension of dermatitis without central healing and if the condition is chronic, clinically similar though smaller lesions usually develop in

the vicinity of the original lesion and also in widely scattered areas.

### Epidermophytosis and Epidermophytids

Epidermophytosis, or ringworm infection, and its commonly associated secondary allergic manifestations, the epidermophytids, must be considered in differential diagnosis because of the frequency with which such conditions are mistaken for instances of occupational contact dermatitis. They are important also because an epidermophytid eruption on the hands not infrequently predisposes to subsequent contact dermatitis of occupational origin or becomes aggravated by occupational contacts and activities. In fungus infections involving the hands, the lesions are desquamative or vesicular and grouped in clusters rather than diffuse, with a predilection for the palms, flexors of the fingers and webs. In contact dermatitis the lesions usually have a diffuse, uniform distribution and usually involve the dorsae of the hands and dorsal and lateral surfaces of the fingers. In contact dermatitis, the vesicles are more superficial, numerous, thin-walled and clear than in the mycoses. Differentiation on clinical features and history, and on microscopic examination for fungus in fresh specimens, form the basis of diagnosis. The trichophytin test is only a supplementary aid. A positive reaction does not establish a diagnosis of present fungus infection and may indicate hypersensitivity from a previous unrelated attack.

There are numerous other fungus and bacterial infections and also animal parasites and protozoan infections to be considered among the industrial dermatoses of infectious origin, but the ones discussed are those most frequently concerned in the diagnosis and treatment of occupational dermatitis.

### Treatment

The treatment of industrial dermatoses, and particularly of dermatitis, is the appropriate dermatologic treatment indicated by the clinical findings, in addition to removal of the patient from work, or at least from exposure to the causative agent.

The prompt, effective and proper treatment, and follow-up care, of minor injuries will reduce the frequency of infections and also of dermatoses, particularly infectious eczematoid dermatitis.

The discontinuance of soaps containing an excess of free alkali, of abrasive cleansers and of turpentine and naphtha in favor of sulfonated oils or neutral soaps in activities where dermatitis is likely to occur as a result of "degreasing" of the skin, and the application at such work of emulsifying bases or creams containing lanolin or paraffin, are important considerations.

Since occupational skin diseases are to a large extent preventable, the doctor, and particularly the physician in industrial practice, should be concerned with protective and preventive measures. These include pre-employment examinations, advice in the selection and use of cleansing agents after work, elimination of primary irritant chemicals whenever possible, instructions regarding personal hygiene, and recommendations to the employer regarding factory sanitation, safety and ventilating devices, and mechanization of hand processes.

A physician experienced in general dermatologic procedures can diagnose and effectively treat many cases of industrial dermatoses but, also in many cases, dermatologic consultation or treatment by the dermatologist is even more important in industrial than in private practice because the dermatosis is of concern to others as well as to the patient.

### A.M.A. BUREAU WARNS AGAINST SENDING PHARMACEUTICAL SAMPLES TO BRITAIN

The Cooperative Medical Advertising Bureau of the American Medical Association has issued a request that physicians refrain from encouraging or furthering campaigns started in some regions in the United States to send to Britain samples left physicians by pharmaceutical detail men. The Bureau points out that not only is the purpose for which the samples are given out, i.e., for use by physicians, defeated in this way, but the samples that reach British relief probably would have little value and many of them would be actually dangerous if used indiscriminately without the advice of a physician.

# Impetigo Contagiosa*

## The Streptococcic and Staphylococcic Varieties and Their Management

By STEPHAN EPSTEIN, M. D.
*Marshfield*

IMPETIGO contagiosa is a very common skin disease. It is a superficial pyogenic infection of the skin caused by streptococci in some cases and staphylococci in others; different clinical pictures correspond to the infection with either organism.

In routine work the differentiation between the two types, i.e., the staphylococcic and streptococcic forms, can be based on the clinical appearance. In typical cases the differentiation is easy for anyone who has become familiar with the two types.

### Streptococcic Impetigo

Streptococcic impetigo is characterized by superficial lesions covered with thick crusts of a yellowish, honey-like color. (Figs. 1 and 2.) It starts as a red spot on top of which a blister develops; the latter is destroyed so rapidly that it seldom becomes visible. In simple cases a few crusted lesions are present. In more severe cases the lesions become confluent and the face may be covered completely by masses of discharging eroded crusts; the original yellow color may turn to a more or less dirty, brownish tinge due to the admixture of blood. The regional glands frequently are markedly swollen.

As streptococcic impetigo affects only the superficial layers of the epidermis, there are usually no scars left, but a red-brown spot may remain for several weeks afterward. The favorite location is the face; the neck, hands and scalp are also frequently affected. It may occur at any site of the body especially when secondary to another dermatosis. Even the mucous membrane of the mouth may be involved, though rarely.

On the fingers, streptococcic impetigo presents a different picture. We find rapidly growing bullae especially around the nails which are known as whitlows.

Another variety of streptococcic impetigo is ecthyma. It appears when the streptococcus has a chance to penetrate into the deeper epithelial layers or into the papillae. This type of impetigo usually occurs on the legs. We see these cases chiefly in autumn. The legs are covered with dirty crusts. When removed, ulcers become visible which are slow in healing and tend to leave scars. When not attended, this condition has a rather prolonged course. It is observed more frequently as a single entity than in combination with superficial streptococcic impetigo.

Streptococcic impetigo occurs either as primary disease or as secondary infection to an itching dermatosis, such as scabies, pediculosis and various forms of "eczema" (atopic dermatitis, contact dermatitis, infantile eczema, prurigo). Any impetigo involving chiefly the extremities should arouse suspicion in this respect.

The only important, although rare, complication of streptococcic impetigo is nephritis. The urine should be checked in every case of impetigo.

### Staphylococcic Impetigo

Staphylococcic impetigo is usually bullous in character. Blisters filled with a clear liquid appear on normal-looking skin or on top of red spots. (Fig. 3.) When the bullae enlarge they become flat, sometimes with a depressed center. (Fig. 4.) They vary in size between that of a pea and a dollar piece or larger. In contradistinction to the ephemeral blister in streptococcic impetigo, the bullae of staphylococcic impetigo usually persist for a period of days; after they have ruptured, the lesions become covered with thin, flat, varnish-like crusts of a gray or brown color. (Fig. 5.) They are easily differentiated from the thick crusts of the streptococcic impetigo. (Compare figs. 5 and 1.)

Staphylococcic impetigo in older children and adults occurs chiefly on the face and

neck. In babies and infants the folds are preferred—neck, axillae, and groins. From here the disease may spread all over the body which may be covered with large, rapidly bursting bullae. Large parts of the integument may become eroded. (Fig. 6.) This form of staphylococcic impetigo is usually referred to as pemphigus of the newborn and infants or pemphigoid, but it has no relation whatsoever to true pemphigus. The most severe form is known as dermatitis exfoliativa neonatorum. Pemphigus neonatorum is just a special form of staphylococcic impetigo with a peculiar course due to the tenderness of the skin of babies.

Another form of staphylococcic impetigo is circinary impetigo. This type presents round, circular, and kidney-shaped lesions consisting of flat blisters and crusts around healing centers. The similarity to ringworm is sometimes striking. (Fig. 7.) It has been shown that the development of the circinary lesions is due to local allergic phenomena.

In contradistinction to the streptococcic form, staphylococcic impetigo almost always is a primary disease. Complications of staphylococcic impetigo are few. Nephritis follows this type even less frequently than the streptococcic. A staphylococcic conjunctivitis is occasionally found. Complication of staphylococcic impetigo with furuncles is probably about as rare as the complication of streptococcic impetigo with erysipelas. Among several hundred cases of impetigo, I have seen the former happen about three times, the latter just once.

## Etiology

Impetigo contagiosa was well known long before Tilbury Fox described its several varieties under this name. There has been much discussion and confusion about the causation. The fact that one is able to cultivate either staphylococci or streptococci from a skin lesion is no proof for their etiological role because both organisms have been found on normal skin.

In spite of these difficulties, the etiology of both types of impetigo, the streptococcic as well as the staphylococcic, is now definitely settled.

Koch's requirements for the etiological proof have been fulfilled for both types.

1. The microbes have been recovered regularly from the lesions.
2. Clinical pictures identical with the primary disease have been produced by inoculation of pure cultures. (Fig. 8.)
3. The experimental lesions have yielded pure retrocultures of the original strain.

The streptococci of streptococcic impetigo are hemolytic and cannot be differentiated with our present methods from those causing erysipelas, etc. It is well known that they are frequently transmitted from one patient to another, although streptococcic impetigo is less contagious than usually believed. However, there is sufficient evidence that streptococci normally present on human skin may become the cause of impetigo by an injury such as scratching. This explains the frequent occurence of streptococcic impetigo as secondary infection in itching dermatoses.

In staphylococcic impetigo, Staphylococcus pyogenes is found regularly, mostly Staphylococcus aureus. So far there is only scant experimental ground for the separation of these staphylococci from other virulent strains. The fact that these staphylococci transmit only impetigo and no other forms of staphylococcic infection, indicates special qualities of these staphylococci which cannot be recognized by our present bacteriological methods.

As far as I can see, there is as yet no proof that staphylococci cultured from normal skin are capable of producing staphylococcic impetigo.

## Diagnosis

The diagnosis of impetigo contagiosa is usually very easy. The clinical differentiation between the two types, the staphylococcic and streptococcic, does not present difficulties in typical cases as soon as one has become familiar with the respective pictures. However, in a certain number of cases of impetigo, in my experience about one out of every six, a clinical differentiation does not seem feasible because we find atypical lesions or characteristics of both types. Many of these cases probably are

Fig. 1. Streptococcic impetigo of the face, with heavy crusts.

Fig. 2. Streptococcic impetigo around the mouth, with heavy crusts, some with multiple layers, and no blisters.

Fig. 3. Staphylococcic impetigo of neck and chin. Bullous lesions.

Fig. 4. Staphylococcic impetigo around the mouth with flat bullae on the tip of the nose, the upper lip and the chin, with slightly depressed centers.

(Photographs by courtesy of Arch. Dermat. & Syph. and J. Investigative Dermat.)

Fig. 5. Staphyloccic impetigo with flat crusts and a circinate lesion on the nose.

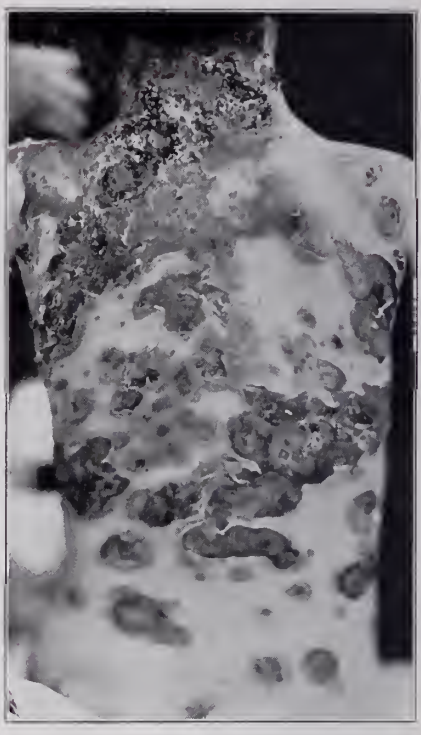


Fig. 6. Pemphigus neonatorum et infantilis.

Fig. 7. Staphyloccic circinate impetigo.

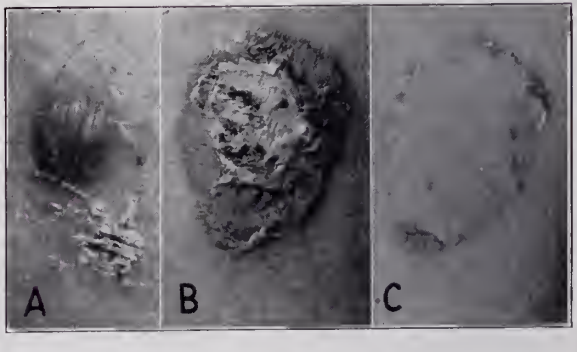



Fig. 8. Experimental production of bullous staphylococcic impetigo by inoculation of a pure culture of Staphylococcus pyogenes aureus (author's experiment). A, bullous lesion appearing on the eighth day. B, circinate lesion, after fourteen days; the center is crusted, the edges showing remnants of flat vesicles. C, lesion, healing after nineteen days, still shows small vesicle on lower pole. Subculture yielded regularly the original strain in pure culture.

mixed infections, either primarily or secondarily.

The clinical aspect of streptococcic impetigo of the face is so characteristic that it can be hardly missed. Occasionally crusted lesions are seen in the secondary stage of acquired syphilis or in congenital syphilis which produce a similar picture. "Impetigo" confined to the forehead, to the region of the nostrils, or to the corners of the mouth should arouse suspicion in this respect. An exclusive location of streptococcic impetigo, especially on the scalp or the extremities, may indicate an underlying skin condition like pediculosis, eczema, or scabies, which should not be overlooked.

Staphylococcic impetigo, especially the circinary type, may resemble ringworm considerably. The rapid development of the impetigo and the superficial character with flat crusts, usually allows a differentiation without the help of the microscope.

## Epidemiology

Impetigo contagiosa—as the name implies—is a contagious disease. However, this factor is frequently over-rated, especially in the streptococcic type. A relatively close contact is usually necessary for the transmission of the disease. For this reason, we find epidemics more frequently in families and children's homes than in schools.

Staphylococcic impetigo is definitely more contagious. This is especially true of its infantile form—pemphigus of the newborn.

Streptococcic impetigo is chiefly a disease of childhood, especially among children of school age. Staphylococcic impetigo is common in all ages—babies, infants, children, adults. The incidence of both types in different localities varies. In the East, apparently the streptococcic type prevails; in the Middle West, the staphylococcic; in Chicago from 60–70 per cent of all cases have been reported as staphylococcic, and in Central Wisconsin, 58 per cent.

The seasonal incidence is different, too. Streptococcic impetigo reaches its maximum incidence in the fall (September to November); staphylococcic impetigo is at its peak in summer (July to September). (See Fig. 9.)

## Treatment

Numerous methods have been advocated for the treatment of impetigo contagiosa. New procedures are published constantly. There is certainly still a demand for a simple, effective and clean treatment as most present methods are objectionable because they require bandaging, stain the skin or show up, etc. Yet there are enough procedures to treat most cases of impetigo satisfactorily. The practitioner should understand the principles governing their cor-

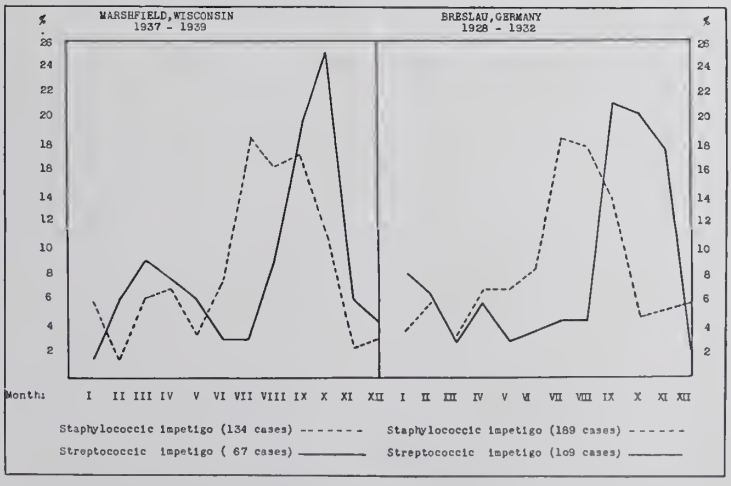



Fig. 9. Seasonal incidence of staphylococcic and streptococcic impetigo contagiosa.

rect application and become familiar with a routine treatment beyond the common use of a 5 per cent ammoniated mercury ointment.

**Therapeutic principles:** 1. Removal of crusts and covering of blisters. 2. Application of disinfecting and healing medicines. 3. Prevention of further expansion.

The differentiation of streptococcic and staphlococcic impetigo is not only of theoretical interest but has some bearing on the therapy.

Many cases of impetigo, especially milder ones, can be treated successfully by the same method regardless of whether they are staphylococcic or streptococcic. However, quite a few cases do not respond well unless and until the proper treatment for the special type is instituted. Therefore, the local treatment is discussed separately here for the two different conditions.

*Streptococcic impetigo** is the domain for ointments. Ammoniated mercury ointment is efficient in many cases but it should be kept in mind that hypersensitivity to mercury is by no means rare. Severe contact dermatitis following its use is frequently observed. Patch tests are best suited to rule out such a hypersensitivity. A question whether the patient can tolerate mercurochrome or some other mercurial disinfectant used in almost every household will inform the physician as to an existing hypersensitivity. More effective and less irritating is a rivanol, salicylic acid ointment[1] which removes crusts and promotes healing. Rivanol is an antiseptic, very effective against streptococci and staphylococci. The disadvantage of this method is the staining property of the drug and the necessity of bandaging. In many cases the salve can be replaced by application of a rivanol lotion[2] three times daily as soon as the crusts are removed. A cleaner way is to remove the crusts with 5 per cent salicylic acid vaseline followed by application of Wyeth's Alulotion,[3] the effective ingredient of which is ammoniated mercury; or a sulfur, salicylic acid ointment[4] preceded by the application of an epicarin or betanaphthol spiritus[5] is applied at night, when possible, with a bandage. In the morning, the loosened crusts and the remnants of the salve are removed. The surrounding skin and the sores are treated with the spiritus; afterward very little of the salve is applied and covered with face powder. When possible, this procedure should be repeated during the daytime. Lately, I have been using effectively sulfanilamide and sulfathiazole ointments[6] in these cases.

*Acute infections,* as seen so often in babies, where the impetigo is superimposed on an eczema, require special methods. Wet applications, boric acid solution for the face, potassium permanganate (1:6000) or silver nitrate (1:2000 to 1:1000) for the extremities are indicated until the acute inflammation subsides. A rivanol zinc oil[7] and later a mild antiseptic paste[8] will clear up the impetigo and benefit the eczema.

*Streptococcic impetigo of the scalp,* more frequently encountered in girls than boys, is effectively treated by application of a salicylic acid, sulfur ointment,[4] twice a day, all over the scalp.

*Whitlow:* The covering of the bulla is removed carefully with scissors; the base is treated afterwards with 5 per cent silver nitrate and an ointment[1, 6, 8 or 9] applied. Soaking in potassium permanganate solution before changing the bandage is advisable.

*Ecthyma:* In general the same treatment is indicated as in impetigo but the application of ointments has to be prolonged. A silver nitrate, balsam of peru salve,[9] is often of great help.

In *stubborn cases of streptococcic impetigo* local ultraviolet treatment can be helpful although this is usually not necessary. In generalized persisting cases the general condition has to be checked; cod liver oil, iron, and general ultraviolet treatment are indicated.

Sulfanilamide and sulfothiazole are very effective in streptococcic impetigo and ecthyma. However, drugs like these with their potential dangers should be used only exceptionally in a usually harmless condition. Extensive and prolonged cases, and special circumstances, such as inadequate external treatment, involvement of the scalp, com-

* Mixed infections, caused by streptococci and staphylococci are treated like streptococcic cases.

plications, and necessity for quick recovery, may justify its occasional use. I have seen some very gratifying results under these circumstances, among other cases a rapid recovery from an impetigo nephritis. If used at all, sulfanilamide should be given cautiously and the patient constantly watched. Relatively small doses, 30 grains a day for older children and adults, given for a few days only, usually suffice when combined with proper local treatment. As sulfanilamide is a photosensitizing drug, it should not be combined with ultraviolet therapy. Sulfathiazole probably should be preferred as it is considered, at present, less toxic than sulfanilamide. The warning sounded against the indiscriminate use of the sulfonamide drugs in impetigo apparently does not hold true for their *external* application.

In all cases which affect chiefly parts of the body other than the face, one should carefully search for and treat an underlying dermatosis.

In *bullous staphylococcic impetigo,* the epidermis can be removed easily beyond the limits of the lesions. Ointments frequently increase this tendency and often fail or render the condition worse. The following treatment can be recommended: The coverings of the blisters are carefully removed with sterile scissors, a 5 per cent silver nitrate solution* is applied to the base and the progressing edges of the blister are pushed away with the swab. If the center is covered with a slight crust, it usually comes off by itself during the swabbing; if the crust is adherent, one need not remove it. The important point is to treat the periphery, as the center has a tendency for spontaneous healing anyway.

This procedure is followed by application of a drying lotion;[2, 3] gentian violet[10] is widely used and efficient. Local ultra-violet treatment is of benefit in certain resistant cases. In the crusted stage, ointments[1, 4, 6, 9] usually are well tolerated. Unguentum quinolor[11] with or without combination with betanaphthol or epicarin spirits is an effective method.

* For application by the patient, a 2 per cent solution usually is sufficient.

I have not seen definite benefit from sulfanilamide in purely staphylococcic impetigo. Sulfathiazole seems to work well. As sulfathiazole is effective in both streptococcic and staphylococcic infections, it may become the drug of choice in impetigo contagiosa. It is incorporated into ointments more easily than sulfanilamide; it mixes relatively well with lotions.[12]

*Pemphigus of the newborn:* This variety of bullous staphylococcic impetigo requires special care. Hospitalization is very desirable. The skin of the newborn and infants has a greater tendency to vesiculation than that of the older child and adult. Everything which favors this tendency has to be avoided. The general trend now is definitely in favor of the "dry" treatment. All blisters are opened and treated in the same way as bullous staphylococcic impetigo with 5 per cent silver nitrate. They may or may not be painted with a watery 2 per cent gentian violet solution. The lesions as well as the healthy skin are dusted with a mild antiseptic absorbing powder.[13] Later on, the lesions may be covered with a lotion.[2, 3] Gauze is applied around the neck and in the folds of the axillae and groins.

This treatment is given twice a day, the powder should be applied three or four times. Before a new treatment is given, the remnants of the old medicine are gently removed with a sponge soaked in boric acid or weak silver nitrate solution. Every time the baby is carefully checked for new lesions which have to be treated at once. During these procedures, the baby may be advantageously exposed to a mild heat lamp which will prevent chilling and help dry up the lesions.

Ointments should be used only after the spreading has been checked definitely and their use is required on account of dry crusts. Ultraviolet irradiation is of help in prolonged cases, especially in debilitated patients.

External application of sulfathiazole, and in severe cases internal medication, would seem a logical procedure in pemphigus of the newborn; but I have had no personal experience with this type of therapy in pemphigus neonatorum.

In all cases of impetigo, the patient or the attending person should look carefully for new lesions. The surrounding skin, especially the region of the beard in men, is disinfected twice a day with a mild antiseptic lotion[5, 14] or at least rubbing alcohol. Most authorities are against shaving; however, if an antiseptic solution is used before and afterwards, there seems to be little danger from shaving.

Patients suffering from impetigo contagiosa should not come in close contact with others, especially with children and babies. They should wash their hands frequently with soap and water, keep their fingernails short and clean, and treat the ends of the fingers with rubbing alcohol after washing. It is self-evident that they should use their own towels etc. Children are usually forbidden to attend school, although this does not seem necessary at least in mild cases when the patient is properly attended and bandaged.

More stringent are the precautionary methods to check an epidemic of pemphigus of the newborn in a hospital ward. All nurses and aides who have come in contact with the patient should be withdrawn from work in the maternity department or nursery for at least three days. The utmost cleanliness among doctors and nurses is required; nurses should wash their hands with an antiseptic solution when going from one baby to another. The baby should be removed from the obstetrical ward, and isolated, and a search for the source of infection instituted. One has to consider infections such as impetigo, furuncles, paronychia, and mastitis. Parents, other patients, or the attending personnel may be the source of infection; transmission through linen or towels also has been reported. Wherever possible, the ward should be closed temporarily for new admissions. All babies who have been cared for by the same attendants should be separated. They should be looked over carefully at least twice a day for symptoms of the disease. Prophylactically, Mennen's antiseptic oil has been recommended which seems superior to the routine use of ammoniated mercury ointment.

Impetigo contagiosa is a self-limited, spontaneously healing disease. Without treatment single lesions heal within one to four weeks; however, by constant reinoculation, the untreated disease may last much longer. With proper care, many cases can be cured within about a week but there are certainly cases which resist even careful treatment longer. The prognosis is good as a rule except in severe cases of pemphigus neonatorum which may terminate fatally. However, these grave cases are rare. In pemphigus neonatorum in full term babies there is an excellent chance of complete recovery.

## Summary

Two types of impetigo contagiosa can be differentiated: a streptococcic and a staphylococcic form. The clinical characteristics of the two types and their management are given.

**TREATMENT CHART**

1. Rivanol ..... 0.3
   Salicylic acid ..... 1.0
   Petrolatum flavum ad ..... 30.0
   Sig.: Apply and bandage s.i.d.* or b.i.d.
2. Rivanol ..... 0.3
   Zinc oxide ..... 3.0
   Calamine lotion ad ..... 30.0
   Sig.: Apply t.i.d. with applicator
3. Wyeth's Alulotion
   Sig.: Apply t.i.d. with applicator
4. Colloidal sulfur ..... 1.5
   Salicylic acid ..... 1.0–1.5
   Petrolatum
   Lanolin aa ad ..... 30.0
   Sig.: Apply at night and bandage
5. Salicylic acid ..... 0.6
   Epicarin or betanaphthol ..... 0.3–0.6
   Spirits vini rect. (70 per cent) ad ..... 30.0
   Sig.: Apply b.i.d. before ointment.
6. Sulfanilamide or sulfathiazole ..... 1.0–1.5
   (Salicylic acid ..... 1.0)
   Castor oil ..... 3.0
   Petrolatum album ad ..... 15.0
   Sig.: Apply s.i.d. with bandage or t.i.d. without bandage
7. Rivanol ..... 0.3
   Ichthyol ..... 0.6
   Boric acid ..... 1.0
   Zinc oxide ..... 12.0
   Olive oil ad ..... 30.0
   Sig.: Apply t.i.d. with applicator
8. Rivanol ..... 0.3
   Ichthyol ..... 0.6
   Unguentum zinc oxide ad ..... 30.0
   Sig.: Apply and bandage b.i.d.
9. Silver nitrate ..... 0.15–0.30
   Balsam of peru ..... 1.5 –3.0
   Petrolatum album ad ..... 30.0
   Sig: Apply and bandage s.i.d. or b.i.d.
   (Note: The silver nitrate has to be added to the ointment in solution, not as powder.)
10. Solution gentian violet, aqueous 2 per cent 30.0
11. Unguentum quinolor compound (Squibb).
12. Sulfathiazole ..... 3.0
    Calamine lotion ad ..... 30.0
    Sig.: Apply t.i.d.
    The following is a skin-colored lotion:
    Sulfathiazole ..... 1.5
    Red Armenian bole ..... 0.03
    Bentonite (6%) ad ..... 15.0
    Sig.: Apply t.i.d. Cover lesions and rub in thoroughly around the edges
13. Dermatol ..... 1.5
    Boric acid impalapable USP. ..... 1.5
    Powdered zinc oxide ..... 3.0
    Talcum purified USP. ad ..... 30.0
14. Salicyic acid ..... 0.6
    Boric acid ..... 1.0
    Spirits (70 per cent) ad ..... 30.0
    Sig.: Apply b.i.d. as directed.

* *Semel in die* (once a day).

# The Treatment of Burns*

By ARTHUR A. SCHAEFER, M. D.
*Milwaukee*

SEVERE burns are a very important economic and industrial problem. They are the third most common cause, or 8 per cent, of all fatal accidents. In children from birth to 4 years of age they are the most common, constituting 22 per cent of all fatal accidents. This incidence is lowered somewhat from 5 to 14 years of age when they become the third most common cause or 11 per cent of all fatal accidents. Looking at the problem from the industrial point of view we find that severe burns constitute 4.5 per cent of all occupational accidents.[1] Although these figures seem rather appalling they do not give the entire picture for the reason that all of these accidents entail long periods of suffering and convalescence, and often result in permanent disability.

There is no simple approach to the problems of treatment in severe burns because one must not only think of primary treatment of the burn itself and the attending shock symptoms, but also of the problem of preventing contractures and disfiguring scars. It is my purpose in this paper to review the modern concept of the initial treatment in burns without attempting to touch on any of the problems of plastic operations and methods of skin grafting.

It might be well at the outset to say that all burns are preventable accidents and that one must be on guard constantly, both in the home and in the industrial plant against carelessness with fire, hot liquids, steam, chemicals and electricity. I am sure that insistent and persistent safety propaganda, both in the home and in industry, will prevent a good deal of pain and disability. We have, at the Milwaukee Children's Hospital, attempted a program of propaganda among the nurses, the mothers who visit the clinic and also throughout the community by showing pictures and movie films on the prevention of burns. It is difficult to evaluate the worth of such a program but I feel certain that it has done some good.

One question very frequently asked is, "What should be applied to a fresh burn as an emergency treatment?" It is probably best in the average burn to apply nothing at all and remove the patient to a hospital as soon as possible. If one must use a home remedy, a solution or paste of sodium bicarbonate is probably the most useful, and relieves pain to some extent. It is unwise to use oils or grease on the burned area. In the industrial plant there is usually available some preparation of tannic acid which could be used in an emergency although even this is probably not as advisable as immediate hospitalization. The difficulty with all emergency treatments arises because the burn has not been thoroughly cleansed and new organisms are often introduced into the area. Even on admission to the hospital, less attention should be paid to the local burned area and more attention directed toward relieving pain and overcoming shock symptoms. If shock symptoms are severe there is no question but that the immediate treatment of the burn should be disregarded and the treatment of shock be given paramount consideration. The primary shock in burns is exactly like any other traumatic shock, characterized by rapid, shallow respirations; rapid, thready pulse; cold, clammy skin, and lowered blood pressure. The treatment of this type of shock is often neglected. We all know that heat, fluids and sedation are of primary importance.

### Use of Heat, Fluids and Sedation

In burns, heat is probably best supplied by placing the patient in a heat tent which may be a very simple or a very elaborate apparatus. The temperature in the tent should be maintained between 95 and 100 F. It is desirable, also, to control the humidity.

* Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

Fluids are best supplied intravenously due to the fact that most patients suffering from burns are vomiting on admission to the hospital. The administration of subcutaneous fluids is often impossible because of large burned surfaces, and fluids per rectum are not dependable. In the administration of fluids it is important to supply sufficient sodium chloride because tremendous amounts of chlorides are lost in a severe burn and must be replaced. It is often advisable to follow the level of the chlorides in the blood to determine the dosage to be given. In adults it is frequently advisable to give from 4,000 to 5,000 cc. of intravenous isotonic sodium chloride every twenty-four hours for the first two days. It is difficult to explain the tremendous loss of chlorides in severe burns because apparently all of it does not occur through the burned area and the surrounding tissues. It may be that some of it is fixed in one of the tissues of the body. The skin probably performs a part of this function.

There are certain cases of severe burns in which one wonders how far to proceed with the administration of fluids and electrolytes. Edema appears very early, usually within the first twenty-four hours and may come on with or without severe renal damage. The chloride and protein levels in the blood may be normal. We have made it a practice to give only moderate amounts of fluids to these individuals. Although intravenous fluids have a tendency to raise the blood pressure they will not maintain the blood pressure for any length of time unless some colloidal substance is given intravenously to equalize the osmotic relations between the tissues and the vascular system. It has been fairly well established that large amounts of plasma are lost in the area of the burn and the surrounding tissues. This results in a shift of fluid from the vascular system to the tissues. Whether this shift is due to damage of the capillary bed by trauma or by toxin has not been established. This shift of plasma from the vascular system to the tissues may be great enough in severe burns to cause concentration of erythrocytes in the blood and may be a difficult condition to combat.

In cases with moderate concentration of cells a blood transfusion is often sufficient to supply the protein needed without increasing cell concentration. In the more severe types it is not desirable to introduce too many blood cells. This is accomplished by giving plasma or serum. This is not a difficult problem in centers where pooled serum or plasma is available. In Milwaukee plasma is available through the serum center of Columbia Hospital. Several commercial houses are marketing plasma in sterile containers and in most hospitals it can be obtained by centrifuging citrated blood and removing the cells. By introducing plasma without the cells, sufficient colloidal substance can be provided to equalize the osmotic pressures without increasing the viscosity of the blood. There is no predetermined amount of blood or plasma which can be given to these individuals. The best index of an adequate amount is the blood pressure and the absence of edema. Enough blood or plasma should be given so that the blood pressure is raised to normal limits and remains there. This may take several liters of blood in a severely shocked patient. If edema is noted in the presence of a normal blood pressure, more blood or plasma should be given. Elkinton, Wolff, and Lee[2] describe a method for calculating the plasma deficit in burns. If the shock symptoms are not adequately controlled within the first few hours the patient will not recover. Relapses of these symptoms may take place within the first forty-eight hours.

Sedation in severely burned patients is often a difficult problem and most of them cannot be relieved of pain with barbiturates or salicylates. Whatever the objections may be to opiates in shock, I believe burns should be the exception. Large doses of morphine may be necessary to alleviate the pain and I have no objection to giving one-quarter or one-half grain of morphine every two to three hours as long as the respirations remain above ten or twelve. When the shock symptoms have subsided, treatment of the local burned area should be instituted.

### Local Treatment

There is one essential procedure in the treatment of the local area which must be carried out meticulously before any treatment will be successful. The area must be clean. The most efficacious cleansing agent for this purpose is ordinary green soap. A gentle mechanical cleansing with cotton pledgets and soap accomplishes more than any antiseptic. It is also essential to remove as much of the dead tissue as is possible. This includes opening all blisters and removing loose skin. The patient is sometimes made more comfortable if tannic acid solution is applied before complete debridement is done as this often makes the procedure less painful. When the area has been thoroughly cleansed, 5 per cent tannic acid neutralized with anhydrous sodium carbonate[3] is applied over the area. This is done every fifteen or twenty minutes until a light chocolate brown color appears. Between sprayings the area is dried with a commercial type of hair dryer. After the tanning is complete no other treatment is given to the local burn except painting the edges of the tanned membrane daily with an antiseptic. If, at any time after this period, there are any signs of infection, a course of sulfanilamide is often helpful. As soon as the membrane begins to loosen, the curled up edges are cut away. If the membrane does not come off spontaneously within two weeks, warm, moist sodium carbonate compresses are used to remove it. After the tanned membrane is removed and the granulation tissue prepared, skin grafting should be considered immediately as the best cosmetic and functional results are obtained by early epithelization. Delay in epithelization means an increase in scar tissue and greater deformity. If contractures have begun to develop it is often wiser to get the area covered with epidermis and perform plastic operations later to obtain a good functional result.

The large granulating areas which result after the tannic acid membrane is removed are frequently infected and rather avascular. The infection is best controlled by the application of pressure dressings. This type of dressing also has a tendency to control the exuberant granulations and gives them a solid, healthy appearance.

### Summary

Severe burns represent one of our more important economic problems, both in the home and in industry. Greater effort should be made in the prevention of this type of accident. The treatment of these injuries must be directed toward the changes in the physiological processes of the body rather than to the local area. One of the primary principles in the treatment of severe burns is to obtain prompt epithelization.

REFERENCES

1. Accident Facts, 1940, p. 112. Chicago: National Safety Council, Inc.
2. Elkinton, J. R., Wolff, W. A., and Lee, W. E.: Plasma transfusion in the treatment of the fluid shift in severe burns. Ann. Surg. 112: 150–157 (July) 1940.
3. Seeger, S. J.: The hydrogen-ion concentration value of tannic acid solutions used in the treatment of burns. Surg., Gynec. & Obst. 55: 455–463 (Oct.) 1932.

## STUDENT DAY . . . ALUMNI DAY

### University of Wisconsin Medical School

Student Day, May 23, will feature the presentation of papers by students doing research in the hospital and various departments of instruction, as well as in the new building for cancer research. Dr. W. W. Bauer, director of the Bureau of Health Education, American Medical Association, Chicago, will speak at 1:30 p. m. in the lecture room of the medical school. The traditional faculty–student ball game will be played, weather permitting. At 6 p. m. a banquet will be held at the Memorial Union; President Dykstra of the University will speak on "The Medical and National Defense."

Scientific and hobby exhibits by both students and faculty members will be on view.

The Alumni Day program, to be presented May 22, will be dedicated to the "10-year men," physicians in the class of 1931. Papers on clinical problems will be presented by members of the medical school staff in the morning. In the afternoon, Dr. E. L. Sevringhaus will discuss "The Medical Situation in South America," and Dr. Joseph W. Gale, "Interesting Occurrences in Fifteen Years of Chest Surgery." An evening banquet will be held at the Park Hotel, Madison, for returning alumni and faculty members.

# The Problem of Squint in Young Children*

By E. EUGENE NEFF, M. D.
*Madison*

IN THE fields of medicine, whether we are known as pediatricians, internists, or oculists, we usually find that some phases of our practice interest us more than others. During the almost twenty years spent by me in the State of Wisconsin no part of eye work has interested me more than the problems involved in the care of the cross-eyed child.

The frequency of squint is well shown by a school survey made by Claud Worth. In London 10,239 school children were examined and of these 253 exhibited a constant squint. This is about one squinter for every forty children examined. At the University Hospital in Madison, 410 patients with squint have come to surgery during the past seven and one-half years.

## Classification

In this analysis of squints we shall consider only the nonparalytic types. These fall into three groups: (1) the pseudo-squint, (2) the convergent squint, and (3) the divergent squint. This abbreviated classification will include by far the greater part of all squint problems.

The pseudo-squint might be termed the "camouflaged" squint, because the child with this condition appears to have crossed eyes and yet they are actually straight. Usually this condition is manifest in the first-born child only, and it is often most difficult to convince the mother that her baby's eyes are straight.

The convergent group is the most interesting, and into it about 90 per cent of all squint patients fall. We must subdivide this group into the monocular and the alternating types. Of the 253 cross-eyed children in Worth's series, 231 belonged to the convergent group, and of these about 85 per cent would be monocular. Much importance should be attached to the monocular group because it is in it that one finds recoverable vision in the unused, squinting eye. Not only do most squint patients fall into this group, but for them we can render our most effective service. The "alternators" usually retain good vision in each eye.

The divergent squint develops later in life. It constitutes the smallest percentage of all squints, and reduced vision from disuse is usually not a part of its picture.

## Diagnosis, Etiology and Treatment

I shall not concern you with the complicated tests associated with the diagnosis of nonparalytic squint. For most of you the manifest deviation will usually be sufficient. To parents the paramount symptom is disfigurement,—to you and to me it is usually the associated blindness in the disused eye. Double vision is rarely present.

As to etiology, squints result from a disproportion in strength between the power of convergence and the power of divergence. Refractive errors certainly constitute a part of this picture. Eyes that turn in are usually found to be far-sighted when refracted; eyes that turn out are as a rule found to be near-sighted. A poorly developed sense of fusion is responsible for some deviations. Too, blind eyes do not usually remain straight. In children, the blind eye turns in; in adults, it turns out.

The treatment of squinters consists of (1) the correction of refractive errors by glasses, (2) exercises for the amblyopic eye through occlusion of the good eye, (3) orthoptic training, and (4) surgery. One is often asked as to the optimum age when squint treatment should be begun. This question always reminds me of one of the old sayings of Josh Billings. It runs something like this, "The best time to set a hen is when the hen gets ready." In my opinion the best time to treat a squinter is when the squint first becomes manifest. Most convergent squints are manifest by the second

* Presented before the section on pediatrics, at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

year, many by the end of the first year. Divergent squints are usually not manifest until after the sixth year. Coordinate eye movements are well established by the tenth month, and if at this age a definite deviation is present a mydriatic refraction can be quite accurately accomplished. If a high refractive error is present the child will appreciate his new glasses more than his most coveted toy.

Exercises for the amblyopic eye are paramount in importance. As pointed out before, most squinters use only one eye, and the disused eye loses vision rapidly. The younger the child, the more rapid is this loss. Occlusion exercises can be begun at any month of infancy and can be made more complicated as the age advances. When I refer to occlusion exercises I mean that the good eye should be closed all day long for seven days a week,—this to be continued until the observer is satisfied that the blind eye has experienced a restoration of vision or that visual improvement is impossible.

Orthoptic training comes in for much abuse. The word really means training the two eyes to be used as a unit. It is of but little value without good vision in each eye. Many complicated instruments have been invented for the use as well as the abuse of this science. Some instruments have fallen into poor hands. It could be an ideal science if problems of proximity, time, and money could be solved for each child needing this care. At the University of Wisconsin we have a well equipped orthoptic department and hope in the future to crystallize more definitely our thoughts as to its service.

Surgery is of importance to those who cannot otherwise have straight eyes. Lenses, monocular occlusion and orthoptic exercises are effective in straightening many eyes. When all these have been tried, many remain who must come to surgery. After one is satisfied that glasses plus exercises will not straighten a patient's eyes surgical intervention is indicated. A year or more of time is usually required for such a conclusion. But few patients come to surgery before their fourth year and all needing it should be operated on before their sixth year. In my experience, most squinters come for treatment much later than this because many parents labor under the mistaken belief that the child will grow out of his deformity. Such an outgrowth is against the rule.

The surgical approach and exercises have been much improved during the past ten years. The development of the recession operation by Jameson has added much to the accuracy of squint surgery. Improved approaches in resection surgery have helped. The use of absorbable gut sutures instead of the heavy silk sutures has been an added refinement.

Of the 410 squinters who came to our department for surgery during the past seven and one-half years, not one lost vision or eye function from surgical accident or infection. The end results were usually most satisfactory to parent, patient, and surgeon.

## COURSE IN ELECTROCARDIOGRAPHY

Michael Reese Hospital, Chicago, has announced a two-weeks' course in electrocardiography, August 18–30, 1941, under the direction of Dr. Louis N. Katz, director of cardiovascular research.

This is an intensive course offered to the general practitioner. There will be practice on several electrocardiographic machines and discussion of the principles of their construction and use. There will be sessions on interpretations of electrocardiograms illustrated by lantern slides, and practice by the student with unknown records. Routine records taken during the time of the course will be discussed. Emphasis will be placed on chest leads and on the importance of the electrocardiogram in coronary sclerosis and myocardial infarction. The mechanism and interpretation of heart irregularities will be developed.

As group and individual instruction will be given, the course is open to both the beginning and advanced student in electrocardiography. It is planned to individualize the course so that at the end of the period each student will be capable of taking and properly interpreting routine electrocardiograms. In order to accomplish this purpose the class will be limited in number. It is imperative, therefore, that reservations be made early.

For further information address: Michael Reese Hospital, Cardiovascular Department, 29th and Ellis Ave., Chicago.

# The Prophylactic Use of "Cold Capsules"

By A. A. HOLBROOK, M. D.
*Milwaukee*

EVERY year at the Milwaukee Country Day School many hundreds of days of school are missed by the students because of *colds*. This constitutes not only an obstruction to scholastic progress but also an indirect financial loss. The usual preventive measures of keeping boys with colds out of school, of supervising the athletes with an eye to avoiding chilling effects, and of otherwise promoting better general hygiene have seemed inadequate. Thus, in order to attack this problem from a new angle, in the fall of 1939 the recommendation was made that the student body and faculty take cold capsules. It was stressed that the project was experimental, and that volunteers were wanted.

Eighty-one students and seven faculty members responded. They obtained entoral capsules (Lilly), each containing: pneumococci, 25,000 million; streptococci, 15,000 million; H. influenzae, 5,000 million; M. catarrhalis, 5,000 million. Instructions were given to take one capsule with water one-half hour before breakfast every morning for one week and then two mornings each week until the end of March. The rest of the student body, numbering 140, was considered a control group. In this paper the word *colds* signifies the common cold, or coryza, with or without sore throat and malaise.

Most of the pertinent data regarding those taking capsules is recorded in table 1. The ages between 7 and 18 years were well represented. Among the eighty-eight individuals, capsules were taken for a total of 388 months. Seventy of the series (or 80 per cent) were 100 per cent regular during whatever period they kept up the treatment. Those who took only one capsule a week, or two every other week, were rated with 50 per cent regularity, and so on. Since it is a daily routine procedure in the school office to determine the cause of every absence, accurate records were available from which to prepare the absentee columns and similar figures for the controls. All the data in the first six columns stands on a objective basis.

The last four columns represent what the individuals considered to be the results of having taken the capsules. A statement like "the capsules helped me, because they prevented colds" was translated into a plus mark under *Fewer Colds*. "Free from serious colds entire period" was given two marks under *Favorable*. A number of favorable comments emphasized that "slight colds did not grow worse," or that "colds did not last so long as usual." These rated a plus under *Milder Colds*. A boy who had as many colds while taking the capsules as he had had the previous year was apt to say that he "noticed no change," "the capsules did not help," or he was "undecided as to the value of the treatment." Such remarks fell under the *No Help* heading. A few declared their colds were more numerous and more severe while taking the vaccine by mouth. They were represented in the last column.

In 27 per cent of the students, symptoms occurred occasionally after the medication. For the most part only a slight "nose cold," or "sneezing" was noticed within a few hours. Three boys had "upset stomachs" transiently, following about every fourth dose. Only two boys had slight cold reactions after every capsule.

The conclusion to be drawn from the individuals' appraisals is that fifty-nine or two-thirds of the series were benefited and twenty-nine or one-third were not benefited by the treatments.

Corroborative objective evidence for this favorable comment on the results of the project is scant and may be summarized as follows. There were ninety-two boys in the Junior School in 1938–1939, who remained in 1939–1940. In the former school year there were 687 absentees among them because of colds; in the latter, 573. The only

TABLE 1.—*Results of "Cold Capsule" Treatment in Eighty-Eight Students*

| No. | Age, Yrs. | Capsules Taken | | Days Absent from Colds | | RESULTS OF CAPSULES | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Favorable | | Unfavorable | |
| | | Oct 15 to | Regularity % | Capsule Period | Rest of Year | Fewer Colds | Milder Colds | No Help | Worse Colds |
| 1 | 7 | Dec. 21 | 100 | 3 | 7 | ---- | ---- | ---- | + |
| 2 | 7 | Jan. 15 | 100 | 3 | 24 | ---- | ---- | ---- | + |
| 3 | 7 | Mar. 21 | 100 | 0 | 0 | + | + | ---- | ---- |
| 4 | 7 | Dec. 15 | 100 | 0 | 5 | + | ---- | ---- | ---- |
| 5 | 8 | April 1 | 100 | 13 | 0 | ---- | ---- | + | ---- |
| 6 | 8 | April 1 | 100 | 2 | 0 | ---- | ---- | + | ---- |
| 7 | 8 | April 1 | 100 | 11 | 0 | ---- | ---- | + | ---- |
| 8 | 9 | April 1 | 100 | 1 | 0 | + | + | ---- | ---- |
| 9 | 9 | Feb. 15 | 100 | 8 | 0 | ---- | ---- | + | ---- |
| 10 | 9 | May 1 | 100 | 19 | 0 | ---- | ---- | + | ---- |
| 11 | 9 | Dec. 1 | 100 | 0 | 2 | + | + | ---- | ---- |
| 12 | 9 | Dec. 21 | 100 | 0 | 1 | + | ---- | ---- | ---- |
| 13 | 9 | April 1 | 100 | 5 | 0 | ---- | + | ---- | ---- |
| 14 | 10 | April 1 | 50 | 4 | 0 | + | ---- | ---- | ---- |
| 15 | 10 | Mar. 15 | 75 | 0 | 1 | ---- | ---- | + | ---- |
| 16 | 10 | Feb. 1 | 100 | 10 | 1 | ---- | + | ---- | ---- |
| 17 | 10 | April 1 | 50 | 4 | 2 | + | + | ---- | ---- |
| 18 | 10 | April 1 | 100 | 6 | 3 | ---- | ---- | + | ---- |
| 19 | 10 | Mar. 1 | 100 | 6 | 3 | + | + | ---- | ---- |
| 20 | 10 | April 1 | 100 | 0 | 0 | ---- | + | ---- | ---- |
| 21 | 10 | April 1 | 100 | 4 | 0 | + | + | ---- | ---- |
| 22 | 10 | Mar. 1 | 100 | 0 | 1 | + | ---- | ---- | ---- |
| 23 | 11 | April 1 | 100 | 1 | 0 | ---- | ---- | ---- | + |
| 24 | 12 | Mar. 20 | 100 | 4 | 1 | ---- | + | ---- | ---- |
| 25 | 12 | Mar. 15 | 75 | 0 | 0 | ---- | ---- | + | ---- |
| 26 | 12 | April 1 | 100 | 0 | 0 | + | + | ---- | ---- |
| 27 | 12 | April 1 | 100 | 1 | 5 | + | + | ---- | ---- |
| 28 | 12 | May 1 | 100 | 5 | 3 | + | ---- | ---- | ---- |
| 29 | 12 | Feb. 15 | 50 | 0 | 0 | + | + | ---- | ---- |
| 30 | 12 | June 1 | 100 | 0 | 0 | + | ---- | ---- | ---- |
| 31 | 12 | Mar. 1 | 50 | 2 | 5 | ---- | ---- | + | ---- |
| 32 | 12 | April 26 | 100 | 5 | 1 | + | ---- | ---- | ---- |
| 33 | 13 | Feb. 1 | 100 | 8 | 0 | + | ---- | ---- | ---- |
| 34 | 13 | May 1 | 100 | 5 | 2 | + | + | ---- | ---- |
| 35 | 13 | April 1 | 100 | 2 | 0 | + | + | ---- | ---- |
| 36 | 13 | Jan. 1 | 100 | 0 | 2 | ---- | ---- | + | ---- |
| 37 | 13 | Dec. 1 | 100 | 2 | 11 | ---- | + | ---- | ---- |
| 38 | 13 | Oct. 22 | 100 | 0 | 7 | ---- | ---- | ---- | + |
| 39 | 14 | Jan. 1 | 75 | 2 | 13 | ---- | ---- | + | ---- |
| 40 | 14 | Feb. 1 | 100 | 0 | 0 | + | ---- | ---- | ---- |
| 41 | 14 | Mar. 1 | 100 | 4 | 0 | ---- | ---- | + | ---- |
| 42 | 14 | Jan. 1 | 100 | 0 | 0 | + | + | ---- | ---- |
| 43 | 14 | Dec. 1 | 100 | 6 | 13 | ---- | ---- | + | ---- |
| 44 | 14 | April 1 | 100 | 2 | 0 | + | ---- | ---- | ---- |
| 45 | 14 | Mar. 1 | 100 | 2 | 0 | + | ---- | ---- | ---- |
| 46 | 14 | Mar. 1 | 50 | 0 | 0 | + | ---- | ---- | ---- |
| 47 | 14 | Jan. 15 | 100 | 5 | 3 | ---- | ---- | ---- | + |
| 48 | 14 | April 1 | 100 | 4 | 2 | + | ---- | ---- | ---- |
| 49 | 14 | Feb. 1 | 100 | 5 | 0 | ---- | + | ---- | ---- |
| 50 | 14 | Mar. 1 | 50 | 9 | 3 | ---- | ---- | + | ---- |
| 51 | 14 | Mar. 1 | 100 | 0 | 0 | + | ---- | ---- | ---- |
| 52 | 14 | Mar. 1 | 100 | 4 | 1 | ---- | ---- | ---- | + |
| 53 | 14 | Jan. 15 | 50 | 0 | 0 | ---- | + | ---- | ---- |
| 54 | 15 | Mar. 1 | 100 | 0 | 0 | + | + | ---- | ---- |
| 55 | 15 | April 1 | 100 | 0 | 0 | + | ---- | ---- | ---- |
| 56 | 15 | Feb. 1 | 50 | 0 | 0 | ---- | ---- | + | ---- |
| 57 | 15 | Mar. 1 | 100 | 2 | 3 | + | ---- | ---- | ---- |
| 58 | 15 | April 1 | 50 | 1 | 0 | + | + | ---- | ---- |
| 59 | 15 | Mar. 1 | 100 | 12 | 0 | ---- | ---- | + | ---- |
| 60 | 15 | April 15 | 100 | 3 | 0 | ---- | + | ---- | ---- |
| 61 | 15 | Mar. 1 | 100 | 0 | 1 | + | + | ---- | ---- |
| 62 | 15 | Feb. 15 | 100 | 1 | 0 | ---- | ---- | + | ---- |
| 63 | 16 | Mar. 1 | 100 | 4 | 0 | + | ---- | ---- | ---- |
| 64 | 16 | Mar. 1 | 100 | 0 | 0 | + | + | ---- | ---- |
| 65 | 16 | Mar. 1 | 50 | 0 | 0 | + | ---- | ---- | ---- |
| 66 | 16 | Mar. 1 | 100 | 0 | 0 | + | + | ---- | ---- |
| 67 | 16 | April 1 | 100 | 2 | 0 | ---- | ---- | + | ---- |
| 68 | 16 | April 1 | 100 | 0 | 1 | + | + | ---- | ---- |
| 69 | 16 | April 1 | 100 | 0 | 0 | ---- | ---- | + | ---- |
| 70 | 16 | Dec. 15 | 50 | 0 | 0 | + | + | ---- | ---- |
| 71 | 16 | April 1 | 100 | 0 | 0 | ---- | + | ---- | ---- |
| 72 | 17 | Feb. 15 | 25 | 4 | 0 | ---- | ---- | + | ---- |
| 73 | 17 | Feb. 1 | 100 | 0 | 0 | + | + | ---- | ---- |
| 74 | 17 | Mar. 1 | 100 | 0 | 0 | ---- | ---- | + | ---- |
| 75 | 17 | Mar. 1 | 100 | 4 | 2 | + | + | ---- | ---- |
| 76 | 17 | April 15 | 50 | 0 | 0 | + | + | ---- | ---- |
| 77 | 18 | Dec. 21 | 100 | 0 | 1 | + | + | ---- | ---- |
| 78 | 18 | Jan. 15 | 50 | 1 | 0 | + | ---- | ---- | ---- |
| 79 | 18 | Dec. 26 | 100 | 0 | 0 | + | ---- | ---- | ---- |
| 80 | 18 | Mar. 15 | 100 | 2 | 1 | + | + | ---- | ---- |
| 81 | 19 | April 1 | 50 | 3 | 0 | + | + | ---- | ---- |
| 82 | 30 | Mar. 15 | 100 | 0 | 0 | + | ---- | ---- | ---- |
| 83 | 30 | Mar. 1 | 100 | 0 | 0 | + | + | ---- | ---- |
| 84 | 30 | Mar. 1 | 100 | 0 | 0 | + | + | ---- | ---- |
| 85 | 32 | Dec. 20 | 100 | 0 | 0 | ---- | ---- | ---- | + |
| 86 | 45 | Feb. 1 | 100 | 0 | 0 | ---- | ---- | ---- | + |
| 87 | 52 | May 1 | 100 | 2 | 0 | + | ---- | ---- | ---- |
| 88 | 54 | April 1 | 100 | 0 | 0 | + | ---- | ---- | ---- |

known difference in the health programs of these two years was the taking of entoral capsules by thirty-five of the boys in 1939–1940. The fact that there were 114 fewer days lost through colds that season may well be significant.

Further analysis of the total objective data gathered in 1939–1940 is, however, not so encouraging. Since the eighty-eight capsule-taking individuals comprised 38.6 per cent of the whole series, one would expect that of the total colds, the percentage occurring in this treated group would be well below 38 per cent, if the capsules were efficacious. A glance at table 2 reveals that a benefit of only 3 per cent was realized.

TABLE 2.—*Days Lost From Colds in Treated and Control Groups*

| | |
|---|---|
| Total number in series | 228 |
| 88 took capsules, or | 38.6% |
| 140 controls, or | 61.4% |
| Total number of days lost through colds | 975 |
| 349 in capsule group, or | 35.8% |
| 626 in control group, or | 64.2% |

This same fact is brought out in another way in table 3.

TABLE 3.—*Morbidity From Colds in Treated and Control Groups*

| | Capsule Group | Control Group |
|---|---|---|
| Total months observed | 748 | 1190 |
| Total days lost | 349 | 626 |
| Rate of colds | 0.46 per mo. | 0.52 per mo. |

Both the capsule group and the control group were observed for eight and one-half months. By multiplying eighty-eight and 140 by eight and one-half, one obtains figures indicating the total time relationship between the two groups. From this the incidence of day-wasting colds is easily determined as so many per month. The rate for the treated individuals was nearly the same as for the controls—about one-half a cold per month.

During this study comments were not infrequently made, such as, "When I miss taking capsules, I am apt then to catch cold," and "I had no colds until I stopped taking the capsules." Judging from these remarks one would expect to find in the capsule-taking group that the incidence of colds was less during treatment than before and after. Figures in this respect are presented in table 4.

TABLE 4.—*Comparison of Morbidity From Colds During and After Treatment*

Capsule Taking Group

| | During Treatment | Remaining Period |
|---|---|---|
| Total months observed | 388 | 360 |
| Total days lost | 218 | 131 |
| Rate of colds | 0.56 per mo. | 0.36 per mo. |

The amount of time devoted to oral vaccine therapy was slightly more than half the total observation period. The rate of colds was higher during the capsule-taking months than the rest of the year. This might be explained on the basis of there normally being more colds contracted in the winter months, at which time indeed the capsules were taken. But at least there was no lowering of the incidence of colds by means of medication.

The material in tables 2, 3, and 4 shows that the cold capsules practically failed to improve the attendance at school by reducing the number of days lost through colds. It might be argued that only boys who were subject to colds took the capsules and that without the therapy they might have lost far more time than they actually did. This argument can only be answered through the perspective of a number of years of study. A school offers an excellent opportunity for following the same individuals year after year. Therefore, I hope in time to be able to furnish further significant observations.

## Conclusions

(1) Subjectively, two-thirds of a series of eighty-eight individuals who had taken entoral capsules reported favorable results as to this method of controlling the common cold.

(2) Objectively, little difference was found in the incidence of time-wasting colds between the capsule-taking group and the control group.

# Comments on Treatment

EDITORS
A. J. Quick M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

## Prostigmine

The pharmacological actions of prostigmine are qualitatively similar to those of physostigmine, and both drugs are believed to exert their effects by inhibiting the esterase which effects the hydrolysis and inactivation of acetylcholine. Although prostigmine is generally preferred for systemic administration, since the side actions are less pronounced, its toxicity is equal to that of physostigmine and its use demands the same caution. Atropine is the pharmacological antagonist of its muscarinic actions, as with physostigmine. It should be pointed out that a considerable discrepancy exists between the oral and parenteral doses of this drug.

For intramuscular or subcutaneous administration, prostigmine, methylsulfate N.N.R. is dispensed in 1 cc. ampules containing 0.25 mg. (1:4,000 solution) or 0.5 mg. (1:2,000). The usual dosage range is from 0.5 to 2.0 mg. For oral administration, a much larger amount is required to produce equivalent results. It is common practice to administer one or two 15 mg. tablets of prostigmine bromide N.N.R. The evidence indicates that a larger oral dose is possible because absorption is slow. If the rate of intestinal absorption is enhanced, these larger amounts of the drug may prove toxic. Recent evidence indicates that the kidney plays a considerable role in the detoxification of the drug.

Prostigmine is of some value in the relief of abdominal distention. Those who use it in the treatment of paralytic ileus claim it has few side actions, such as miosis, arterial hypotension, bradycardia, and bronchospasm. If an effective action is obtained, peristalsis should commence ten to thirty minutes after the subcutaneous administration of 0.5 to 1.0 mg. of the methylsulfate. The drug is best used in conjunction with a small, low enema or the rectal tube. For prolonged action, short of the production of hyperperistalsis, 0.25 mg. every four to six hours sometimes serves to maintain normal intestinal tone during the first two or three postoperative days. The drug may also be useful in a similar fashion to increase the tone of the detrusor muscle of the urinary bladder postoperatively.

The great value of prostigmine lies in its use in myasthenia gravis. Its action is so specific in this particular myopathy that this drug may be employed as a diagnostic test in doubtful cases. The exact mechanism of its action is not clear. Symptomatic improvement following its use can be correlated definitely with the degree of inactivation of the serum and muscle choline esterase. It is difficult to understand why physostigmine should not serve equally well but such is not the case.

A complete transformation is effected in most patients fifteen to thirty minutes after the parenteral administration of the drug. Muscle power returns, and the invalid may become ambulatory and even carry on his work under continued prostigmine therapy. The duration of action is usually four to six hours, and the drug must, therefore, be administered three to six times daily.

A sufficient experience has now been gained to establish the fact that all subjects do not respond well to continuous prostigmine therapy. It is clear that a certain resistance is acquired so that a progressively greater reduction in the serum esterase activity is necessary in order to maintain the patient symptom-free. In view of this fact some clinicians prefer to rely on other substances which are also of proven value in this condition, such as glycine, ephedrine, guanidine, or the choline esters for the basic therapy and save prostigmine for emergencies. Under any circumstance it is wise to alternate the treatment in such a manner that the acquired resistance to prostigmine is minimized.

A valuable synergistic or potentiating action exists when ephedrine and prostigmine are used together. This allows an effective action with smaller doses of both drugs than would otherwise be possible. Extreme care should be exercised when prostigmine is administered to asthmatics because of its bronchospastic action. M. H. S.

# THE WISCONSIN MEDICAL JOURNAL



**The Council on Scientific Work**

E. R. SCHMIDT, Madison — EBEN J. CAREY, Milwaukee, *Chairman* — C. J. SMILES, Ashland
G. W. KRAHN, Oconto Falls — KARL H. DOEGE, Marshfield — W. S. MIDDLETON, Madison *(ex officio)*

**Editorial Staff**

KARL H. DOEGE, Marshfield, Medical Editor — MR. J. G. CROWNHART, Madison, Managing Editor
MISS DOROTHY CRIDLAND, Madison
Assistant Editor

**Collaborators**

THE COUNCIL

H. P. BOWEN ----------Watertown
C. E. PECHOUS----------Kenosha
W. T. CLARK----------Janesville
B. I. PIPPIN-------Richland Center
A. H. HEIDNER--------West Bend
S. E. GAVIN----------Fond du Lac
H. A. JEGI----------Galesville
G. W. KRAHN---------Oconto Falls
H. H. CHRISTOFFERSON----Colby
F. E. BUTLER----------Menomonie
F. G. JOHNSON---------Iron River
H. J. GRAMLING--------Milwaukee
R. E. FITZGERALD----Milwaukee
ROBERT W. BLUMENTHAL ----------Milwaukee
J. W. LAMBERT----------Antigo
R. G. ARVESON----------Frederic
(Past President)



**Annual Subscription--------Three Dollars-Fifty Cents** **Single Copies--------Fifty Cents**

Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Ill.

**Address all communications to THE WISCONSIN MEDICAL JOURNAL, Madison**

**Volume 40** MAY, 1941 **Number 5**

OFFICIAL PUBLICATION OF THE STATE MEDICAL SOCIETY OF WISCONSIN



Copyright by the Society, 1941


« « « EDITORIAL » » »

## The 1941 Legislative Session

AS THE current session enters upon what may be a drive to adjourn sometime in June, several hundred measures remain before the legislators for action. Among these are four chiropractic measures, two bills in the field of sickness insurance, one greatly to broaden the license rights of masseurs, and many another of equal importance in the field of the public health maintenance and advance.

If adjournment should come swiftly, many measures may never receive a general floor vote but on the other hand, forces seeking enactment of cult measures and others may be expected to redouble their efforts to secure enactment in the confusion and quick actions of the closing days. In an eastern state, for example, a measure greatly broadening cult licenses was amended to be unobjectionable to public health standards and passed a few hours before the session ended. And then an hour later, another bill reinstating all of the provisions stricken out in the first bill was enacted as well.

Throughout the current session the Committee on Public Policy of our State Medical Society has attempted, through Journal insert sections and bulletins, to keep all members advised of important measures in the field of the public health that each in turn might advise his legislator where the health aspects indicated such action. As usual members of the Society have been asked to solicit no votes, but asked to confine themselves to letters explaining the apparent results of pending legislation that each legislator might have those views in front of him when considering how to cast his own vote.

This cooperation on the part of all members becomes of increasing importance as the session continues. Time is henceforth a most important element for delay may result in a necessary vote cast before information is complete.

# . . . . THE PRESIDENT'S PAGE . . . .

## Going to Meetings

THIS is a changing world. Things move fast these days. Almost each week some startling event occurs which has its influence on mankind in general. With the brilliant minds at work in the scientific spheres, epoch-making discoveries are in process which will have a profound influence on the practice of medicine.

In spite of our best efforts, it is difficult for us to keep pace with progress and not become back numbers. We can accomplish much by reading. It is the best constant approach to the experience of others in medical fields. The real stimulation, however, comes from listening to the man himself. If it is a new concept he has to offer, you feel his enthusiasm. Perhaps it will fall by the wayside based on the experience of yourself and others. On the other hand, it may be the opening of a new field of approach to your particular problem. The chances of your taking away some new dividend-producing thought far outweigh your going home empty-handed.

This philosophy is sound and referable to all our scientific assemblies. I should like you, however, to apply it specifically to our meeting this fall. Plan now to attend our great hundredth anniversary meeting in September. Elaborate preparations are being made to make it the finest state assembly in our history. Certainly in the beautiful surroundings which Madison has to offer, you cannot spend several full days with your fellow physicians without taking something worth while home.

You gentlemen who have been strangers to our state meetings for years, let this hundredth anniversary mark your definite return to our ranks. I look forward to greeting you at Madison in September.

Ralph P. Sproule

# THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Donne F. Gosin, Green Bay, President
Mrs. J. S. Supernaw, Madison, President-Elect
Mrs. Samuel A. Montgomery, LaCrosse, Vice-President
Mrs. Harry A. Keenan, Stoughton, Recording Secretary
Mrs. Robert W. Kispert, Green Bay, Corresponding Secretary
Mrs. Edwin P. Bickler, Milwaukee, Treasurer

COMMITTEE CHAIRMEN

Archives—
Mrs. D. B. Dana, Kewaunee
Convention—
Mrs. Arnold S. Jackson, Madison
Finance—
Mrs. Robert E. Fitzgerald, Wauwatosa
Hygeia—
Mrs. Gerald H. Friedman, Milwaukee
Organization—
Mrs. Ernest S. Schmidt, Green Bay
Philanthropic—
Mrs. Henry E. Twohig, Fond du Lac
Press and Publicity—
Mrs. Arnold H. Barr, Port Washington
Program—
Mrs. Maynard H. Fuller, Green Bay
Public Relations—
Mrs. Reuben H. Bitter, Oshkosh
National Exhibit (special committee)—
Mrs. E. Lee Lochen, Waukesha
Circulation of Bulletin (special committee)—
Mrs. Robert E. McDonald, Milwaukee

## Program of the National Auxiliary Annual Meeting

### Cleveland, Ohio, June 2-6, 1941

### Hotel Carter, Headquarters

WOMAN'S Auxiliaries to the Academy of Medicine, the Cuyahoga County Medical Society, and the Ohio State Medical Association, hostesses. Mrs. Fred C. Oldenburg, chairman of Arrangements Committee of Women's Activities.

A most cordial invitation is extended to all auxiliary members, their guests, and guests of physicians attending the convention of the American Medical Association, to participate in all social functions and to attend the general sessions. Whether auxiliary members or not, you will be most welcome.

1. Auxiliary headquarters will be on the mezzanine of Hotel Carter. Please register as soon as you arrive, so that you may obtain your badge and program of the sessions and social functions.

2. Purchase all tickets as soon as possible after arrival. Hospitality and information desks will be placed in all hotels and stores and also at the American Medical Association registration desk in the Public Auditorium. Committee members will gladly help you plan for an interesting visit in Cleveland. Tickets will be sold *only* at auxiliary headquarters in Hotel Carter and at the American Medical Association registration desk in the Public Auditorium. All meetings and social affairs will begin at the time scheduled. *Please be prompt.*

3. Registration hours:

| | |
|---|---|
| Saturday | 2:00 P. M.– 4:00 P. M. |
| Sunday | 11:00 A. M.– 4:00 P. M. |
| Monday | 8:30 A. M.– 4:00 P. M. |
| Tuesday | 8:30 A. M.– 4:00 P. M. |
| Wednesday | 8:30 A. M.– 4:00 P. M. |
| Thursday | 8:30 A. M.– 4:00 P. M. |
| Friday | 8:30 A. M.–11:00 A. M. |

*Auxiliary Members* may register *only* at headquarters in Hotel Carter.

*Guests* may register at headquarters or at the American Medical Association registration desk at Public Auditorium.

**Sunday Afternoon, June 1**

2 to 4 P. M. Hotel Carter
Hospitality Committee Meeting
Mrs. O. A. Weber ——— Chairman

4 P. M. Hotel Carter
Finance Committee Meeting
Mrs. R. N. Herbert ——— Chairman

5 to 7 P. M. Women's City Club
Tea for the National Board of Directors, honoring Mrs. V. E. Holcombe

**Monday, June 2**

9 to 12 A. M. English Room, Hotel Carter
Board of Directors Meeting
Presiding ——— Mrs. V. E. Holcombe

12 M. Petit Cafe
Luncheon ——— Tickets $1.25

1:30 P. M. Sight-seeing trip from Hotel Carter
Refreshments ——— Lake Shore Hotel
Courtesy flights over the city, United and American Air Lines ——— Tickets $1.50

7:30 P. M. Union Club

Dinner honoring Board of Directors
Hostess_____Auxiliaries to the Academy of Medicine of Cleveland and the Cuyahoga County Medical Society
Illustrated talk "Orchids" __Dr. Norman C. Yarian

**Tuesday, June 3**

9 A. M. Ballroom, Hotel Carter

Formal Opening of Convention
Presiding _____Mrs. V. E. Holcombe
Invocation_____Dr. Walter H. Stark, Pilgrim Congregational Church
Address of Welcome _____Mrs. J. Edwin Purdy
Response _____Mrs. C. C. Tomlinson
In Memoriam _____Mrs. H. J. Dooley
Introduction of Mrs. F. C. Oldenburg, General Chairman
Greetings _____Dr. Clyde Cummer
Minutes, Eighteenth Annual Convention _____Mrs. John L. Bauer
Roll Call _____Mrs. John L. Bauer

Report of Convention Committees:
Credential and Registration___Mrs. L. F. Huffman
Program _____Mrs. Thomas G. Pollard
Convention Rules _____Mrs. H. V. Thomas
Resolutions _____Mrs. James D. Lester
Guest Speaker "What Is Sound Health Education" _____Miss Etta A. Creech
President's Message _____Mrs. V. E. Holcombe

Reports:
Recording Secretary _____Mrs. John L. Bauer
Corresponding Secretary ____Mrs. M. I. Mendeloff
Treasurer _____Mrs. David W. Thomas
Auditor _____To be read by Recording Secretary

Standing Committees:
Archives _____Mrs. S. H. Watson
Exhibits _____Mrs. Ily R. Beir
Finance _____Mrs. Rogers N. Herbert
Hygeia _____Mrs. W. J. Wanninger
Legislation _____Mrs. Arthur R. Herold
Organization _____Mrs. Charles H. Werner
Press and Publicity _____Mrs. George H. Ewell
Program _____Mrs. Walter F. Donaldson
Public Relations _____Mrs. Henry Raile
Revisions _____Mrs. Robert E. Fitzgerald
Supplies _____Mrs. S. H. Harrington
Historian _____Mrs. John J. Ryan
Parliamentarian _____Mrs. John H. Doane

Special Committees:
Bulletin _____Mrs. H. E. Christenberry
Recommendations, Advisory Council _____Mrs. Rogers N. Herbert
Presentation of Mrs. R. E. Mosiman, President-Elect

Announcements:
President's Announcements
Nominating Committee
Election Committee

12:30 P. M. Rainbow Room, Hotel Carter

Luncheon honoring past-presidents____Tickets $1.50
Presiding _____Mrs. V. E. Holcombe
Guest Speakers_____Dr. Nathan B. Van Etten, President of American Medical Association; Dr. Morris Fishbein, Editor of the Journal of the American Medical Association.

2 P. M. Georgian Room, Hotel Carter

Round Table Discussion "New Year"
Presiding _____Mrs. Charles Werner, Mrs. R. E. Mosiman, President-Elect
National Officers, state presidents, and state chairmen are especially urged to attend

3 P. M. Hotel Carter

Tour _____Cleveland Health Museum
Round trip ticket 75¢

8 P. M. Music Hall, Cleveland Public Auditorium

Open Meeting _____American Medical Association

**Wednesday, June 4**

9 A. M. Ballroom, Hotel Carter

Presiding _____Mrs. V. E. Holcombe
Minutes _____Mrs. John L. Bauer
Announcements
Report of Convention Committees _____Mrs. F. C. Oldenburg, General Chairman
Credentials and Registration _____Mrs. L. F. Huffman
Resolutions _____Mrs. James D. Lester
Guest Speaker "Nutrition-Food for Fitness" _____ Dr. Helen A. Hunscher

Reports:
State Presidents
Nominating Committee
Election of Officers
Installation of Officers ____Mrs. Rogers N. Herbert
Presentation of President's Pins _____Mrs. Rogers N. Herbert
Inaugural Address _____Mrs. R. E. Mosiman
Courtesy Resolutions _____Mrs. Roger V. Walker
Announcements
Minutes _____Mrs. John L. Bauer

12:30 P. M. Rainbow Room, Hotel Carter

Annual Luncheon _____Tickets $1.50
Presiding _____Mrs. V. E. Holcombe
Greetings _____Dr. W. W. Bauer, Director of Health Education, American Medical Association; Dr. Arthur W. Booth, Chairman of Advisory Council
Introduction of Advisory Council
Convention Speaker _____Dr. Frank W. Lahey
Adjournment _____Sine Die

3 P. M. Visit to Cleveland Cultural Center in Wade Park

Coaches leave Hotel Carter _____Round trip ticket $1.00

8:30 P. M. Allen Memorial Library

Reception honoring Mrs. V. E. Holcombe and Mrs. R. E. Mosiman

Coaches leave Hotel Carter at 8 P. M.

Round trip ticket $1.00

**Thursday, June 5**

8:30 A. M. Country Club

Golf Tournament ------Coaches leave Hotel Carter at 8:30 A. M.

**Post-Convention Meetings**

**Thursday, June 5**

9 A. M. English Room, Hotel Carter
Executive Committee Meeting

Presiding ----------Mrs. R. E. Mosiman

10 A. M. English Room, Hotel Carter
Board of Directors Meeting

Presiding ----------Mrs. R. E. Mosiman

12 M. Country Club

Luncheon ----------Tickets $2.50

6:30 P. M. Rainbow Room, Hotel Carter

Annual Dinner for members, husbands, and guests at Hotel Carter

Tickets $2.50

Guest Speakers----Dr. Arthur W. Booth, Chairman, Advisory Committee, Auxiliary of the American Medical Association; J. S. Newman, (Prof., Si. N. Tific) Satirist and Author of Poems for Penguins.

9 P. M. Hotel Cleveland

Reception and Ball in Honor of the President of the American Medical Association

**Friday, June 6**

A. M. ------Shopping and Inspection Tours under the direction of the Hospitality Committee

P. M.

Guest Speaker "Know Your Containers and How to Use Them"----------Mrs. Louis Heller, Jr.

In conjunction with the talk there will be an exhibit of flower arrangements and table settings by the local women. A very cordial invitation is extended American Medical Association visitors to participate in this exhibit. The Higbee Company has graciously offered to loan containers and accessories from their fifth floor department. All exhibitors must furnish their own flowers. Exhibits should be in place by 11 o'clock. Tickets $1.25.

**Executive Committee**

*Chairman*
Mrs. Fred C. Oldenburg

*Co-Chairmen*
Mrs. Clyde L. Cummer
Mrs. J. Edwin Purdy

*Vice Chairman*
Mrs. Alexander T. Bunts

*Secretary-Treasurer*
Mrs. Charles G. LaRocco

---

Mrs. C. A. Bowers
Mrs. H. V. Paryzek
Mrs. Paul Spurney
Mrs. Charles T. Way

**Exhibits**

*Hotel Carter—Aviation Room*

Open daily, 9:30 A. M. to 5 P. M.

The work being done by county, state and national auxiliaries will be presented in these exhibits. You are cordially invited to visit them.

FLORENCE H. OLDENBURG,
*General Chairman.*

## IN THE CENTENNIAL SECTION . . .

The attention of Auxiliary members is called to the Centennial Anniversary Section of this issue of The Journal. The histories of pioneer physicians appearing therein represent the third installment of material contributed by county auxiliaries.

## COUNTY SOCIETY PROCEEDINGS

### Columbia—Marquette—Adams

*Helps Crippled—Reviews "Doc's Wife"*

The March meeting of the Columbia–Marquette–Adams County Auxiliary was held in Portage on the eighteenth at St. Savior's Hospital. The meeting was called to order at 8:00 p. m. by the president, Mrs. C. J. Radl. A motion was made by Mrs. H. E. Gillette that a crippled child be sent to "Wabeek," Wisconsin Dells, for two weeks next summer, Mrs. J. W. MacGregor to make the arrangements and to choose the child. Motion was made by Mrs. R. B. Dryer that a spring luncheon for the members be held in Portage. The president suggested that all renew their Hygeia subscriptions and push its sale in homes, schools, and libraries.

The program for the evening was supplied by Mrs. R. B. Dryer who reviewed the "Doc's Wife" by Faye Cosholt Lewis. The review was excellent and was thoroughly enjoyed.

The sisters of the hospital served a delightful luncheon at the conclusion of the meeting.

### Dane

*Plays Bridge—Business Meeting*

The Woman's Auxiliary to the Dane County Medical Society met on Monday, April 14, at the home of Mrs. Sverre Quisling, Madison. Assisting hostesses were Mrs. R. A. Quisling, Mrs. A. A.

Quisling, Mrs. W. H. Krehl, Mrs. J. C. Dean, and Mrs. K. E. Lemmer.

Luncheon was followed by a short business meeting and bridge.

## Dodge

*Prepares Layettes*

The Woman's Auxiliary to the Dodge County Medical Society held a meeting at the home of Mrs. M. M. Tempkin, Beaver Dam, in early April. Mrs. J. M. Welsch reported that the layette which the group had been working on during the last few meetings was donated for use in the county. The group is now working on a layette for use in the city of Beaver Dam.

During the social hour Mrs. A. W. Hammond read excerpts from a letter written by her cousin in England. Cards were played and later refreshments were served.

## Douglas

*Has Orthopedic Program*

Press chairman, Mrs. E. A. Myers of Superior, reports that the Douglas County Auxiliary met on Monday, April 7, at the Androy Hotel for a one o'clock luncheon. Eleven members were present. The speaker was Miss Gretchen Schnittger, a teacher at the orthopedic school. She talked about her work and answered many questions about the various things done for the children and the maintenance of the school.

## Fond du Lac

*Sponsors Scouts—Reads Bulletin*

Mrs. J. E. Twohig of Fond du Lac sends this account of their March meeting:

At a dinner meeting of the Woman's Auxiliary to the Fond du Lac County Medical Society on March 27 at the home of Mrs. L. J. Simon, with Mrs. A. M. Hutter, president, presiding, announcement was made of two parties to be held in the interest of the sponsorship of a Girl Scout troop, the philanthropic project of the group.

Reporting for the philanthropic committee, Mrs. J. P. Connell announced that the first party would be held at her home the afternoon and evening of April 16 and the other one at the home of Mrs. E. E. Gavin on May 2. Dinner was served at 6:00 p. m. for twenty-five members. Co-hostesses were Mrs. J. M. Johnson of Ripon, Mrs. C. P. Reslock of Waupun, and Mrs. E. V. Smith, Sr., Mrs. H. R. Sharpe, Mrs. W. J. Waldschmidt, Mrs. Oscar Brooks, and Mrs. J. E. Twohig of Fond du Lac.

At the conclusion of the dinner and business session, a musical program was presented by four members of the auxiliary. Mrs. L. J. Keenan entertained with vocal selections, Mrs. S. A. Theisen and Mrs. E. V. Smith, Jr. accompanying on the piano and violin; Mrs. Smith with a violin solo, and Mrs. E. L. Watson of Ripon with the presentation of a paper on "The Bible in Modern Literature."

A poll of the members present revealed that ten read the Journal regularly and that five subscribe to the Bulletin. It was announced that the next regular meeting would be held on April 24 at the home of Mrs. H. E. Twohig.

## Manitowoc

*Reads Bulletin—and Sews*

Mrs. T. H. Rees of Manitowoc writes that the Manitowoc County Auxiliary had a luncheon meeting on March 19 at the Century Tea Room in Two Rivers. Arrangements for the meeting were made by Mrs. A. W. Kozelka of Two Rivers. Thirteen members were present, and one guest, Mrs. N. J. Barnstein, whose husband is a newcomer in Two Rivers.

After the luncheon a business meeting was called by Mrs. T. A. Teitgen, president, who gave a report of the meeting of the Board of Directors in Milwaukee. Reports were given by the treasurer and the committee chairmen. Mrs. Rees urged the members to read the Auxiliary section of the Journal. It was voted to buy one subscription to the Bulletin, and also to assess each member $1 to replenish the treasury.

After the business meeting, contract and auction bridge were played, Mrs. R. W. Hammond and Mrs. T. A. Teitgen having high scores.

---

The April meeting of the Manitowoc Auxiliary was held on the sixteenth at the home of Mrs. T. H. Rees, Mrs. L. D. Sobush and Mrs. A. P. Zlatnik being co-hostesses. Fourteen members were present. A short business meeting was held. Mrs. T. A. Teitgen of Manitowoc and Mrs. E. C. Cary of Reedsville were elected delegates to the state convention to be held in Madison in September. Mrs. T. H. Rees and Mrs. R. W. Hammond were named alternate delegates. Reports of various committees were given. During the remainder of the afternoon the group did sewing for the Holy Family Hospital.

## Milwaukee

*Hears "Of Men and Books"*

The April meeting of the Woman's Auxiliary to the Medical Society of Milwaukee County held on Friday, April 18, at the Y. W. C. A. was distinctive in several ways. This particular luncheon honored past-presidents and mothers and guests of auxiliary members. One hundred and ten women attended the luncheon, and many additional guests came for the excellent program. These past-presidents were present: Mesdames J. Gurney Taylor, Harry Heeb, R. G. Washburn, and R. E. McDonald. Mrs. A. H. Barr, state press and publicity chairman, gave a "pep" talk on the Bulletin of the Woman's Auxiliary to the American Medical Association and the Auxiliary Section of the Wisconsin Medical Journal.

"Those who had heard Prof. John T. Frederick of the Medill School of Journalism of Northwestern University in his radio broadcasts knew that a de-

lightful talk on current literature was awaiting us," writes Mrs. G. H. Friedman of Milwaukee. Mrs. Phyllis Higgins, instructor in literature at the Shorewood Opportunity School, introduced the speaker, whose subject was "Of Men and Books." Particular emphasis was given to two classes of books, those dealing with the war and those not related to the present conflict. Much information was derived from Professor Frederick's stimulating and interesting talk.

Reports were given by the social chairman and the leader of the study group.

The annual meeting will be held on May 9 at the Pfister Hotel.

---

Mrs. C. D. Partridge, president of the Milwaukee Auxiliary, entertained the officers and the members of the Board of Directors at a luncheon on April 7 at Hart House on highway 42.

## Outagamie

*To Entertain the Public and District Members*

Mrs. R. T. McCarty of Appleton reports a meeting of the Outagamie County Auxiliary at the home of Mrs. M. E. Swanton in Appleton on the evening of March 20. A supper was served to twenty-one members. At the business meeting additional plans were made for the annual open meeting and tea and for the entertainment of auxiliary members at the district meeting in May. A luncheon, cards, and dinner are being planned by the committees, and invitations will be sent to the Fond du Lac, Winnebago, and Brown-Kewaunee–Door Auxiliaries.

## Racine

*Hears About National Defense*

Mrs. L. M. Lifschutz, 3216 Mohrland Avenue, Racine, opened her new home on April 7 to members of the Racine County Auxiliary. Thirty-five members were present and participated in a short business meeting presided over by Mrs. A. L. Nelson. Members returned Red Cross sewing.

The program included a discussion by Dr. R. M. Kurten, Racine, on the relation of the medical profession to national defense. Dr. Kurten, who is the speaker of the House of Delegates of the State Medical Society of Wisconsin, described the complete set-up of the local draft and examining board, contrasting current procedure with that at the time of the First World War.

Tea was served, with spring flowers decorating the table at which Mrs. I. N. Tucker and Mrs. Emil Tompach poured. Other hostesses assisting Mrs. Lifschutz were Mmes. S. J. Faber, H. C. Hilker, R. M. Kurten, E. A. Taylor, I. F. Thompson, N. B. Wagner, and G. W. Walter.

## Rock

*Forms Study Group—Learns About Hooked Rugs*

Mrs. L. J. Friend and Mrs. V. W. Koch have sent clippings from the Beloit and Janesville newspapers about the Rock County Auxiliary's March meeting. A 6:30 dinner at the Hotel Hilton in Beloit was attended by twenty-one members and one guest. Mrs. W. H. Hecker was social chairman for the evening, and Mrs. Friend, program chairman.

Mrs. H. E. Kasten, president, presided at the business meeting, and announced that Mrs. C. R. Gilbertsen was her alternate for the state convention. Mrs. T. J. Snodgrass was named a delegate, with Mrs. M. E. Ross as her alternate.

Mrs. R. S. Vivian read the article by Mrs. R. E. Fitzgerald from the March issue of the Wisconsin Medical Journal, which was followed by discussion and decision to form a study group. The meeting of this group will form a part of the program each month.

Through the efforts of Mrs. Kasten the members are showing more interest in the Bulletin, and one third of the members are also reading the Journal regularly.

The guest speaker on the program was Mrs. C. P. Spaulding, instructor in the Beloit Vocational School, who gave a talk on the history of hooked rugs, and discussed their present use in occupational therapy and in art. Many beautiful rugs were on display. Some authorities, Mrs. Spaulding said, have traced the beginning of the craft to ancient Egypt, but it is thought to have reached New England by way of Norway and Scotland. It is only in the last twenty years that antique dealers have recognized the importance of hooked rugs. The rug believed to be the oldest is now valued at $15,000, and the design is thought to symbolize the victory of the colonists over the British. Mrs. Spaulding described the many handicaps in the way of hooking rugs 100 years ago, with crude materials and few if any designs. She gave suggestions to modern rug makers and stated that anyone can hook a rug, no special training or artistic ability being needed.

## Waukesha

*Reads Bulletin—Helps Children—Studies Relief*

The following account comes from Mrs. F. W. Aplin of Waukesha:

"The Woman's Auxiliary to the Waukesha County Medical Society met at the home of Mrs. J. C. Hassall, Rogers Memorial Sanitarium, Oconomowoc, Wednesday afternoon, April 2, with Mrs. O. C. Clark as assisting hostess. Following an interesting program, a delicious dinner was served by the hostesses.

"Mrs. T. H. Nammacher, the president, presided over the business meeting. Roll call recorded sixteen members and two guests present. The auxiliary voted to place three subscriptions for the Bulletin. A motion was also carried to give $10 to the County Council of Child Welfare.

"Announcement was made of the annual lecture, sponsored by the Rogers Memorial Sanitarium, to be given at the high school auditorium in Waukesha on Monday, April 21, at eight o'clock, the speaker to be Dr. Annette C. Washburne and her subject, 'Some Mental and Emotional Problems of Students.'

"Our program chairman, Mrs. W. D. James, is leaving tomorrow, April 3, for Oklahoma to join her husband who is in service there. Mrs. James expects to be gone about a month or six weeks. Mrs. E. L. Lochen, state chairman of national exhibits will sail from New York for Hawaii on April 8 with her husband and two daughters. Dr. Lochen has been transferred from Rantoul, Illinois, to service in Hawaii.

"A note from Mrs. R. E. Davies expressed thanks for flowers sent to her during her illness. Mrs. Davies is convalescing at her home.

"Mrs. James introduced our guest speaker, Miss Helen St. George, an investigator for the Welfare Relief Department and the W. P. A., who gave a comprehensive picture of the problems associated with her position and procedures followed in disposing of them.

"She said that there were various classifications through which relief is directed, one of which is old age pension obtainable by persons who have reached the age of sixty-five and are in need of relief. A person must have lived in the state for five years out of the last nine years, the five years not necessarily being consecutive; he must also have lived for one year in the county in which he applies and must be a citizen of the United States. The last qualification is sometimes difficult to meet because the applicant's citizenship may not heretofore have been questioned or established.

"Another type of relief is aid for dependent children, sometimes erroneously called mother's pension, and is given for children under sixteen years of age. The money is given to the mother to care for children if the father has died, the mother has been deserted, or she is obliged to divorce the father and does not have sufficient funds to support the children.

"Pensions for the blind are given to blind people over eighteen years of age.

"Work relief programs are set up by individual municipalities under the state engineer and provide work for able-bodied men who are waiting to be certified to W.P.A. This is worked out on a budget basis. To qualify for certification to W.P.A., the applicant must be eligible for relief.

"There are two other work programs, C.C.C. and N.Y.A. Originally the C.C.C. was purely on a relief basis, but now those who are classified as borderline cases who are between the ages of seventeen and twenty-three, who are unemployed, and who cannot qualify for the draft are being certified. The N.Y.A. is on an educational and employment basis. Boys and girls receive instruction in some trade in vocational schools and are being given part-time work.

"Our speaker stated that the opinion frequently has been expressed that since we have entered upon our national defense program, the relief cases will gradually be absorbed by employment, but she believes there will always be unemployable people. The reasons given for unemployment were changing of the seasons, insufficient money to join a union, bad habits such as drunkenness and dishonesty, and health reasons such as clubfeet, loss of sight in one eye, and so forth.

"Miss St. George concluded her talk with a case history describing the technicalities which arise in disposing of some of the problems."

## Winnebago

*Hears About Public Relations and Medical Education*

A newspaper clipping from Mrs. E. F. Cummings of Oshkosh states that the Woman's Auxiliary of the Winnebago County Medical Society met at the Hotel Menasha for a one o'clock luncheon meeting, March 24. Following the luncheon, the president, Mrs. W. N. Linn of Oshkosh, called the meeting to order and Mrs. E. B. Williams, the secretary-treasurer, also of Oshkosh, brought items of business to the attention of the members.

Mrs. G. H. Williamson of Neenah reported on the magazine Hygeia, and Mrs. R. H. Bitter talked on "Public Relations." Mrs. T. D. Smith gave a highly informative talk on "Medical Education Today," taking her information from Dr. Fishbein's book dealing with the changing medical work throughout the United States.

EIGHT AUXILIARIES . . .

have reported that they are using the Bulletin. What are the other nineteen doing? Subscribe now; four issues a year. The convention number comes out in May. Send your $1 to:

MRS. R. E. McDONALD
4960 North Ardmore Avenue
Milwaukee, Wisconsin

# Society Proceedings

## Barron—Washburn—Sawyer—Burnett

Dr. William C. Keettel of the Wisconsin State Board of Health, Madison, was the featured speaker at a meeting of the Barron–Washburn–Sawyer–Burnett County Medical Society in Rice Lake, April 4. Dr. Keettel spoke on "Recent Advances in Obstetrics and Gynecology." Ten attended the meeting.

## Brown—Kewaunee—Door

A new constitution and by-laws, proposed by the Brown–Kewaunee–Door County Medical Society, was read at its meeting in Green Bay, April 10, and will be voted on at the society's May meeting. Preceding the business session, dinner was served to the group at the Beaumont Hotel. Eighteen attended.

## Crawford

The Crawford County Medical Society, at its meeting on March 11, passed a resolution regarding office hours. It was agreed, according to the *Prairie du Chien Courier*, to hold no office hours on Sundays or Thursday afternoons, and at these times to take care of emergency work only. Following a business session and dinner, served at the Savory Cafe, Prairie du Chien, members of the group heard Dr. William C. Keettel, Madison, speak on obstetrics.

## Dane

The Dane County Medical Society met on April 8 at the Madison Club, Madison. Surgical jaundice was discussed, and Dr. Charles B. Puestow of the University of Illinois Medical School, Chicago, presented a film on "Action of Drugs on Intestinal Motility."

## Dodge

Dr. Maurice Hardgrove, Milwaukee, was the guest speaker at the March meeting of the Dodge County Medical Society, held in Beaver Dam at the Lutheran Deaconess Hospital. Dr. Hardgrove's subject was, "Diagnosis and Treatment of Peripheral Vascular Disease."

On April 24, the society met jointly with the Dodge–Columbia County Dental Society. Following a dinner served in the Legion Building, Beaver Dam, a scientific program was presented by C. McDonald, M.D., and R. P. Gingrass, M.D., D.D.S., Milwaukee. Dr. McDonald spoke on "Dental Focal Infection as Applied to Medicine," and Dr. Gingrass on "Revolution of the Dental Focal Infection Theory."

## Eau Claire—Dunn—Pepin

Thirty-four members of the Eau Claire–Dunn–Pepin County Medical Society met on March 31 in Eau Claire to hear an address by Dr. William C. Keettel, Madison, on recent advances in obstetrics and gynecology.

## Fond du Lac

Dr. Max Fox, Milwaukee, was the guest speaker at the March 27 meeting of the Fond du Lac County Medical Society, held in the Retlaw Hotel, Fond du Lac. He spoke on "Infantile Paralysis." Thirty-five attended.

## Jefferson

At a recent meeting of the Jefferson County Medical Society, held in the Hotel Carlton, Watertown, Dr. E. A. Schoenecker, Lake Mills, was named secretary of the society, to succeed Dr. L. H. Gueldner, Ft. Atkinson, who was called into active military service.

## La Crosse

"What to Do about Backache," was the subject of a lecture by Dr. Walter Blount, Milwaukee, given at the April 8 meeting of the La Crosse County Medical Society in the Stoddard Hotel, La Crosse.

## Milwaukee

Featured speakers on the scientific program, presented at the meeting of the Medical Society of Milwaukee County, April 11, were Dr. Florence E. MacInnis, Milwaukee, who discussed "The Patch Test," and Dr. C. G. Grulee, clinical professor of pediatrics, Rush Medical College, Chicago, who spoke on "Advantages of Nursing at the Breast." The meeting was held in the Milwaukee Athletic Club's Elizabethan Room at 8:30 p. m.

On May 1 the society sponsored its first annual handicap bowling tournament.

## Milwaukee Specialty Societies

*Milwaukee Pediatric Society.*—The society met on April 9 at the Milwaukee Athletic Club. Lectures were given by Dr. F. A. Schlutz, professor of pediatrics, University of Chicago, and Dr. Amy L. Hunter, State Board of Health, Madison. Dr. Schlutz' topic was "Vitamin A and B Deficiencies in Childhood," and Dr. Hunter's "The Scope and Activities of the Child Welfare Division, State Board of Health."

*Milwaukee Neuro-Psychiatric Society.*—At its meeting on April 22 in Madison, the society had Dr. Henry Viets of Boston as its guest speaker. He spoke on "Myasthenia Gravis."

*Milwaukee Oto-Ophthalmic Society.*—Dr. Harry S. Gradle, Chicago, spoke on "Glaucoma Capsulare," Mr. H. A. Carter, of the American Medical Association, Chicago, on "Hearing Aids and Audiometers," and Dr. Louis Brachman, Milwaukee, on

"Kodachrome Studies of External Eye Diseases," at the society's meeting on April 8, at the University Club, Milwaukee.

### Outagamie

The Outagamie County Medical Society met on April 17 in the Conway Hotel, Appleton, for dinner and a scientific session. Dr. M. J. Fox, Milwaukee, was the guest speaker. He discussed "Infantile Paralysis; Its Diagnosis and Treatment."

### Pierce—St. Croix

Attendants at the March meeting of the Pierce–St. Croix County Medical Society in New Richmond included: Drs. Bartholomew Kunny, Baldwin; C. A. Olson, Hammond; J. W. Livingstone, Hudson; Julius Blom, Woodville; H. E. Perrin, Star Prairie; G. M. Dill and H. J. Laney, Prescott; O. H. Anderson, Plum City; and O. H. Epley, J. H. Armstrong and E. M. Drury, New Richmond. Dr. Victor Hauser, St. Paul, Minnesota, was the guest speaker on the scientific program. He discussed "Fracture of the Arm."

### Polk

The Polk County Medical Society met on March 20, in Amery, with the druggists of Polk County. Thirteen physicians and twelve druggists made up the attendance. Speakers on the program were Dr. G. E. Crossen of the College of Pharmacy, University of Minnesota, Minneapolis, who discussed "Interprofessional Relationships," and Dr. B. J. Branton, president of the Minnesota State Medical Association, Willmar, who spoke on "Roles of the Physician and Pharmacist."

### Portage

At a meeting in the Belmont Hotel, Stevens Point, April 22, the Portage County Medical Society heard a talk by Dr. Karl Doege, Marshfield, on "Gastric Ulcers," and "Remarks with Reference to Emergency Surgery," by Dr. Carl von Neupert, Stevens Point. Dr. Erich Wisiol opened discussion of Dr. von Neupert's paper.

### Price—Taylor

The Price–Taylor County Medical Society held its annual meeting at noon on April 9, and re-elected all its 1940 officers to serve again in 1941. Dr. H. B. Norviel, Phillips, is president of the society, and Dr. J. L. Rens, Phillips, is secretary. Two new members were admitted—Dr. A. L. Cramp, Gilman, and Dr. A. W. Meyn, Park Falls.

### Racine

Dr. W. D. Stovall, director of the State Laboratory of Hygiene, Madison, was the main speaker at the April 17 meeting of the Racine County Medical Society in Racine. He spoke on "Laboratory Aids in Diagnosis."

At the March meeting of the society, guest speakers on the scientific program were Dr. Arthur K. Koff, Chicago, who discussed endocrine therapy, and Dr. Charles Newcomb, Milwaukee, who spoke on gynecological problems.

### Rock

The Rock County Medical Society met at the Hotel Hilton, Beloit, March 25. Dr. A. H. Pember, Janesville, discussed "Asthenopia," and a talking picture on "Vitamin B Deficiencies," prepared by the Hillman Institute, Birmingham, Alabama, was shown. Dr. M. M. Baumgartner, Janesville, was in charge of the program. Thirty-five attended.

A "Ladies' Night" program was presented by the society on the evening of April 22. Dr. W. A. Munn, program chairman, presented Mrs. G. E. Stoddart, state commander of the Women's Field Army, and Dr. W. D. Stovall, Madison, who spoke on problems of cancer control. Seventy-two attended.

### Shawano

"Injection Treatment of Hernia," was discussed by Dr. M. C. Crane of Wittenberg, at the March meeting of the Shawano County Medical Society in Shawano. Officers for 1941 were elected at the meeting as follows:

President—F. L. Litzen, Gresham
Vice-president—M. C. Crane, Wittenberg
Secretary-treasurer—E. E. Evenson, Wittenberg
Delegate—F. L. Litzen, Gresham
Alternate delegate—A. A. Cantwell, Shawano
Censor (3-year term)—C. E. Stubenvoll, Shawano

Dr. W. C. Verbrick, Neopit, and Dr. Frederick Bauer, Shawano, were admitted to membership in the society.

### Trempealeau—Jackson—Buffalo

Meeting in Independence, March 28, twenty-five members of the Trempealeau–Jackson–Buffalo County Medical Society discussed problems of medical relief. Mr. J. G. Crownhart, secretary of the State Medical Society, addressed the physicians on "Relief Laws Relating to Blind, Mothers' Aid and Old Age Pensions;" and the welfare director of Buffalo County, Mr. McMahan, spoke on "Buffalo County Relief Problems."

### Winnebago

Dr. S. E. Gavin, Fond du Lac, councilor of the Sixth District of the State Medical Society, Dr. A. E. Rector, Appleton, past president of the State Medical Society, and Dr. D. J. Twohig, Fond du Lac, were speakers at the April 3 meeting of the Winnebago County Medical Society at the Athearn Hotel, Oshkosh. They discussed informally the matter of State Medical Society dues and reasons for extra assessments. A sound film, "Use of Artificial Pneumothorax in the Treatment of Pulmonary Tuberculosis," was shown. Fifty attended.

# News Items and Personals

*Madison on National Health Honor Roll.*—Winners in the National City Health Contest have been announced by the United States Chamber of Commerce and the American Public Health Association, as follows:

| | |
|---|---|
| Baltimore, Md. | Honolulu, Hawaii |
| Evanston, Ill. | Madison, Wis. |
| Greenwich, Conn. | Memphis, Tenn. |
| Hackensack, N. J. | Newton, Mass. |
| Hartford, Conn. | Pasadena, Calif. |

The awards are given annually to the ten cities providing the most effective health protection for their residents.

—△—

*Dr. M. J. Coluccy* was elected a member of the Madison board of health, at a meeting of the Madison common council in April. Dr. Coluccy succeeds *Dr. William A. Werrell* on the board.

—△—

"Tuberculosis Control," was discussed by *Dr. L. M. Morse*, Neillsville, at the Stevens Point Normal School, April 17.

—△—

*Dr. B. E. McGonigle*, formerly of Ableman, has moved to Sioux City, Iowa, to take over the practice of Dr. Paul E. Leahy, his cousin, who was killed recently in an automobile accident.

—△—

*Dr. E. C. Cary*, Reedsville, has been appointed health officer for Reedsville, Franklin and Rockland. Dr. Cary recently returned to his home after service in the Armored Forces, Fort Benning, Ga.

—△—

*Drs. Ralph Campbell, Madeline Thornton,* and *John W. Harris,* Madison presented lectures on obstetrics and gynecology at the April 1 staff meeting of the Wisconsin General Hospital.

—△—

The University of Wisconsin Medical Society sponsored two lectures in April. Dr. Melvin H. Knisely, Chicago, was the guest speaker on April 15; his subject was "Microscopic Observations of the Circulation in Small Blood Vessels in Normal Animals and in Monkeys with Malaria." On April 22, Dr. Henry R. Viets, Harvard University Medical School, addressed the society on "Our Present Knowledge of Myasthenia Gravis."

—△—

*Dr. Orvil O'Neil*, Ripon, addressed the Ripon Educational Club, April 15, on "New Discoveries in the Field of Medicine."

—△—

*Dr. Henry S. Smith*, Cudahy, who retired March 1 as medical director for Cudahy Brothers Company, was honored in April by seventy-five department heads of the company and former associates at a testimonial dinner. Michael F. Cudahy, president of the company, presented the doctor with a set of golf clubs, and a retired company official explained to him, in an address, the "duties" of a retired officer.

Dr. Smith, who was graduated from Rush Medical College in 1896, has served the Cudahy Company since 1925.

—△—

*Dr. E. T. Ackerman,* Gays Mills, a member of the Houdini Club, entertained members of the Ft. Atkinson Junior Chamber of Commerce, April 17, with a sleight of hand performance.

—△—

*Dr. R. J. Portman,* Antigo, spoke on behalf of the Langlade County Association for the Disabled, in a radio address, March 23.

—△—

*Dr. Ralph P. Sproule,* Milwaukee, president of the State Medical Society, showed colored motion pictures of a trip around South America, at a meeting of the Whitefish Bay Club, April 10.

—△—

*Dr. L. G. Kindschi,* Madison, was guest speaker at a gathering of physicians from Green, Lafayette, Dane and Rock counties, and from northern Illinois, at the Monroe Clinic, Monroe, April 7. He discussed "The Histamine Headache." *Dr. John A. Schindler,* Monroe, spoke on the use of the electrocardiograph.

—△—

*Dr. T. L. Harrington,* Stevens Point, gave a radio address on "Dental Health," April 12.

—△—

A joint resolution (Jt. Res. No. 88, A.) was introduced in the Wisconsin Assembly, April 18, and adopted, relating to the life and public service of Joseph E. Russell, former assemblyman and lifelong resident of the town of Erin in Washington County, who died at his home on January 5, 1940. The resolution reads in part:

"At farming, as at teaching, he met with a high degree of success. By practical application of modern methods of husbandry and by breeding choice live stock he prospered and was looked upon as a leader in his pursuit . . . Before ascending to the office of assemblyman, Mr. Russell held various positions of honor and trust in his community. To all alike he gave liberally of his time, always giving the best of services . . . Mr. Russell was a splendid citizen, a kind and loving husband and a considerate and fondly attached father. Always strictly honest in all his dealings with his fellowmen, he won a warm place in the hearts of all who had the good fortune of having become acquainted with him."

Mr. Russell is survived by his widow and nine children among whom are two physician sons, *Dr. Ralph J. Russell,* Milwaukee, and *Dr. Joseph A. Russell,* Random Lake.

*Drs. Samuel Higgins, W. J. Carson* and *L. D. Smith,* Milwaukee, were elected chairman, secretary, and treasurer respectively, of the Wisconsin chapter of the International College of Surgeons, at the chapter's meeting in Milwaukee, March 25.

—△—

*Dr. Mildred Stone,* Berlin, acting health officer of Berlin in the absence of her husband, *Dr. Grant Stone,* now serving in the army, was formally appointed to the position of health officer at a meeting of the Berlin common council on April 15.

—△—

*Milwaukee Academy of Medicine.*—The academy has announced an annual essay contest on subjects of medical research, for physicians not more than ten years out of medical school. Prizes of $50 and $25 will be awarded. Dr. T. L. Squier, Milwaukee, is chairman of the contest.

—△—

*Dr. Mary Allen,* Green Bay, spoke on infant and maternal care at a meeting of the junior club women of Shawano the latter part of March.

—△—

On April 1, *Dr. C. A. Harper,* began his 38th consecutive year as state health officer of Wisconsin. Appointed to the board first by Governor Robert M. La Follette, Dr. Harper, in 7-year terms, has been reappointed by Governors Davidson, Philipp, Blaine, Kohler and Philip La Follette.

—△—

*Dr. Llewellyn Cole,* director of the department of student health, University of Wisconsin, took part in a symposium discussion on recreational and competitive athletics at a meeting of the Shorewood Hills Parent-Teacher Association, Madison, April 2. He stated there are few injuries among well-trained athletes, and added: "We have a remarkable record of no more than four or five fractures of any consequence at all in any one year. Alley athletics, in which the boys just take off their neckties, roll up their sleeves and plunge into the game, and lack of care in high school games, cause most of the injuries."

—△—

*Dr. K. A. Swartz* was reappointed health officer of Waupun at a meeting of the city council, April 15.

—△—

*Dr. Russell F. Wilson,* Beloit roentgenologist, has been elected to fellowship in the American College of Radiology.

—△—

*Dr. Howard Lee,* Oshkosh, discussed "Allergy," at the April meeting of the Sixth District of the Wisconsin State Nurses' Association in Menasha.

—△—

"A Medical Man Looks at Life," was the topic discussed by *Dr. T. O. Nuzum,* Janesville, at a joint meeting of the senior Hi-Y clubs of Janesville, March 26.

—△—

*Dr. R. A. Jefferson,* Milwaukee, spoke before the Woman's Club of Sheboygan, April 1, on "Psychological Problems of Children and Adults."

*Dr. John D. Owen,* Milwaukee, discussed "Sickness Insurance," at a meeting of the Waukesha Women's Club, in March.

—△—

*Dr. A. H. Olsen,* Milwaukee, has been appointed police surgeon of Milwaukee. He succeeds *Dr. U. A. Schlueter,* who resigned from the position. Dr. Olsen was graduated from Marquette University Medical School in 1929.

—△—

At its annual meeting in Milwaukee, March 27–29, the Wisconsin Anti-Tuberculosis Association re-elected the following physicians to serve as directors for 3-year terms: *Drs. George Williamson,* Neenah; *G. I. Bellis,* Elcho; and *J. Gurney Taylor,* Milwaukee.

—△—

"Observations on South America," was the subject of an address given by *Dr. E. L. Sevringhaus,* Madison, before the Madison League of Women Voters, April 10. Dr. Sevringhaus was chairman of the United States delegation to the second Pan-American Congress on Endocrinology which met in Montevideo, March 5–8.

—△—

*Dr. John M. Dodd, Sr.,* Ashland, was honored by the Elks Club of Ashland, March 25. A class of lodge candidates was initiated in his honor and he was presented with a gold replica of his honorary life membership card in the lodge. Dr. Dodd's long and distinguished career as physician and citizen was reviewed by Mr. G. F. Johnson, mayor, who included mention of the fact that Dr. Dodd, in 1930, received the Council Award of the State Medical Society of Wisconsin. In his response, Dr. Dodd traced the history of the Elk Clubhouse and its influence on community life in Ashland.

—△—

The Wisconsin State Dental Society's annual convention program, presented in Milwaukee, March 24–27, featured talks by several Milwaukee physicians, as follows: *Dr. J. W. Rastetter,* "Shock;" *Dr. M. Fernan-Nunez,* "Oral Cancer;" *Dr. A. J. Quick,* "Coagulation of the Blood as a Means of Hemostasis;" *Dr. Francis D. Murphy,* "Heart Disease and Surgical Risk;" *Dr. Leonard J. Deysach,* "Sulfanilamide in Dentistry;" *Dr. R. P. Gingrass,* "Fractures of the Jaws;" *Dr. Frank Margoles,* "Differentiation of Gingivitides;" and *Dr. Kurt Wiener,* "Cancer and Cancer-Resembling Lesions of the Oral Cavity."

## CENTENNIAL MEETING INVITATIONS

If you know any former Wisconsin physicians who might enjoy returning to the state for the centennial anniversary meeting of the State Medical Society, send their names and present addresses to the Society and special invitations will be extended to them to attend the centennial session.

### Wisconsin at the 1941 A. M. A. Session

Several Wisconsin physicians will appear on the program at the 92nd annual session of the American Medical Association in Cleveland, June 2–6. Those listed in the preliminary program include the following:

*J. Gurney Taylor,* Milwaukee, member of the Association's Council on Scientific Assembly, will serve as chairman of a symposium at a general scientific meeting, June 3, on "Relation of American Medicine and the National Defense." Participating in this symposium will be *Stanley J. Seeger,* Milwaukee, chairman of the Association's Council on Industrial Health; he will discuss "The Role of Industrial Medicine in Medical Preparedness."

*Ovid O. Meyer,* Madison, will give a paper, "Therapeutic Experiences in Hodgkin's Disease," before the Section on the Practice of Medicine, June 4.

*John B. Hitz,* Milwaukee, will open discussion of a paper to be presented by James W. White of New York on paralysis of eye muscles, in the Section on Ophthalmology, June 6.

*W. E. Grove,* Milwaukee, vice-chairman of the Section on Laryngology, Otology and Rhinology, will present a paper on "Problems of the Hard of Hearing in Industry."

*Francis D. Murphy* and Bruno J. Pietraszewski, Milwaukee, will speak on "Treatment of Acute Nephritis: Outcome in Ten Years in Eighty-nine Cases," before the Section on Pharmacology and Therapeutics, June 4.

*Lloyd H. Ziegler,* Wauwatosa, will open discussion of a paper to be given by F. G. Norbury, Jacksonville, Illinois, on "Mental Mechanisms in Alcoholism," before the Section on Nervous and Mental Diseases, June 4.

*Walter M. Kearns,* Milwaukee, will open discussion of a paper to be presented in the Section on Urology, June 6, by R. P. Finney, Spartanburg, S. C., on "Treatment of Ureteral Stone." Dr. Kearns will also exhibit a motion picture on "Testicular Deficiency."

*Ralph M. Waters,* Madison, will give the chairman's address of the Section on Anesthesiology. His subject will be "Chemical Absorption of Carbon Dioxide from Anesthetic Atmospheres."

*Harvey C. Slocum,* Madison, will discuss "An Apparatus for the Automatic Recording of Diastolic and Systolic Blood Pressure in Clinical Practice," before the Section on Anesthesiology, June 6. He will also present a scientific exhibit on "Observations on Respiration and Circulation."

*Ralph M. Carter,* Green Bay, and *L. D. Smith,* Milwaukee, are members of a group presenting a special exhibit on fractures.

*Eben J. Carey,* Milwaukee, a member of the Association's Committee on Scientific Exhibit, and also of its Council on Physical Therapy, is one of a large group presenting a special exhibit on "Lame Backs."

*Arnold S. Jackson, James A. Jackson,* and *J. Newton Sisk,* Madison, will present an exhibit from the Jackson Clinic on "Cancer of the Gastrointestinal Tract." *Dr. Arnold S. Jackson* will also exhibit a motion picture, "Surgical Treatment of Malignant Diseases of the Gastrointestinal Tract."

Other Wisconsinites participating in session activities are Mr. E. G. Meiter, Employers Mutual Liability Insurance Company, Wausau, who will display an exhibit on scientific methods of preventing industrial diseases and hazards, and Mr. W. Allen Conroy of Wisconsin General Hospital, Madison, who will assist in an exhibit on "Punch Card Method for Collection and Analysis of Surgical and Anesthetic Statistics."

## BIRTHS

A son, Edward Anthony, Jr., to Mr. and Mrs. Edward Bielefeld (Dr. Mary Neville), Milwaukee, March 9.

A daughter, Barbara Jean, to Dr. and Mrs. Burton C. Kilbourne, Milwaukee, March 21.

A daughter to Dr. and Mrs. Ralph H. Biehn, Milwaukee, March 26.

A son, William, to Dr. and Mrs. William H. Oatway, Jr., Madison, March 31.

A daughter to Dr. and Mrs. C. F. Broderick, Milwaukee, in March.

A son, Russell Todd, to Dr. and Mrs. Russell Jackson, Madison, April 8.

A daughter to Dr. and Mrs. T. D. Hunt, Madison, April 4.

A son to Dr. and Mrs. John Dorsch, Amherst, in April.

## DEATHS

**Dr. Eugene S. Knox,** Green Bay, died on April 1 of a streptococcic infection. He was 54 years of age.

Dr. Knox was born in Manitowoc County, Wisconsin, and taught school for several years before beginning the study of medicine. He was graduated from Marquette University School of Medicine in 1914 and spent the following year in interne service at the Northern Pacific Hospital, Glendive, Montana. He then returned to Wisconsin and entered private practice in Bowler. Two years later he enlisted for service in the World War and spent almost two years overseas. On his return to the United States, following the war, he entered practice in Green Bay and remained there until his death, except for a period of medical study in Europe.

The doctor was a member of the Brown–Kewaunee–Door County Medical Society (past president), a member of the State Medical Society of Wisconsin, and a fellow of the American Medical Association. He was very active in many fraternal and civic organizations.

Survivors include his widow, a daughter and three sons.

**Dr. H. Kalling**, Black River Falls, died of pernicious anemia, on March 9, at the Veterans' Administration Hospital, Hines, Illinois, where he had been under treatment for a little more than two weeks.

Dr Kalling was born in Litchfield, Minnesota, in 1870. He was graduated in 1904 from the Bennett College of Eclectic Medicine and Surgery, Chicago, and practiced in Chicago, and Coin, Iowa, before opening his office in Black River Falls. He also practiced in Alma Center and Fall Creek, Wisconsin, following his return from service in the medical corps during the World War, but he returned, in 1920, to Black River Falls and remained in practice there until his retirement in 1933.

The doctor is survived by his widow and one son.

**Dr. Patrick G. McGill**, pioneer Superior physician, died on April 23. Some of the activities of the doctor in the early years of his practice were mentioned in "Reminiscences of a Northern Wisconsin Doctor," by L. W. Beebe, M. D., Superior, published in the February, 1941, Journal.

Dr. McGill's obituary will appear in the June issue of The Journal.

## SOCIETY RECORDS

### New Members

H. A. Andersen, Verona.

W. C. Keettel, Jr., Bureau of Maternal and Child Health, Madison.

H. W. Dietrich, 19 North Pinckney Street, Madison.

L. G. Kindschi, 110 East Main Street, Madison.

E. L. Bernhardt, West Bend.

M. F. Greiber, Normandale, Madison.

G. W. Marbry, McFarland.

T. D. Hunt, 2525 Winnebago Street, Madison.

W. H. Jaeschke, 426 North Charter Street, Madison.

E. A. Birge, State Laboratory of Hygiene, Madison.

W. C. Verbrick, Neopit.

S. L. Hadden, Wild Rose.

D. J. Martinetti, Hurley.

V. H. Cremer, Tomah.

R. J. Hudson, Prairie du Sac.

R. J. Reuter, 324 East Wisconsin Avenue, Milwaukee.

A. W. Meyn, Park Falls.

### Changes in Address

A. N. Tousignant, Oconto, to Fort Bliss, Tex.

C. P. Kauth, Slinger, to Port Washington.

F. W. Kundert, Madison, to Monroe Clinic, Monroe.

D. J. Taft, Milwaukee, to Gorgas Hospital, Ancon, Canal Zone.

R. M. Baldwin, Beloit, to Station Hospital, Fort Sill, Okla.

R. J. Winkler, Fort Benning, Ga., to Medical Field Service Schools, Carlisle Barracks, Pa.

R. L. Waffle, Fond du Lac, to Station Hospital, Fort Sheridan, Ill.

L. W. Nowack, Camp Beauregard, to Medical Field Service Schools, Carlisle Barracks, Pa.

E. R. Krueger, Hayward, to 30th Division, Fort Jackson, S. C.

J. A. Roth, Carlinville, Ill., to Camp Grant, Ill.

P. P. Goodman, Milwaukee, to 326th Medical Regiment, 5th Medical Battalion, Fort Knox, Ky.

M. M. Guzzetta, Milwaukee, to Carlisle Barracks, Pa.

S. W. Hollenbeck, Milwaukee, to 125th Field Artillery, Medical Detachment, Camp Beauregard, La.

I. J. Sarfatty, West Allis, to Randolph Field, Tex.

J. A. Grab, Milwaukee, to Selective Service Headquarters, Madison.

F. A. Kretlow, Milwaukee, to 1st Medical Squadron, Fort Bliss, Tex.

Forrester Raine, Milwaukee, to Station Hospital, Camp Grant, Ill.

E. J. Shabart, Milwaukee, to Fort Sheridan, Ill.

A. J. Schramel, Milwaukee, to 105th Cavalry, Medical Division, Camp Livingston, La.

A. A. Sverdlin, Milwaukee, to Wisconsin Induction Station, 4108 North Richards Street, Milwaukee.

S. S. Zintek, Milwaukee, to 127th Infantry, 32nd Division, Camp Livingston, La.

E. C. Cary, Fort Benning, Ga., to Reedsville.

R. H. Wink, Granton, to Marshfield.

H. H. Heiden, Camp Beauregard, La., to Camp Livingston, La.

L. V. Bergstrom, Milltown, to Co. 538, Camp Minidoka, Rupert, Idaho.

H. W. Pankow, Suring, to Oconto.

G. J. Hathaway, Camp Beauregard, La., to Medical Detachment, 128th Infantry, 32nd Division, Camp Livingston, La.

Herbert Christianson, Superior, to Camp Livingston, La.

D. H. Lando, Merrill, to Camp Pomona #620, Pomona, Ill.

L. H. Feiman, Milwaukee, to 46th Medical Battalion, Pine Camp, N. Y.

S. P. O'Donnell, Fort Sill, Okla., to Kiel.

E. E. Grossmann, Milwaukee, to Commanding Dispensary, 54th C. A., Camp Wallace, Tex.

H. C. Johnson, Camp Grant, Ill., to Camp McCoy.

N. J. Barnstein, Manitowoc, to Two Rivers.

(See page 424 for complete list of men who have gone into service.)

## CORRESPONDENCE

### W. A. T. A. HONORS DECEASED MEMBERS

April 10, 1941.

Mr. J. G. Crownhart, Secy.,
State Medical Society of Wis.,
Madison, Wisconsin.

My dear Mr. Crownhart: The following resolution was unanimously adopted at the business session of our annual meeting on March 27. I want to add at this time my own personal tribute to the memory of Dr. McGovern.

"Each year, as we who are members and friends of the Wisconsin Anti-Tuberculosis Association gather together, we must mourn the passing of many who for years have been comrades and co-workers with us. During the year just past we have lost, among others:

Dr. J. J. McGovern, Milwaukee, a former director of the W. A. T. A. and a former president of both the Medical Society of Milwaukee County and the State Medical Society of Wisconsin.

*"Be it resolved,* That the members and friends of the Association, in meeting assembled, express their sorrow at the loss of these good friends and co-workers, and record in these resolutions of tribute their sense of appreciation and gratefulness for the contributions which these men and women have made.

*"Be it further resolved,* That a copy of these resolutions be sent to the families of the deceased, to the various organizations with which they were most intimately associated, and to the press of their respective communities."

Sincerely yours,

Oscar Lotz, M. D.,
*Executive Secretary,*
W. A. T. A. Milwaukee.

## APPEAL FOR DOCTORS TO SERVE IN BRITAIN

The American Red Cross, with the approval of President Roosevelt, the Secretary of War and the Surgeon General of the Public Health Service, has appealed for 1,000 physician-volunteers to serve in the Royal Army Medical Corps and the Emergency Medical Service of Great Britain. President Roosevelt stated to the Red Cross: "The young doctors Great Britain so desperately needs can do much to heal the wounds inflicted alike upon civilians and military in this cruel war . . . To any American doctor who is eligible and able to go, service in this cause presents a splendid opportunity."

The Red Cross appeal reads:

"Applicants must be citizens of the United States, unmarried or without dependents, and no more than 40 years of age for service with the Royal Army Medical Corps, nor more than 45 years old for appointment to the Emergency Medical Service. Professional qualifications of all applicants will be reviewed by a subcommittee named by the Division of Medical Sciences of the National Research Council, working in collaboration with the American Medical Association.

"Applicants must be graduates of Class A medical schools in Canada or the United States and must have had at least one year of clinical hospital training in an institution approved by the American College of Surgeons. For the Emergency Medical Service, candidates must have been in practice at least five years and not more than ten years. All applicants will be required to pass a stringent physical examination.

Doctors accepted for service with the RAMC will be commissioned as lieutenants with remuneration at approximately $1456.50 annually. At the end of 12 months of satisfactory service they will be promoted to the rank of captain with annual pay of approximately $1800. At the end of each year of satisfactory service lieutenants will receive a bonus of £100, equivalent to approximately $402.50, and captains £150 or $603.75. Promotions beyond the rank of captain will be upon general merit.

"Accepted candidates will not lose their citizenship except in cases of dual nationality under which the individual might be classed as a British subject. Under the Geneva Convention, signed not only by the belligerents but by the United States as well, signatories have undertaken to respect and protect all medical personnel. This Convention states in part: 'Personnel charged exclusively with . . . the treatment of the wounded and sick . . . shall be respected and protected under all circumstances. If they fall into the hands of the enemy, they shall not be treated as prisoners of war'.

"The minimum tenure of service with the RAMC is one year, the contract to be renewable each successive year. Volunteers for the duration of the war also will be accepted. Free transportation will be provided from the home to point of duty and, upon termination of service, to a selected place of residence in the United States. American officers will be eligible for the same disability compensation as others in event of disability or death.

"Volunteers accepted by the RAMC are liable for service wherever British troops are located, mainly in Europe, Africa and Asia. Assignment to any particular place cannot be guaranteed, though wishes of applicants will be considered. They may be required to serve as medical officers in charge of native troops and, if serving in India, may be required to serve under Indian medical officers.

"In addition to regimental medical units, assignments will be to field ambulance units, motor ambulance convoys, casualty clearing stations, ambulance trains, general hospitals, convalescent depots, hospital ships, and units serving with stationary troops, such as anti-aircraft formations and the like.

"Comparatively few of the volunteers will be assigned by the British Red Cross to the Emergency Medical Service. Those receiving such appointment must sign a contract for full-time employment for one year in the first instance at any hospital, public or private, the Ministry of Health may designate. Duties will include hospital treatment of Service and civilan air raid casualties, other Service casualties, and sick, and a number of special categories of civilian sick for the treatment of which the Govern-

ment has undertaken financial responsibility for duration of the war. Rates of pay are the same as for British subjects, £550 a year, or approximately $2,213.75, with full board and lodging, or an allowance of £100 where board and lodging are not provided. In case of injury or death in the course of their employment or as a result of enemy action, compensation is the same as that provided for British subjects under the Personal Injuries Scheme for civilians.

*"Full information concerning 'Doctors for Britain' can be obtained from Red Cross National Headquarters in Washington, D. C."*

## NOTICE OF COUNCIL HEARING ON PROPOSED AMENDMENT

At a late spring meeting of the Council, date as yet undetermined, this body will have under consideration a proposed amendment to the by-laws. Pursuant to action of the House of Delegates, the Council will give hearing to anyone desiring to appear in person at the meeting, and will also consider communications on the subject, which may be addressed to the secretary in the office of the Society in Madison for reference to the Council. Any person desiring to be notified of the date of the Council hearing that he may appear in person is asked to communicate with the secretary at this time.

The amendment follows:

WHEREAS, The Special Committee to Study the Distribution of Health Service and Sickness Care in Wisconsin in its report to the State Medical Society, in 1938, adopted by the House of Delegates, said:

> "The committee recommends that the extent of privileges of physicians in general hospitals, assuming that their practices are not such as contravene the public interest, be determined on the basis of their individual abilities,"

and,

WHEREAS, This recommendation can be followed effectively only by amendment of the by-laws of the State Medical Society,

*Now, therefore, be it resolved,* That Chapter 11 be amended by renumbering sections 8, 9, and 10, to be sections 9, 10, and 11, respectively, and a new section 8 be inserted in Chapter 11, to read as follows:

> "Hospitals are recognized as institutions in which medicine is practiced, and not as institutions which practice medicine. Any hospital organized as an eleemosynary institution which is the only available institution within a given area should erect no barrier against, and on the contrary, should extend staff privileges to those licensed to practice medicine and surgery on the basis of their individual abilities, assuming that their individual practices are not such as contravene the public interest. Each county society shall have the responsibility to, and at the direction of the Council shall, accomplish the purpose and effect of this by-law."

# Initial Meeting of Wisconsin Society of Obstetrics and Gynecology

ON MAY 16, at the Hotel Pfister, in Milwaukee, the Wisconsin Society of Obstetrics and Gynecology will hold its first meeting. The society was organized late last fall by a group of Milwaukee and Madison physicians; its purpose is to stimulate interest in improving the practice of obstetrics generally throughout Wisconsin and to aid wherever possible in reducing maternal and infant mortality.

Membership in the society is open to all physicians in the state practicing obstetrics and gynecology, and all other representative physicians in the state particularly interested in the field and willing to use their influence to foster the purposes of the organization. At the present time the society has about forty members.

Meetings are to be held twice a year, with no two meetings in the same city in the same year. Officers of the society are:

President—Dr. Roland S. Cron, Milwaukee
Vice-president—Dr. John W. Harris, Madison
Secretary-treasurer—Dr. Robert E. McDonald, Milwaukee

Following is the scientific program which will be presented at the society's May 16 meeting, beginning at 9 a. m.:

Dr. Carlton Wirthwein, Milwaukee—"Diagnosis and Management of Premature Separation of the Placenta"

Dr. W. C. Keettel, Madison—"What Are the Duties of an Obstetrician in the Wisconsin Maternal and Child Health Program?"

Dr. John J. Boersma, Sheboygan—"Edema in Toxemia of Pregnancy"

Dr. H. W. Shutter, Milwaukee—"The Relationship of Ovarian Functions to Breast Cancer"

Dr. J. W. McGill, Superior—"Unusual Bleeding during Pregnancy"

Dr. John W. Harris, Madison—"The Causes and Prevention of Fetal Asphyxia"

Dr. J. M. Freeman, Wausau—"The General Practitioner as an Obstetrician"

Dr. Norman F. Miller, Professor of Obstetrics and Gynecology, University of Michigan. Guest Speaker—Subject not announced.

# Coming Events

### Clinics of Marquette School of Medicine

The Friday morning clinics of Marquette School of Medicine will be resumed in October, 1941. Subjects of the clinics will be announced in The Journal at that time.

—△—

### Clinics of Milwaukee Children's Hospital

Dates and subjects of clinics to be presented in May are given below. The presentations are scheduled for 12:30 to 1:30 p. m.

Surgical Clinic, Monday, May 12:
Presentation of cases. Discussion of jaundice and congenital defects of bile tracts.
Orthopedic Clinic, Tuesday, May 13:
The child's foot. Discussion by W. P. Blount, M. D., Milwaukee.
Pediatric Clinic, Friday, May 16:
Psychiatry. Discussion by R. A. Jefferson, M. D., Milwaukee.
Surgical Clinic, Monday, May 19:
Presentation of cases. Discussion of intestinal obstruction.
Fracture Service Clinic, Tuesday, May 20:
Miscellaneous fractures in children. Discussion by Irwin Schulz, M. D., Milwaukee.
Pediatric Clinic, Friday, May 23:
Posture in infants. Discussion by Franz Baumann, M. D., Milwaukee.
I. V. therapy. Discussion by M. H. Poindexter, M. D., Milwaukee.
Surgical Clinic, Monday, May 26:
Presentation of cases. Discussion of intestinal obstruction.

—△—

### Jackson Clinic Spring Postgraduate Meeting

The two-day postgraduate course of the Jackson Clinic will be presented in Madison, Thursday and Friday, May 15 and 16, and is available to any regular practitioner. Attendance is limited to 100.

There will be surgical clinics, symposiums on chemotherapy, injection therapy, fractures, thyroid disease, endocrine therapy, etc. (The complete program appears on page 331 of the April issue of The Journal.) Luncheon and dinner will be served at the Loraine Hotel and a program of scientific medicine and entertainment will be given each evening.

Those desiring to attend are requested to write Dr. Russell Jackson, Jackson Clinic, Madison, for reservations for either one or both days.

—△—

### Wisconsin Chapter, American Physiotherapy Association, to Meet

The Wisconsin Chapter of the association will conduct its annual business meeting on May 10, White Manor Inn, Milwaukee. The business meeting will begin at 3:30 p. m. and will be followed by a 6:30 p. m. dinner meeting. Dr. S. Koch, Chicago, will address the group at the evening session.

### Clinics of the University of Wisconsin Medical School

Physicians are invited to attend clinics held on Saturdays from 11 a. m. to 12:30 p. m., in the sixth floor lecture room of Wisconsin General Hospital, Madison, and also to attend ward rounds, operating clinics, conferences and seminars, a detailed schedule of which may be obtained from Dr. W. S. Middleton, dean of University of Wisconsin Medical School.

The subjects of clinics scheduled for May are as follows:

May 10:
Office gynecology—Dr. C. S. Harper and associates
May 17:
Convulsions in infancy and childhood—Dr. K. B. McDonough and associates
May 24:
Management of infections—Dr. E. R. Schmidt and associates
May 31:
Clinical problem of syncope—Dr. C. F. Midelfart and associates

—△—

### Alumni Day and Student Day, University of Wisconsin

All Wisconsin alumni are invited to attend these events. See page 393 for further details.

—△—

### Wisconsin State Board of Medical Examiners

The next regular meeting of the Board will be held at the Schroeder Hotel, Milwaukee, June 24, 25, 26, and 27, 1941. Examinations in medicine and surgery will be conducted and applications for reciprocity considered at this meeting. Applications, credentials and fees must be filed with the Board by June 15 at the latest, in order to receive favorable consideration. Communications should be addressed to: Dr. H. W. Shutter, secretary, Wisconsin State Board of Medical Examiners, 425 E. Wisconsin Ave., Milwaukee.

—△—

### Symposium on Respiratory Enzymes and Biological Action of Vitamins, September 11–13, Madison

The Wisconsin Alumni Research Foundation is sponsoring a symposium on respiratory enzymes and the biological action of vitamins at the University of Wisconsin Medical School, Madison, September 11–13. Leading biochemists and physicians of America and Europe will take part in the program and discussions. Wisconsin physicians may attend.

—△—

### Wisconsin Society of Obstetrics and Gynecology

The society will hold its first meeting in Milwaukee, at the Pfister Hotel, Friday, May 16. See page 415 for details.

### Annual Meeting, Ninth Councilor District

The annual meeting of the Ninth Councilor District Medical Society will be held at Stevens Point, Wisconsin, on May 15, 1941. The program begins with a clinic at St. Michael's Hospital at 4 o'clock sharp. The following groups of cases will be presented.

(1) Nutritional Deficiencies, Dr. Edgar S. Gordon, Madison.
(2) Allergy, Dr. Theodore L. Squier, Milwaukee.
(3) Endocrine Deficiencies, Dr. Elmer L. Sevringhaus, Madison.

Dinner will be served at the Hotel Whiting at $1 per plate, after which election of officers for the coming year will be held. Following this the following papers will be given:

(1) "Nutritional Deficiencies and the General Practitioner," Dr. Edgar S. Gordon.
(2) "Allergy and the Family Physician," Dr. Theodore L. Squier.
(3) "Endocrine Disorders and the General Practitioner," Dr. Elmer L. Sevringhaus.

It is desired that two or three clinical cases illustrating each group of diseases to be discussed at the clinic should be ready for presentation. If any of the members of the Society have definite and well defined cases falling into any of the three above mentioned groups if they will be kind enough to have the patients present at St. Michael's Hospital at 3:30 p. m. and in advance will forward to Dr. T. L. Harrington, River Pines Sanatorium, Stevens Point, concise histories of the cases, they will be presented at the clinic in the afternoon.

—△—

### A. M. G. A. Golf Tournament, June 2

The American Medical Golfing Association will hold its 27th annual tournament at the Cleveland Country Club and Pepper Pike Club, in Cleveland, Monday, June 2, 1941. All male fellows of the American Medical Association are eligible for membership in A. M. G. A. Participants are required to present their home club handicaps, signed by the club secretary, at the first tee on the day of play. No handicap over 30 is allowed. Application blanks and further information concerning the 1941 tournament may be obtained by writing to: Mr. Bill Burns, 2020 Olds Tower, Lansing, Michigan.

—△—

### American Association for Study of Goiter to Meet

The association will meet in the Hotel Statler, Boston, Massachusetts, on May 12, 13 and 14, instead of the date originally announced. The program for the 3-day meeting includes papers dealing with goiter and other diseases of the thyroid gland, dry clinics and demonstrations. Further information may be obtained from Dr. W. Blair Mosser, Kane, Pa.

—△—

### Obstetrical Course, Chicago Lying-in Hospital

The Illinois State Department of Public Health and the Children's Bureau, U. S. Department of Labor, is sponsoring ten 4-week courses in obstetrics at the Chicago Lying-in Hospital during the fiscal year 1941–1942. Only a limited number of physicians will be accepted for each course. The only cost to the individual is for room and board and $25 ($10 of which is refunded at the completion of the course). Applications and inquiries should be addressed to: Post-graduate Course, Department of Obstetrics and Gynecology, 5848 Drexel Avenue, Chicago, Illinois.

—△—

### Continuation Study Courses, University of Minnesota

The Center for Continuation Study, University of Minnesota, announces the following courses:

| Subject | Date | Cost |
|---|---|---|
| Nutrition in the Public Welfare | May 26–28 | $ 5 |
| Diseases of Infancy and Childhood | June 2–7 | 25 |
| Diseases of Rectum and Colon | June 9–14 | 25 |
| Obstetric and Newborn Nursing | June 12–14 | 5 |
| Diseases of Heart | June 16–21 | 25 |
| Dermatology and Syphilology | June 23–28 | 25 |
| Health Problems in Industry. | August 4–6 | 5 |
| Impairment of Hearing | August or October (6 days) | 25 |

—△—

### National Gastroenterological Association Convention

The 6th annual convention of the association will be held at the Hotel Commodore, New York City, May 13–16. Information concerning the meeting and program may be obtained from Dr. Henry Kendall, 16 East 96th St., New York City. Wisconsin physicians who will take part in the program include Dr. Robert J. Bach, Milwaukee, who will preside over a luncheon and round-table conference on "Criteria in the Differential Diagnosis of Ulcers and Carcinoma of the Stomach," and Drs. William Ackermann, C. J. Corcoran, M. E. Gabor, J. Shaiken, and M. W. Shutkin, Milwaukee, who will participate in the conference.

—△—

### Annual Meeting American Public Health Association

The executive board of the American Public Health Association announces the dates of the 70th annual meeting as October 14–17, 1941. The meeting will be held in Atlantic City, New Jersey, with headquarters in Convention Hall (residence headquarters, Hotel Traymore).

—△—

### Examinations of American Board of Obstetrics and Gynecology

The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted at Cleveland, Ohio, by the entire Board from Wednesday, May 28, to Monday, June 2, 1941, inclusive, prior to the opening of the annual meeting of the American Medical Association in Cleveland. Further information may be obtained from Dr. Paul Titus, secretary, 1015 Highland Building, Pittsburgh, Pa.

# Medical Examiners Under Selective Service

**(As of April 16, 1941; other appointments pending.)**

*(Examining Physicians By Counties)*

**Adams**
Dr. G. F. Treadwell, Friendship
Dr. Arthur J. Harris, Adams
Dr. Harry Shapiro, Adams

**Ashland**
Dr. John M. Dodd, Ashland
Dr. Wm. J. Tucker, Ashland

**Barron**
Dr. C. C. Post, Barron
Dr. E. J. Hatleberg, Rice Lake
Dr. R. C. Thompson, Cumberland

**Bayfield**
Dr. M. J. Robertson, Bayfield

**Brown #1**
Dr. F. J. Gosin, Minahan Bldg, Green Bay
Dr. T. S. Burdon, Minahan Bldg., Green Bay
Dr. O. W. Saunders, Northern Bldg., Green Bay
Dr. R. W. Kispert, Fairfield–Bartran Clinic, Green Bay
Dr. G. R. Stauff, Columbus Bldg., Green Bay

**Brown #2**
†Dr. E. S. Knox, Green Bay
Dr. R. W. Burns, 207 E. Walnut St., Green Bay
Dr. W. P. Tippet, 305 E. Walnut St., Green Bay
Dr. C. A. Stiennon, 122 E. Walnut St., Green Bay

**Brown #3**
Dr. J. P. Lenfestey, De Pere
Dr. N. M. Kersten, De Pere

**Buffalo**
Dr. B. F. Johnson, Mondovi
Dr. E. A. Meili, Cochrane
Dr. D. S. Sharp, Mondovi
Dr. M. O. Bachhuber, Alma
Dr. F. C. Skemp, Fountain City

**Burnett**
Dr. Clarence L. Treadwell, Siren
Dr. Chas. O. Lindberg, Grantsburg

**Calumet**
Dr. N. J. Knauf, Chilton
Dr. John J. Minahan, Chilton

**Chippewa #1**
Dr. J. A. Kelly, Chippewa Falls
Dr. E. O. McCarty, Chippewa Falls
Dr. Merton Field, Chippewa Falls

† Deceased.

**Chippewa #2**
Dr. Richard S. Rodgers, 206½ Bridge St., Chippewa Falls
Dr. Herbert M. Trankle, Bloomer
Dr. J. J. Sazama, Bloomer
Dr. R. E. Graber, Stanley
Dr. A. W. Overgard, Stanley

**Clark**
Dr. H. H. Christofferson, Colby
Dr. Milton C. Rosekrans, Neillsville
Dr. Albert P. Hable, Loyal

**Columbia**
Dr. C. W. Henney, Portage
Dr. C. J. Radl, Wisconsin Dells
Dr. Hugh M. Caldwell, Columbus
Dr. Clement Cheli, Columbus
Dr. A. J. Batty, Portage

**Crawford**
Dr. C. A. Armstrong, Prairie du Chien
Dr. Thomas F. Farrell, Prairie du Chien

**Dane #1**
Dr. Michael Coluccy, 829 University Ave., Madison

**Dane #2**
Dr. C. O. Vingom, 122 W. Washington Ave., Madison

**Dane Boards 1 & 2**
Dr. Eugene M. Juster, 130 State St., Madison
Dr. S. A. McCormick, 2609 University Ave., Madison
Dr. H. L. Greene, 1 S. Pinckney St., Madison
Dr. Frank B. Taylor, 25 E. Main St., Madison
Dr. Chas. F. Burke, 113 N. Carroll St., Madison
Dr. N. A. Hill, 1 S. Pinckney St., Madison
Dr. Benj. I. Brindley, 905 University Ave., Madison
Dr. C. W. Aageson, 1 S. Pinckney St., Madison

**Dane #3**
Dr. Harry A. Keenan, Stoughton

**Dane #4**
Dr. David Atwood, 23 S. Pinckney St., Madison

**Dodge #1**
Dr. E. P. Webb, Beaver Dam
Dr. A. W. Hammond, Beaver Dam
Dr. M. M. Temkin, Beaver Dam
Dr. Roland F. Schoen, Beaver Dam

**Dodge #2**
Dr. P. F. Langenfeld, Theresa
Dr. O. F. Goetsch, Hustisford
Dr. H. J. Heath, Juneau
Dr. A. J. Hebenstreit, Juneau

**Door**
Dr. F. C. Huff, Sturgeon Bay

**Douglas #1**
Dr. H. J. Orchard, 1711 Hammond Ave., Superior
Dr. John C. Kyllo, 1507 Tower Ave., Superior
Dr. James W. McGill, 1225 Tower Ave., Superior
Dr. Stuart H. Perrin, 1507 Tower Ave., Superior

**Douglas #2**
Dr. J. H. Weisberg, 1304 Tower Ave., Superior
Dr. M. S. Averbook, 1314 Tower Ave., Superior
Dr. W. H. Schnell, 920 Tower Ave., Superior

**Dunn**
Dr. I. V. Grannis, Menomonie
Dr. Phillip A. Quilling, Noer Building, Menomonie

**Eau Claire #1**
Dr. Samuel L. Henke, 314 E. Grand Ave., Eau Claire
Dr. E. L. Mason, 131 S. Barstow St., Eau Claire

**Eau Claire #2**
Dr. Herman Prill, Augusta
Dr. F. F. Zboralske, Fall Creek
Dr. C. H. Falstad, Eau Claire

**Florence**
Dr. Francis De Salvo, Niagara

**Fond du Lac #1**
Dr. D. J. Twohig, Fond du Lac
Dr. Karl K. Borsack, 329 Sheboygan St., Fond du Lac
*Dr. S. A. Theisen, Fond du Lac

**Fond du Lac #2**
Dr. O. F. Guenther, Campbellsport
Dr. J. M. Johnson, 121 W. Fond du Lac St., Ripon
Dr. E. L. Watson, 317 Watson St., Ripon
Dr. John M. Baasen, Mt. Calvary
Dr. E. H. Pawsat, Fond du Lac

**Forest**
Dr. Hector Marsh, Crandon
Dr. G. H. Reddick, Wabeno
Dr. Oscar S. Tenley, Wabeno

**Grant #1**
Dr. J. H. Fowler, Lancaster
Dr. Rush C. Godfrey, Lancaster

**Grant #2**
Dr. C. M. Schuldt, Platteville
Dr. Carlton H. Andrew, Platteville
Dr. Arie C. Rempe, Cassville

* Appointments Pending.

**Green**
Dr. Lewis A. Moore, Monroe

**Green Lake**
Dr. A. J. Wiesender, Berlin
Dr. G. G. Mueller, Princeton

**Iowa**
Dr. H. D. Ludden, Mineral Point
Dr. Wm. P. Hamilton, Dodgeville
Dr. T. A. Hagerup, Dodgeville
Dr. H. M. Walker, Dodgeville

**Iron**
Dr. M. J. Bonacci, Hurley
Dr. John Pierpont, Hurley

**Jackson**
Dr. Irwin K. Krohn, Black River Falls

**Jefferson #1**
Dr. Gustave E. Eck, Lake Mills
Dr. Otto Dierker, 312 Main St., Watertown

**Jefferson #2**
Dr. H. O. Caswell, Fort Atkinson

**Juneau**
Dr. A. R. Kaufman, Mauston
Dr. Oliver Ludwig Puttler, Mauston

**Kenosha #1**
Dr. C. H. Gephart, 723—58th St., Kenosha
Dr. Paul S. Herzog, U. S. National Bank Bldg., Kenosha

**Kenosha #2**
Dr. J. H. Cleary, 6335 Seventh Ave., Kenosha

**Kenosha #3**
Dr. F. D. Curtiss, Cooper Road, Kenosha

**All Boards**
Dr. A. F. Ruffolo, 625—57th St., Kenosha
Dr. Herman Wolf, 625—57th St., Kenosha

**Kewaunee**
Dr. D. B. Dana, Kewaunee
Dr. W. M. Wochos, Kewaunee

**La Crosse #1**
Dr. Paul C. Gatterdam, La Crosse
Dr. Perry T. Walters, 1836 South Ave., La Crosse
Dr. Thorolf Gundersen, 1836 South Ave., La Crosse

**La Crosse #2**
Dr. George Skemp, 2516 Cass St., La Crosse
Dr. Carl Ruppenthal, Bangor
Dr. Louis Hanson, Helman

**Lafayette**
Dr. L. J. Unterholzner, Blanchardville
Dr. H. F. Hoesley, Shullsburg
Dr. E. D. McConnell, Darlington

**Langlade**
- Dr. C. E. Zellmer, Antigo
- Dr. Eugene A. McKenna, Antigo
- Dr. E. G. Bloor, Rasmussen Bldg., Antigo
- Dr. E. F. Dorszeski, Olk Bldg., Antigo
- Dr. R. J. Portman, 637 Clermont St., Antigo
- Dr. G. E. Moore, 5th Ave. & Clermont St., Antigo
- Dr. D. R. Notbohm, White Lake
- Dr. Paul J. Dailey, Elcho

**Lincoln**
- Dr. George Baker, Tomahawk
- Dr. L. J. Bayer, Merrill
- Dr. R. G. Baker, Tomahawk
- Dr. Kyrle A. Morris, Merrill

**Manitowoc #1**
- Dr. W. E. Donohue, 910 S. 8th St., Manitowoc towoc
- Dr. Arthur Teitgen, Manitowoc
- Dr. F. E. Turgasen, 926 S. 8th St., Manitowoc
- Dr. A. F. Stueck, 709 Franklin St., Manitowoc
- Dr. M. P. Andrews, 826 S. 8th St., Manitowoc
- Dr. H. J. Belson, 904 A S. 8th St., Manitowoc
- Dr. N. Schneck, 817 S. 8th St., Manitowoc

**Manitowoc #2**
- Dr. L. J. Moriarty, Two Rivers
- Dr. Alfred P. Zlatnik, Two Rivers

**Marathon #1**
- Dr. Verne E. Eastman, 404 3rd St., Wausau
- Dr. W. C. Frenzel, 408 3rd St., Wausau
- Dr. G. H. Stevens, 529½ 3rd St., Wausau
- Dr. R. H. Juers, 301 3rd St., Wausau
- Dr. E. M. Macaulay, 610½ 3rd St., Wausau

**Marathon #2**
- Dr. H. H. Christensen, 502 3rd St., Wausau
- Dr. J. W. Freeman, 506½ Third St., Wausau
- Dr. H. H. Fechtner, 324 Washington Street, Wausau

**Marathon #3**
- Dr. Edward F. Butler, Mosinee
- Dr. F. C. Kroeplin, Stratford
- Dr. E. R. Murphy, Stratford
- Dr. Paul Z. Reist, 312 S. 2nd Ave., Wausau
- Dr. H. A. Schulz, Edgar
- Dr. H. M. Bachhuber, Athens
- Dr. H. W. Christensen, 606½ 3rd St., Wausau
- Dr. Fred C. Prehn, 220½ 3rd St., Wausau
- Dr. S. M. B. Smith, Wausau
- Dr. H. J. Callahan, Spencer

**Marinette**
- Dr. J. W. Boren, Marinette
- Dr. Edward A. McCormack, Niagara
- Dr. Alex T. Nadeau, Sr., 1421 Main St., Marinette

**Marquette**
- Dr. John Moss, Westfield
- Dr. Robert Ingersoll, Oxford

**Milwaukee #1**
- *Dr. George W. Fox, 208 E. Wisconsin Ave., Milwaukee
- *Dr. John L. Armbruster, 208 E. Wisconsin Ave., Milwaukee

**Milwaukee #2**
- Dr. A. M. Bodden, 1123 N. 21st St., Milwaukee
- Dr. Howard Correll, 324 E. Wisconsin Avenue, Milwaukee
- Dr. John McCabe, 4718 W. Lisbon Ave., Milwaukee
- Dr. Herbert G. Schmidt, 411 E. Mason St., Milwaukee

**Milwaukee #3**
- Dr. Charles Fidler, 231 W. Wisconsin Ave., Milwaukee
- Dr. Charles M. Schoen, 231 W. Wisconsin Ave., Milwaukee
- Dr. William J. Murphy, 238 W. Wisconsin Ave., Milwaukee
- Dr. Frank J. Kritter, 2725 W. Lisbon Ave., Milwaukee
- Dr. Thomas F. McCormick, 324 E. Wisconsin Ave., Milwaukee

**Milwaukee #4**
- Dr. Chas. J. Crottier, 312 E. Wisconsin Ave., Milwaukee
- Dr. A. F. Kustermann, 1705 W. Wisconsin Ave., Milwaukee
- Dr. S. E. Sebastian, 1204 W. Wisconsin Ave., Milwaukee
- Dr. George S. Kilkenny, 709 N. 11th St., Milwaukee
- Dr. Sylvester Coffey, 1324 W. Wisconsin Ave., Milwaukee
- Dr. David J. Werner, 709 North 11th St., Milwaukee

**Milwaukee #5**
- Dr. E. H. Sutter, 1335 W. Madison St., Milwaukee
- Dr. J. G. Garland, 2687 S. Kinnickinnic Ave., Milwaukee
- Dr. Roman E. Galasinski, 1026 W. Lincoln Ave., Milwaukee
- Dr. Urban E. Gebhard, 1332 S. 16th St., Milwaukee
- Dr. Howard T. Hansen, 1102 S. 16th St., Milwaukee

**Milwaukee #6**
- Dr. Edw. Jackson, 931 W. Walnut St., Milwaukee
- Dr. Paul E. Aszman, 3428 W. Burleigh St., Milwaukee
- Dr. William R. Kennedy, 606 W. Wisconsin Ave., Milwaukee

**Milwaukee #7**
- Dr. C. H. Baumgart, 2682 W. 27th St., Milwaukee

Dr. Edwin Bickler, 1303 W. Center St., Milwaukee
Dr. F. C. Heidner, 3346 W. Green Bay Ave., Milwaukee
Dr. O. P. Schoofs, 324 E. Wisconsin Ave., Milwaukee
Dr. Richard D. Champney, 4020 W. Burleigh St., Milwaukee

**Milwaukee #8**
Dr. E. J. Panetti, 1501 S. 16th St., Milwaukee
Dr. James P. Rowan, 2929 W. Clybourn St., Milwaukee
Dr. B. P. Churchill, 1729 S. 11th St., Milwaukee
Dr. Simon J. Moglowsky, 606 W. Wisconsin Ave., Milwaukee

**Milwaukee #9**
Dr. George E. Collentine, 2218 N. 3rd St., Milwaukee

**Milwaukee #10**
Dr. J. A. Heraty, 1000 N. 21st St., Milwaukee

**Milwaukee #11**
Dr. Henry Gramling, 2740 W. Forest Home Ave., Milwaukee
Dr. Edward J. O'Neill, 2906 West Forest Home Ave., Milwaukee

**Milwaukee #12**
Dr. A. A. Krygier, 1648 S. 8th St., Milwaukee
Dr. Casimir F. Park, 2200 So. 7th St., Milwaukee

**Milwaukee #13**
Dr. L. L. Allen, 710 N. Plankinton Ave., Milwaukee
Dr. Fred A. Kretlow, 138 W. Wisconsin Ave., Milwaukee
Dr. Frank J. Pallasch, 820 E. Center St., Milwaukee

**Milwaukee #14**
Dr. W. P. Zmyslony, 1113 W. Oklahoma Ave., Milwaukee
Dr. Paul J. Niland, 435 E. Lincoln Ave., Milwaukee
Dr. J. P. Wild, 1729 S. 11th St., Milwaukee

**Milwaukee #15**
Dr. Harold J. Cannon, 4252 W. Highland Blvd., Milwaukee
Dr. R. A. Toepfer, 5831 W. National Ave., Milwaukee
Dr. Ford J. Hofmeister, 5930 W. Burnham St., Milwaukee
Dr. Frank G. Treskow, 411 E. Mason St., Milwaukee

**Milwaukee #16** (No appointments)

**Milwaukee #17**
Dr. Edgar Habeck, 405 E. Lincoln Ave., Milwaukee
Dr. E. X. Thompson, 2445 S. Kinnickinnic Ave., Milwaukee
Dr. L. A. Bernhard, 836 W. Mitchell St., Milwaukee
Dr. Earl W. Martens, 208 E. Wisconsin Ave., Milwaukee

**Milwaukee #18**
Dr. John J. Pink, 324 E. Wisconsin Ave., Milwaukee
Dr. Elwood W. Mason, 324 East Wisconsin Ave., Milwaukee
*Dr. Oscar E. Lademan, 735 North Water St., Milwaukee
*Dr. Maurice Hardgrove, 208 E. Wisconsin Ave., Milwaukee
*Dr. Harry M. Hawkins, 425 E. Wisconsin Ave., Milwaukee

**Milwaukee #19**
Dr. W. F. Grotjan, 2811 W. North Avenue, Milwaukee
Dr. N. D. Demeter, 1029 W. Wells St., Milwaukee
Dr. E. L. Taube, 208 E. Wisconsin Ave., Milwaukee
Dr. Marvin A. Jochimsen, 4612 W. Lisbon Ave., Milwaukee

**Milwaukee #20**
Dr. Erwin L. Bernhart, 2504 W. Auer Ave., Milwaukee
Dr. J. V. Herzog, 324 E. Wisconsin Ave., Milwaukee
Dr. M. S. Fox, 606 W. Wisconsin Ave., Milwaukee
Dr. Ralph G. Garens, 5920 W. North Ave., Milwaukee

**Milwaukee #21**
Dr. Albert Popp, 4182 N. 16th St., Milwaukee
Dr. I. B. Reifenrath, 2708 W. Center St., Milwaukee
Dr. D. D. Frawley, 2218 N. 3rd St., Milwaukee

**Milwaukee #22**
Dr. E. F. Barta, 2766 N. 40th St., Milwaukee
Dr. Paul Currer, 3122 W. North Ave., Milwaukee

**Milwaukee #23**
Dr. P. L. Callan, 723 S. 29th St., Milwaukee

**Milwaukee #24**
Dr. E. A. Brzezinski, 3203 S. 17th St., Milwaukee
Dr. S. A. Baranowski, 734 W. Mitchell St., Milwaukee

**Milwaukee #25**
Dr. J. A. Davies, 3602 N. 16th St., Milwaukee
Dr. S. E. Biller, 2628 W. Lisbon Ave., Milwaukee

**Milwaukee #26**
Dr. J. A. Froelich, 3309 N. 51st St., Milwaukee
Dr. Sam Rosenthal, 5000 W. Burleigh St., Milwaukee
Dr. Edgar J. Behnke, 4415 W. North Ave., Milwaukee

**Milwaukee #27**

Dr. J. J. Adamkiewicz, 3062 S. Superior St., Milwaukee
Dr. H. E. Panetti, 1501 S. 16th St., Milwaukee

**Milwaukee #28**

Dr. R. H. Frederick, 1038 S. 77th St., Milwaukee
Dr. Leon H. Hirsch, 7044 W. Greenfield Ave., Milwaukee
Dr. Ralph T. Rank, 238 W. Wisconsin Ave., Milwaukee
Dr. George H. Hoffmann, 7006 W. Greenfield Ave., Milwaukee

**Milwaukee #29**

Dr. E. D. Wilkinson, 5920 West Burnham St., West Allis
Dr. Marshall Stamm, 5831 W. National Ave., Milwaukee
Dr. F. C. Heinan, 8603 W. Greenfield Ave., Milwaukee
Dr. S. S. Blankstein, 606 W. Wisconsin Ave., Milwaukee

**Milwaukee #30**

Dr. Bernard Krueger, 3552 E. Layton Ave., Cudahy
Dr. F. J. Kozina, 3108 S. Kinnickinnic Avenue, Cudahy
Dr. C. D. Partridge, 527 Layton Avenue, Cudahy
Dr. Edward M. Lawler, 3567 E. Bernard Ave., Cudahy
Dr. Lawrence W. Kaufman, 3954 South Howell Ave., Milwaukee

**Milwaukee #31**

Dr. Geo. Dempsey, 1217 Milwaukee Ave., So. Milwaukee
Dr. Wm. J. O'Leary, 1013 Milwaukee Ave., So. Milwaukee

**Milwaukee #32**

Dr. John Huston, 324 E. Wisconsin Ave., Milwaukee
Dr. John S. Gordon, 2632 E. Shorewood Blvd., Shorewood
Dr. R. W. Benton, 2685 N. Lake Drive, Milwaukee
Dr. Robert Feldt, 6242 E. Berkeley Blvd., Whitefish Bay
Dr. Jerome Jekel, 1800 E. Capitol Drive, Milwaukee
Dr. G. F. Tegtmeyer, 3122 N. Shepard Ave., Milwaukee
Dr. D. F. Rikkers, 4467 N. Larkin St., Shorewood
Dr. Val Lang, 208 E. Wisconsin Ave., Milwaukee
Dr. Silas M. Evans, 324 E. Wisconsin Ave., Milwaukee

**Milwaukee #33**

Dr. E. J. Carey, 6119 W. Wisconsin Avenue, Wauwatosa

**All Milwaukee Boards**

*Dr. Arthur de Neveu, 1230 West Grand St., Milwaukee

**Monroe**

Dr. C. S. Phalen, Sparta
Dr. Chauncey De Witt Beebe, Sparta
Dr. De Witt Chauncey Beebe, Sparta
Dr. Charles Foley, Wilton
Dr. V. H. Cremer, Tomah

**Oconto**

Dr. R. J. Goggins, 114 N. Main St., Oconto Falls
Dr. H. W. Pankow, Suring
*Dr. W. R. Berg, Gillett
Dr. A. F. Slaney, 1202 Main St., Oconto

**Oneida**

Dr. Walter F. Gager, Rhinelander
Dr. Clarence A. Richards, Rhinelander

**Outagamie #1**

Dr. Earle F. McGrath, Appleton
Dr. W. J. Frawley, Irving Zuelke Bldg., Appleton
Dr. G. W. Carlson, 114 W. College Ave., Appleton
Dr. George Boyd, Kaukauna
Dr. Donald Kurtin, Kimberly

**Outagamie #2**

Dr. G. J. Flanagan, Kaukauna

**Outagamie #3**

Dr. W. H. Towne, Hortonville

**Ozaukee**

Dr. O. J. Hurth, Cedarburg

**Pepin**

Dr. George E. Bryant, Pepin
Dr. R. J. Bryant, Durand

**Pierce**

Dr. C. A. Dawson, River Falls
Dr. John Conway, Spring Valley
Dr. O. H. Anderson, Plum City

**Polk**

Dr. W. B. Cornwall, Amery
Dr. L. O. Simenstad, Osceola
Dr. W. A. Meilicke, Balsam Lake
*Dr. Karl F. Johnson, Frederic

**Portage**

Dr. Maurice G. Rice, Stevens Point
Dr. Wayne F. Cowan, 457½ Main St., Stevens Point
Dr. Earl E. Kidder, 313 Main St., Stevens Point

**Price**

Dr. George E. MacKinnon, Prentice
Dr. H. B. Norviel, Phillips
Dr. Edwin A. Riley, Park Falls
Dr. J. L. Rens, Phillips

Racine #1
Dr. R. D. Jamieson, Racine
Dr. Hubert C. Miller, 1543 Douglas Ave., Racine
Dr. Walter C. Roth, 1607 Washington Ave., Racine
Dr. Chas. E. Constantine, 1723 Main St., Racine
*Dr. F. B. Marek, 1401 Douglas Ave., Racine

Racine #2
Dr. Frank W. Pope, Racine
*Dr. Walter C. Roth, 1607 Washington Ave., Racine
Dr. J. H. Hogan, 523 Main St., Racine

Racine #3
Dr. Alexander W. Adamski, 1625 Center St., Racine
Dr. Harold C. Hilker, 259 Lafayette Ave., Racine

Racine #4
Dr. John F. Bennett, Burlington
Dr. F. C. Peehn, Sturtevant
Dr. G. A. Dockery, Route 2, Franksville
Dr. Gordon J. Schulz, Union Grove
Dr. Clifford L. Kline, 1700 North Main St., Racine
*Dr. G. L. Rothenmaier, 3115 Washington Ave., Racine

Richland
Dr. Gideon H. Benson, Richland Center
Dr. L. C. Davis, Richland Center
Dr. W. C. Edwards, Richland Center

Rock #1
Dr. S. A. Freitag, 500 W. Milwaukee St., Janesville

Rock #2
Dr. Willard Sumner, Edgerton
Dr. C. H. Dodge, Clinton
Dr. J. R. Harvey, Footville
*Dr. J. P. Guilfoyle, Evansville

Rock #3
Dr. George W. John, 205 E. Grand Ave., Beloit
Dr. Richard Thayer, 419 Pleasant St., Beloit
Dr. C. M. Carney, 1231 Partridge Ave., Beloit

Rusk
Dr. Woodruff Smith, Ladysmith
Dr. M. L. Whalen, Bruce
Dr. L. M. Lundmark, Ladysmith

St. Croix
Dr. J. W. Livingstone, Hudson
Dr. James E. Newton, Hudson
Dr. Joshua Armstrong, New Richmond
Dr. Otis H. Epley, New Richmond
Dr. Bartholomew Kunney, Baldwin

Sauk
Dr. A. C. Edwards, Baraboo

Sawyer
Dr. E. H. Dufour, Hayward
Dr. Gerald E. Wesche, Hayward
Dr. Halley A. Smith, Hayward

Shawano
Dr. Carl Stubenvoll, Shawano

Sheboygan #1
Dr. Fred A. Nause, Jr., 925 N. 8th St., Sheboygan
Dr. Wesley Van Zanten, Sheboygan
Dr. Joseph F. Kovacic, 923 N. 8th St., Sheboygan

Sheboygan #2
Dr. T. J. Gunther, 2117 N. 8th St., Sheboygan
Dr. R. L. Zaegel, Sheboygan Clinic, Sheboygan
Dr. Frederick Leighton, 602 Detroit Street, Sheboygan Falls
Dr. Carl Weber, 516 N. 8th St., Sheboygan
Dr. Arthur J. Knauf, 601 N. 8th St., Sheboygan

Sheboygan #3
Dr. A. C. Radloff, 302 E. Mills St., Plymouth
Dr. Adam G. Pfeiler, Sheboygan Falls
Dr. Henry F. Deicher, Plymouth
Dr. Edward T. Lautenbach, Plymouth
Dr. John E. Martineau, Elkhart Lake
Dr. Anthony Voskuil, Cedar Grove
Dr. Joseph Russell, Random Lake
Dr. Clarence C. Gascoigne, Kohler
Dr. Miles D. Cottingham, Kohler

Taylor
Dr. L. E. Nystrum, Medford
Dr. Arthur L. Cramp, Gilman
Dr. Edgar Elvis, Medford

Trempealeau
Dr. R. N. Leasum, Osseo
Dr. J. C. Tyvand, Whitehall
Dr. T. J. Nereim, Whitehall

Vernon
Dr. R. S. Hirsch, Viroqua
Dr. J. J. Rouse, Hillsboro
Dr. A. E. Kuehn, Viroqua

Vilas
Dr. O. R. McMurry, Eagle River
Dr. James J. Lutz, Phelps

Walworth
Dr. D. H. Jeffers, Lake Geneva
Dr. E. D. Sorenson, Elkhorn Clinic, Elkhorn
Dr. N. F. Crowe, Medical Bldg., Delavan

Washburn
Dr. E. R. Hering, Shell Lake
Dr. S. R. Medley, Spooner

Washington
Dr. S. J. Driessel, West Bend
Dr. John G. Hoffman, Hartford
Dr. Herbert E. Froede, Jackson
Dr. Richard Dehmel, Germantown
Dr. H. Meyer Lynch, 159 N. Main St., West Bend

**Waukesha #1**

Dr. W. B. Campbell, Waukesha
Dr. Richard E. Davies, Waukesha
Dr. Martin J. Werra, Waukesha
Dr. F. J. Woodhead, Waukesha

**Waukesha #2**

Dr. John Daniel Wilkinson, Oconomowoc
Dr. J. F. Wilkinson, Oconomowoc
*Dr. George Robert Love, Oconomowoc

**Waupaca**

Dr. A. M. Christofferson, Waupaca
Dr. J. H. Murphy, Clintonville
Dr. F. J. Pfeifer, New London

**Waushara**

Dr. G. L. Karnopp, Wautoma

**Winnebago #1**

Dr. Wilbur N. Linn, Oshkosh

**Winnebago #2**

Dr. E. B. Pfefferkorn, Oshkosh
*Dr. Howard James Lee, 19 Jefferson Ave., Oshkosh

**Winnebago #3**

Dr. T. D. Smith, Neenah
Dr. Raymond Quade, Krueger Bldg., Neenah

**Wood #1**

Dr. F. J. Pomainville, Wisconsin Rapids
Dr. F. X. Pomainville, Wisconsin Rapids
Dr. W. L. Nelson, Wisconsin Rapids
Dr. Leland Pomainville, Wisconsin Rapids
Dr. P. E. Wright, Wisconsin Rapids
Dr. L. J. Bennett, Room 18, Mead–Witter Bldg., Wisconsin Rapids
Dr. Rogers E. Garrison, Mead–Witter Bldg., Wisconsin Rapids
Dr. H. G. Pomainville, 333 Market St., Nekoosa
Dr. C. A. Backus, 626 Market St., Nekoosa

**Wood #2**

Dr. F. A. Boeckman, Marshfield
Dr. L. A. Copps, Marshfield

## MEMBERS IN ACTIVE MILITARY SERVICE

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Baldwin, R. M., 1st Lt. | Beloit | Station Hospital, Fort Sill, Okla. |
| Baldwin, R. S., Captain | Marshfield | 4108 North Richards Street, Milwaukee |
| Becker, W. T., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| Benson, George B., 1st Lt. | Richland Center | Armored Forces, Fort Benning, Ga. |
| Bergstrom, L. V., 1st Lt. | Milltown | Co. 538, Camp Minidoka, Rupert, Ida. |
| Bitter, R. H., Captain | Oshkosh | 12th Cavalry, Fort Brown, Tex. |
| Bleckwenn, W. J., Colonel | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Bolles, C. S., 1st Lt. | De Pere | Station Hospital, Fort Sam Houston, Tex. |
| Bristow, J. H., 1st Lt. | Monroe | 5th Medical Battalion, Fort Custer, Mich. |
| Cary, J. F., 1st Lt. | Sheboygan | First Medical Squadron, Fort Bliss, Tex. |
| Christianson, Herbert, 1st Lt. | Superior | Camp Livingston, La. |
| Feiman, L. H., 1st Lt. | Milwaukee | 46th Medical Battalion, Pine Camp, N. Y. |
| Filek, A. A., Captain | Green Bay | Armored Forces, Fort Benning, Ga. |
| Foley, M. E., 1st Lt. | St. Nazianz | 5th Division, Fort Custer, Mich. |
| Ford, W. A., Lt. Col. | Sheboygan | Station Hospital, Fort Sill, Okla. |
| Frackelton, W. H., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Goodman, P. P., 1st Lt. | Milwaukee | 326th Medical Regiment, 5th Medical Battalion, Fort Knox, Ky. |
| Grab, J. A., Major | Milwaukee | Selective Service Headquarters, Madison, Wis. |
| Greenstein, Carl, 1st Lt. | Sheboygan | Chanute Field, Rantoul, Ill. |
| Grossmann, E. E. Captain | Milwaukee | Commanding Dispensary, 54th C. A., Camp Wallace, Tex. |
| Gueldner, L. H., 1st Lt. | Fort Atkinson | Station Hospital, Fort Sill, Okla. |
| Guzzetta, M. M., 1st Lt. | Milwaukee | Carlisle Barracks, Pa. |
| Hannan, K. D., 1st Lt. | Prairie du Chien | Co. H, 102nd Medical Regiment, 27th Division, Fort McClellan, Ala. |
| Hathaway, G. J., Lt. Col. | Superior | Medical Detachment, 128th Infantry, 32nd Division, Camp Livingston, La. |
| Heiden, H. H., Lt. Col. | Sheboygan | Camp Livingston, La. |
| Hollenbeck, S. W., Major | Milwaukee | 125th Field Artillery, Medical Detachment, Camp Beauregard, La. |
| Huth, M. F., 1st Lt. | Baraboo | Camp Grant, Ill. |
| James, W. D., 1st Lt. | Oconomowoc | Station Hospital, Fort Sill, Okla. |
| Jerome, Bourne, Captain | Superior | 4108 North Richards Street, Milwaukee |
| Johnson, H. C., Major | Madison | Camp McCoy, Wis. |
| Kaiser, L. F., 1st Lt. | Rhinelander | 5th Medical Supply Depot, Fort Sam Houston, Tex. |
| Keck, E. B., Lt. Commander | Madison | Post Hospital, Marine Barracks, Quantico, Va. |
| Kennedy, H. A., 1st Lt. | Winneconne | Field Hospital, Naval Air Station, Corpus Christi, Tex. |
| Kocovsky, E. C., 1st Lt. | Milwaukee | Reception Center, Camp Grant, Ill. |
| Kretlow, F. A., 1st Lt. | Milwaukee | 1st Medical Squadron, Fort Bliss, Tex. |
| Krueger, E. R., 1st Lt. | Hayward | 30th Division, Fort Jackson, S. C. |
| Kuehl, F. O., 1st Lt. | Green Bay | 53rd Medical Battalion, Camp Claiborne, La. |

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Lochen, E. L., Captain | Waukesha | Army Hospital, Honolulu, Hawaii |
| Ludwig, E. P. | Wausau | Company G, 135th Medical Regiment, Camp Shelby, Miss. |
| Lustok, M. J., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Martini, H. F., 1st Lt. | Wausau | 5th Division, Fort Custer, Mich. |
| McBain, L. B., Captain | Appleton | 30th Division, Fort Jackson, S. Car. |
| McCormack, E. A., 1st Lt. | Niagara | 123rd Field Artillery, Monmouth, Ill. |
| McCormick, D. W., 1st Lt. | Madison | Station Hospital, Fort Custer, Mich. |
| Millard, A. L., Major | Marshfield | Second Infantry, Fort Custer, Mich. |
| Mitchell, M. T., 1st Lt. | Eau Claire | Medical Detachment, 38th Infantry, Fort Sam Houston, Tex. |
| Mokrohajsky, S. M., 1st Lt. | Green Bay | Station Hospital, Camp Grant, Ill. |
| Moland, O. G., 1st Lt. | Augusta | Station Hospital, Fort Sam Houston, Tex. |
| Montgomery, S. A., 1st Lt. | La Crosse | Station Hospital, Fort Sam Houston, Tex. |
| Moran, C. J., Captain | La Crosse | 120th Field Artillery, Camp Beauregard, La. |
| Nebel, Harold, Major | Milwaukee | 121st Field Artillery, 32nd Division, Camp Livingston, La. |
| Nelson, E. R., Lieutenant (j. g.) | Madison | 3008 First Avenue, San Diego, Calif. |
| Nowack, L. W., Captain | Watertown | Medical Field Service Schools, Carlisle Barracks, Pa. |
| Pagel, H. F., 1st Lt. | Ladysmith | Station Hospital, Fort Sill, Okla. |
| Peterson, L. W., Lt. Col. | Sun Prairie | 135th Medical Regiment, Camp Shelby, Miss. |
| Pomeroy, R. K., 1st Lt. | Port Washington | Naval Training Station, Great Lakes, Ill. |
| Raine, Forrester, Major | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Rau, G. A., 1st Lt. | Two Rivers | Station Hospital, Fort Sam Houston, Tex. |
| Rechlitz, E. T., 1st Lt. | Milltown | Armored Force Replacement Center, Fort Knox, Ky. |
| Roth, J. A., Captain | Carlinville, Ill. | Camp Grant, Ill. |
| Sarfatty, I. J., Captain | West Allis | Randolph Field, Tex. |
| Schwade, E. D., 1st Lt. | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Schramel, A. J. | Milwaukee | 105th Cavalry, Medical Division, Camp Livingston, La. |
| Shabart, E. J. | Milwaukee | Fort Sheridan, Ill. |
| Stern, Louis, Captain | Milwaukee | Fort Bliss, Tex. |
| Sullivan, J. M., 1st Lt. | Milwaukee | Station Hospital, Fort Sam Houston, Tex. |
| Sverdlin, A. A., Captain | Milwaukee | 4108 North Richards Street, Milwaukee |
| Talbot, J. R., 1st Lt. | Marshfield | Fort Riley, Kan. |
| Tousignant, A. N., Captain | Oconto | Fort Bliss, Tex. |
| Vetter, E. W., Captain | Randolph | Company E, 135th Medical Regiment, Camp Shelby, Miss. |
| Waffle, R. L., 1st Lt. | Fond du Lac | Station Hospital, Fort Sheridan, Ill. |
| Wagner, A. J., 1st Lt. | Brillion | Scott Field, Belleville, Ill. |
| Walske, B. R. | Independence | Station Hospital, Camp Grant, Ill. |
| Watry, T. D., 1st Lt. | Milwaukee | 4108 North Richards Street, Milwaukee |
| Weaver, D. F., 1st Lt. | Green Bay | Fort Sam Houston, Tex. |
| Weissmiller, L. L., Captain | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Wier, J. S., Major | Fond du Lac | Fort Benning, Ga. |
| Williamson, C. S., Major | Green Bay | Station Hospital, Ponce, Porto Rico |
| Winkler, R. J., 1st Lt. | Hilbert | Medical Field Service Schools, Carlisle Barracks, Pa. |
| Wyatt, T. E., 1st Lt. | Marshfield | 128th Infantry, 32nd Division, Station Hospital, Camp Livingston, La. |
| Young, J. J., 1st Lt. | Appleton | Station Hospital, Camp Grant, Ill. |
| Zintek, S. S., Lt. Col. | Milwaukee | 127th Infantry, 32nd Division, Camp Livingston, La. |

## SPECIAL RESOLUTION ON MILITARY SERVICE

WHEREAS, Our national government has found it expedient to conscript all men between the ages of twenty-one and thirty-five; and

WHEREAS, Cognizant of the existing emergency and in full accord with our government, and realizing that the sacrifices of all mobilized men will necessarily extend into the economic field; and

WHEREAS, A great number of the members of our profession will unquestionably be inducted into service; be it

*Resolved*, That we as members of the State Medical Society of Wisconsin in a spirit of patriotic duty, here and now give to each colleague, who may be conscripted or who may volunteer, our solemn assurance that we will do everything within our power to protect his practice and preserve it for him during his absence from the community.

—*Introduced at the 1940 meeting of the House of Delegates, State Medical Society of Wisconsin by Dr. R. E. Fitzgerald, Milwaukee, as chairman of the Society's M-Day Committee, and adopted by the House.*

# Obstetrics in Milwaukee

By GERALD F. BURGARDT, M. D.
*Deputy Commissioner of Health*
*Milwaukee*

PROBLEMS confronting any practitioner of medicine today are entirely different than those with which our brothers had to battle twenty-five to thirty years ago. One has only to talk with men privileged to practice medicine that length of time to feel that we are living in a different age, medically speaking. Men in the field, both individually and collectively, have done a tremendous amount of educational work. This educational work has resulted in decrease of certain communicable diseases, has brought about better infant and maternal care, and, as some might be inclined to say, has brought about so much improvement in health standards as to almost "do the doctor out of his job."

The best stimulation in progress is often a survey of existing conditions, with the thought in mind of picking up and following through possible loopholes which allow errors in treatment to still creep in, or which, if plugged up by further educational work, can better our standards even more.

Several county medical societies, notably the Philadelphia County Medical Society, in 1933, and the New York County Medical Society, in 1937, have accepted the responsibility of correcting, if possible, whatever situations might exist in their communities tending to make for poor care in maternal and infant cases. With an eye for ferreting out possible cases involving poor care and with no thought of shielding the profession if it were found to be at fault, they studied maternal deaths thoroughly. The details of their plans, and the results they have obtained over a period of years, can be read in complete reports which they have had printed. Suffice it to say that by apprising the profession, the hospitals and the public of certain conditions, they were able to stimulate greater interest in their particular problem so that everyone concerned was greatly benefited.

In Milwaukee, certain facts make us feel proud of the statistics in this field when they are compared with those coming from other communities. This is not true of all comparisons, however. Through the Health Department, the Milwaukee County Medical Society has been petitioned for sanction, and its child welfare committee has agreed, to institute a similar study not only of maternal mortality but of infant mortality as well. It can only be hoped that out of this group will come suggestions which, when put into practice, can further reduce our comparatively low rates.

### Milwaukee Birth Rate

To obtain some idea of what the situation really is, one must of necessity go into the records. In 1940, 8,887 babies were delivered in Milwaukee. This figure includes only living births and is made up of deliveries in which actual residents of the city were involved. Thirty years ago this figure was over 10,000 but because correction for residence was not made at that time, it cannot be taken as accurate for comparison. Nevertheless, it gives us an idea as to the terrific drop which has occurred in the birth rate. Last year's rate of 15.5 represents only about one-half of the 28.5 rate which existed in 1910.

### Prenatal and Hospital Care

As the birth rate has dropped, so also has the proportion of women delivered by midwives fallen. We still have eleven women within the city who are actively engaged in obstetrical work. During the year from June, 1939, to June, 1940, these women delivered sixty-three babies. Of this number, fifty-four were delivered by four of the midwives so that the activity of this group is definitely limited to a very small number. Hospitals have become almost the accepted place of delivery. Not considering actual residence in the city, there were 11,281

births (both still and live) reported as having occurred within our limits in 1940. Of this number, 8,495 or 75 per cent were hospital cases.

The city of Milwaukee, during 1940, had fifteen licensed maternity institutions, ten of which had over 500 deliveries each. During the current year two of these previously licensed institutions have been allowed to drop from the list, namely the County Emergency Hospital and the Johnston Emergency Hospital, since they make no effort to solicit maternity cases as such and accept them only if some emergency arises. Certainly this proportion of hospital deliveries means that if so many families are enough concerned about their welfare to be willing to spend additional money for adequate care, the work of many people in education is beginning to bear fruit.

Along this same line of thought it might be interesting to show cumulative figures giving some idea as to when women begin to seek medical aid during a pregnancy. We long have been preaching the need for early consultation, and since the birth certificate used for the first time during the past year carried this item as part of the official information, we are able to present it in table 1.

TABLE 1.—*Month at Which Patient First Consulted Physician*

| Month | % |
|---|---|
| 1st | 6.1 |
| 2nd | 21.8 |
| 3rd | 34.9 |
| 4th | 11.6 |
| 5th | 7.0 |
| 6th | 5.8 |
| 7th | 4.5 |
| 8th | 2.7 |
| 9th | 1.4 |
| At term | 2.6 |

While there is room for improvement, no one can deny that the trend is definitely in the right direction.

### Maternal Deaths in Milwaukee

During 1940, thirty-four maternal deaths were recorded, of which number twenty-seven were actual Milwaukee residents. On the basis of corrected residence figures this shows a rate of three maternal deaths per 1,000 live births. In order to compare with previous figures we must use a so-called uncorrected rate of 2.7. This compares with a rate of 1.9 for the city in 1939 and 2.8 for the State of Wisconsin in 1939, giving us little cause to be exuberant. General figures as reported for the country as a whole, show a rate of 4.4 in 1938.

To further elucidate this grouping it is necessary that we say that not only cases in which pregnancy was the primary reason for death, but also all other conditions in which delivery was to occur within three months, or had occurred three months previous, were included for classification. To obtain a clear view of the individual cases table 2 is presented:

TABLE 2.—*Maternal Deaths*
(Both residents and nonresidents)

| Cause | Number of deaths | Ages Years |
|---|---|---|
| Cesarean section—pulmonary embolism | 3 | 18–21–37 |
| Cesarean section—postoperative ileus | 2 | 27–31 |
| Cesarean section—toxemia | 2 | 20–40 |
| Cesarean section—postoperative pneumonia | 2 | 37–39 |
| Cesarean section—rupture of uterus | 1 | 37 |
| Cesarean section—septicemia | 1 | 19 |
| Cesarean section—peritonitis | 1 | 29 |
| Cesarean section—myocarditis | 1 | 33 |
| Cesarean section—hemorrhage | 1 | 41 |
| Uterine hemorrhage | 2 | 44–33 |
| Ruptured ectopic pregnancy | 2 | 33–32 |
| Forceps manipulation-surgical shock | 2 | 29–32 |
| Myocarditis—died in labor | 2 | 26–33 |
| Ectopic pregnancy | 1 | 31 |
| Spontaneous abortion with appendicitis | 1 | 35 |
| Self induced abortion | 1 | 27 |
| Obstetrical shock | 1 | 24 |
| Postabortal condition with uremia | 1 | 34 |
| Abortion with septicemia | 1 | 32 |
| Leukemia—6½-month pregnancy | 1 | 21 |
| Postpartum hemorrhage with inversion of utcrus | 1 | 19 |
| Rupture of uterus | 1 | 38 |
| Uremia—8-month pregnancy | 1 | 34 |
| Postpartum hemorrhage | 1 | 31 |
| Pancreatitis following delivery two weeks previous | 1 | 20 |
| Total | 34 | |

The analysis of these figures is to form one of the major functions of the group undertaking the investigative work mentioned before.

### Types of Delivery

Spontaneous deliveries are not as frequent now as they were years ago. The use of instruments, especially in low position, to complete a delivery has become quite a common practice. Mid-forceps application is not as frequent as low, and high application is extremely rare. The type of delivery which seems quite popular in this city, compared with the incidence of its use in other

communities, is cesarean section. In 10,436 deliveries completed within the city (including both resident and nonresident deliveries in Milwaukee) the following methods of delivery were employed:

TABLE 3.—*Methods of Delivery*

| | | % |
|---|---|---|
| Cesarean section | 669 | 6.4 |
| Low forceps | 2,313 | 23.0 |
| Mid-forceps | 519 | 5.0 |
| High forceps | 41 | 0.4 |
| Spontaneous | 6,793 | 65.2 |

As a point of comparative information it is of interest to note that the obstetrical service at the County Hospital records an incidence of 3.2 per cent of cesarean sections in a total of 1,290 deliveries in 1940. While a comparison of incidence of cesarean section in private practice and in the County Hospital service is not distinctly a true comparison, the figures nevertheless give some idea of the trend and types of delivery. A breakdown of the indications for cesarean section as mentioned on the birth certificates are listed in table 4.

TABLE 4.—*Indications for Cesarean Section*

| | |
|---|---|
| Contracted pelvis | 216 |
| Previous section | 132 |
| Uterine inertia | 85 |
| Toxemia | 64 |
| Placenta praevia | 34 |
| No indication given | 26 |
| Non-engagement | 18 |
| Obstructed labor | 15 |
| Abruptio placenta | 9 |
| Cardiac decompensation | 7 |
| Post-maturity | 7 |
| Previous obstetrical difficulty | 5 |
| Pyelonephritis | 5 |
| Fibroid uterus | 5 |
| Persistent posterior position | 5 |
| Transverse arrest | 4 |
| Fetal distress | 4 |
| Breech presentation | 3 |
| Previous vaginal plastic surgery | 4 |
| Hypertension | 3 |
| Sterilization | 3 |
| Bicornate uterus | 3 |
| Ruptured uterus | 2 |
| Hemorrhage | 2 |
| Previous suspension | 1 |
| Dead fetus | 1 |
| Elderly primipara | 1 |
| Elective | 1 |
| Intestinal obstruction | 1 |
| Prolapsed cord | 1 |
| Premature rupture (6½ months) | 1 |
| Primary infertility | 1 |

No attempt is made here to analyze these figures, nor to present figures other than those given by the individual physicians in filling out the necessary forms. The application made by the committee which is to study these situations will be determined largely by the results of its investigative work and not until such time is it fair to try to present any reasons for justifying procedures or criticising methods. It is hoped that later we may be able to present adequate plans, if necessary, for additional consideration in the handling of maternity cases.

## Illegitimacy

Closely allied with the care of women during pregnancy is that field of medicine which has the infant and his care as its particular province. Any study of maternal mortality is definitely missing an important phase of its study if it does not include the problem of the newborn as well. To begin with, many youngsters get off to a bad start by not being born to legally recognized parents. In the city of Milwaukee last year, 213 illegitimate children were born. This figure may be a little misleading and should be considered in conjunction with table 5:

TABLE 5.—*Illegitimate Births Corrected for Residence*

| | |
|---|---|
| Recorded | 213 |
| Nonresident | 73 |
| Resident | 140 |
| Out of city | 119 |
| Total resident | 259 |

It is interesting to note that all possible classifications as to types of employment were represented among the group. As far as age is concerned, the table below shows a preponderance of these youngsters being born to women in the 19–24 age bracket. Seemingly, age adds no wisdom; witness table 6.

## Stillbirths

Better to be born than not at all is the thought that one can express in thinking of this next group. Stillbirths last year, figured on the total 11,281 recorded births,* numbered 225. About equally divided between male and female (124–101), there is no difference in consideration of sex. The period of pregnancy at which these still-

* The figure 11,281 refers to the number of births (both stillbirths and live births) reported as having occurred in Milwaukee in 1940 but not checked for actual residence in the city.

TABLE 6.—*Ages of Mothers of Illegitimate Children*

| Years | |
|---|---|
| 15 | 1 |
| 16 | 3 |
| 17 | 11 |
| 18 | 21 |
| 19–24 | 109 |
| 25–29 | 38 |
| 30–39 | 28 |
| 40–49 | 2 |
| | 213 |

births were delivered is shown by the percentages in table 7.

TABLE 7.—*Period of Pregnancy in Stillbirths*

| | % |
|---|---|
| Full term | 74 |
| 5–6 months | 3 |
| 6–7 months | 9 |
| 7–8 months | 8 |
| 8–9 months | 6 |

Prematurity, that bugbear of all infant care, tagged 640 babies last year. Happy are we all that a great deal of progress has been made in whipping this previously dread factor in infant mortality. Great credit must be given the Milwaukee County Medical Society, the Visiting Nurse Association and the cooperating hospitals for their efforts in sustaining the program for premature care. Milwaukee can certainly lay no claim to fame for its efforts in 1940 as a center for rivals of Dr. Dafoe; 115 pairs of twins, or about 1 per cent of the total, were the only multiple births noted—no quintuplets, not even any triplets.

Deformities and malformations range from hydrocephalus through spina bifida and cleft palates to webbed toes, and were found in 184 children, or practically 1.7 per cent of all births.

## Infant Mortality

Once born, a child's path is not strewn with roses. Comparatively speaking, the baby of today has approximately a three times better chance of really getting a good start in life than one born thirty years ago. In looking at table 8, it becomes evident that getting past the first five days is really the hard job. Strangely enough there is a close approximation of the figures for infant deaths under one day and those attributed to prematurity, as seen in table 9.

TABLE 8.—*Resident Infant Deaths*

| Age at Death | Number |
|---|---|
| Under one day | 117 |
| 1– 2 days | 35 |
| 2– 3 days | 15 |
| 3– 4 days | 11 |
| 4– 5 days | 6 |
| 5– 6 days | 1 |
| 6– 7 days | 3 |
| 7– 8 days | 1 |
| 8– 9 days | 2 |
| 10–11 days | 1 |
| 11–12 days | 3 |
| 13–14 days | 3 |
| 14–15 days | 1 |
| 15–16 days | 2 |
| 16–17 days | 1 |
| 17–18 days | 1 |
| 18–19 days | 3 |
| 19–20 days | 1 |
| 20–21 days | 1 |
| 21–22 days | 1 |
| 24–25 days | 1 |
| 25–26 days | 2 |
| 26–27 days | 1 |
| 27–28 days | 1 |
| 1– 2 months | 9 |
| 2– 3 months | 15 |
| 3– 4 months | 7 |
| 4– 5 months | 13 |
| 5– 6 months | 8 |
| 6– 7 months | 8 |
| 7– 8 months | 4 |
| 8– 9 months | 3 |
| 9–10 months | 2 |
| 10–11 months | 4 |
| 11–12 months | 2 |
| | 289 |

TABLE 9.—*Infant Deaths by Conditions*

| Cause of Death | Number |
|---|---|
| Premature birth | 116 |
| Injury at birth | 23 |
| Bronchopneumonia | 23 |
| Asphyxia | 20 |
| Lobar pneumonia | 9 |
| Other congenital malformations of nervous system | 9 |
| Diarrhea and enteritis | 13 |
| Other intracranial or spinal injury | 8 |
| Congenital malformation of heart | 8 |
| Other congenital malformations of cardiovascular system | 6 |
| Intracranial or spinal hemorrhage | 8 |
| Congenital hydrocephalus | 5 |
| Ulceration of the intestines | 4 |
| Other specified diseases | 3 |
| Convulsions | 3 |
| Congenital malformations of genitourinary system | 3 |
| Obstruction by ingested objects | 2 |
| Septicemia | 2 |
| Spina bifida and meningocele | 3 |
| Leukemia | 2 |
| Pleurisy | 1 |
| Syphilis | 2 |
| Status lymphaticus | 1 |
| Congenital debility | 1 |
| Whooping cough | 1 |
| Non-malignant tumor | 1 |
| Pyelitis | 1 |
| Infection of the umbilicus | 1 |
| Disease of the nasal fossae | 1 |
| Gangrene of lung | 1 |
| Fetal malformation | 1 |
| Appendicitis | 1 |
| Fall | 1 |
| Tuberculosis | 1 |
| Accidental mechanical suffocation | 1 |
| Other diseases of the intestines | 1 |
| Bronchitis | 1 |
| Chronic congestion of lungs | 1 |
| | 289 |

Milwaukee's standing in the list of major cities regarding infant mortality is not the best, and certainly not the worst when we make comparisons from the following table:

TABLE 10.—*Comparative Infant Mortality Rates*
Year 1939

| | |
|---|---|
| New York | 37.1 |
| Chicago | 31.3 |
| Detroit | 39.2 |
| St. Louis | 35.4 |
| Pittsburgh | 47.7 |
| San Francisco | 29.0 |
| MILWAUKEE | 33.3 |
| Buffalo | 44.5 |

The past year saw a drop to 32.5 in our city's record, which is the lowest in our history. A possible explanation of Chicago's lower rate is that it is a result of their intensive work in the control and care of prematurity.

---

All in all, the circumstances in this city, as seen from the statistics mentioned in the various tables, do not provide cause for great alarm. They have been gathered to be of educational value and also for purposes of comparison. As mentioned previously in this article, it is hoped that suggestions and ideas can come out of individual case study such as is to be undertaken by the local group so that greater good can be given to the public whom we serve.

Many will probably be ready to say that since such records show us to be at or near the top of the list of ranking communities that "good enough should be left alone." Never has the profession, either individually or collectively, adopted the attitude that we have reached the ultimate in caring for people. The lower the mortality in any branch of medicine, the harder it becomes to ferret out ways and means to further improve the situation. I sincerely hope that the future will show good results from this humble beginning, not for the sake of statistics—for after all they are but symbols of the good or bad that we do—but for the sake of saving human beings and making them happier, the better to fulfill the purpose for which they have been placed on earth.

# Pharmacists Cited For Selling Dangerous Drug Products*

## Country-wide Program For Enforcement of New Food, Drug and Comestic Act Launched By Government

PHARMACISTS in all sections of the United States are being cited by the Federal Food and Drug Administration on the charge of selling "dangerous drugs" or products labeled "to be used only by or on the prescription of a physician" over the counter. The Government's program of enforcement of the new Federal Food, Drug and Cosmetic Act is in full swing all over the country and inspectors are making daily calls on pharmacists to see if they can purchase cinchophen, benzedrine, sulfanilamide, barbituric acid derivatives, and other drugs which are considered by the Administration as unsafe for self-medication. Furthermore, if a product is labeled "to be used only by or on the prescription of a physician" the Government intends to see that it is not sold over the counter.

Reports of the first wide-spread survey by the Food and Drug Administration inspectors indicate that the greater majority of the pharmacists of the country are refusing to sell these dangerous drugs and in some cases, notably in the District of Columbia, nearly 100 per cent of the pharmacists are observing the law.

Conditions in some localities leave much to be desired, however, according to the Government. In college towns, particularly, some pharmacists are

**The bulletin issued by the Wisconsin Pharmacists Association to its membership contained the following explanation:**

**The Wisconsin Pharmaceutical Association is re-printing and mailing to you this complete and concise article that appeared in the Journal of the American Pharmaceutical Association.**

**We are sending this to you because pharmacists have been recently cited by the Federal Food and Drug Administration on the charge of selling "dangerous drugs" or products labeled "to be used only by or on the prescription of a physician" over the counter.**

**Responsibility of complying with the provisions of the Federal Pure Food, Drug and Cosmetic Act rests with the individual pharmacist. No court decision based on sales by pharmacists in over-the-counter transactions has been rendered. Until the courts have decided, the pharmacists must comply with the law or face possible prosecution.**

* Editor's note: By permission of the Wisconsin Pharmaceutical Association, there is here reproduced a bulletin sent to all members of the association the last of April, together with a list entitled "Dangerous Drugs" so arranged as to be available for posting over the pharmacist's desk.

selling benzedrine sulfate to students openly. In one instance, the pharmacist is reported to have told the inspector that he couldn't sell him the full number of benzedrine sulfate tablets he asked for because students were buying them so fast he couldn't keep enough of them in stock.

## Do Not Be Misled

Unfortunately, many pharmacists have been misled concerning the law and the aggressiveness with which the Government will enforce it. Some have ignored the "prescription use legend" and the warnings which have appeared in the drug journals because either they felt that they were immune from prosecution since they are engaged in intrastate commerce or they didn't think that the Government would get around to enforcing the law against retailers for a few years.

## The Law

The Federal Food, Drug and Cosmetic Law contains three provisions which have particular bearing on the problem of dangerous drugs. The law states that a drug is misbranded if:

(1) adequate directions for use are not given in its labeling;
(2) adequate warnings are not given in its labeling against its use in those pathological conditions or by children where its use may be dangerous to health, or against unsafe dosage or methods or duration of administration or application;
(3) it is dangerous to health when it is used in the dosage, or with the frequency or duration prescribed, recommended or suggested in the labeling thereof.

## The Pharmacists Judgment

Although the Food and Drug Administration has, at various times, expressed its opinion concerning certain drugs, the warnings it believes necessary, its conception of what constitutes adequate directions, and its beliefs concerning unsafe dosages, the Administration does not have the authority to declare a drug dangerous to health, to decree a specific warning statement to be inadequate, or to promulgate official "safe" dosage tables. It does not have the power to order any drug to be sold only on prescription. It is not charged with the responsibility of issuing "official" lists of drugs which should not be sold over-the-counter. The list of drugs which accompanies this article, while we believe it to be accurate, is not to be considered an "official" list.

It is up to pharmacists to judge whether or not a particular drug is dangerous to health when it is used in the dosage, or frequency, or duration recommended in its labeling; and whether its label bears adequate directions and adequate warnings.

The Administration is charged with the enforcement of the law, and its only basis of procedure is to bring action against those acts which, in its opinion, violate the law. The Administration may be correct in its opinion and be upheld by the courts, or it may be incorrect and be overruled by the courts. The Administration will base its prosecutions on its opinions, but anyone who disagrees with the opinion has the full right to challenge them by trial in the courts.

It may be argued that the Food and Drug Administration has authority only over drugs in interstate commerce and therefore it has no jurisdiction over the pharmacists dealing in intrastate commerce. The distinction between what constitutes interstate and intrastate commerce, at the present time, is the subject of considerable controversy. The Administration believes it does have jurisdiction over the sale of drugs, once they have been in interstate commerce, until they reach the ultimate consumer. Future court decisions will confirm or deny this authority.

Every pharmacist must decide for himself whether he wishes to observe the law and its interpretation by the Food and Drug Administration or contest them in court.

During the period since the new law was enacted, the Food and Drug Administration has expressed its opinion on several groups of drugs which, directly or indirectly, place them in the category of articles that are believed to be unsafe for self-medication and which, therefore, should be dispensed only on prescription.

The Administration has expressed the opinion that for certain drugs, including sulfanilamide and its analogues, amidopyrine and cinchophen, it is impossible to devise adequate dosages and directions for use which will be safe for self-medication. The dosage and directions for use of these drugs, in the opinion of the Administration, can be determined only by the physician after a careful consideration of the individual patient's condition. Dosage of the sulfonamide drugs, for example, is based on the maintenance of a definite concentration of drug in the patient's blood—a factor only the physician in attendance can determine. Therefore, if it is impossible to devise adequate directions for use for such drugs, it is impossible to sell them over-the-counter without them being misbranded under the law. The Administration has expressed the opinion that dinitrophenol cannot be used safely even by the physician.

A little over a year ago, W. G. Campbell, Chief of the Food and Drug Administration, prepared a memorandum for his district officials setting forth a list of drugs with indications concerning the nature of warning statements which the Administration felt were satisfactory. Here again, these warning statements represented only the opinion of the Administration and were not regulations issued under the law.

In the case of a number of drugs, the Administration felt the warning statement should include a note to the effect that the product should be used only under the direct supervision of a physician. Only in rare instances would a patient who is under the direct supervision of a physician be sent by him to

a pharmacy to buy a patent drug over-the-counter. In most, if not all cases, the physician would give a prescription for such a drug and provide specific directions for its use.

It would be ridiculous to think of selling a product over-the-counter and telling the customer, "Here is the product you asked for but be sure and do not take it except under the supervision of a physician." Yet that is what the pharmacist would be doing if he sold products bearing this type of warning label over-the-counter. Therefore, it follows that if the pharmacist is to govern himself in accordance with the opinion of the Food and Drug Administration, he will dispense drugs which bear this warning phase only on prescription.

## D. C. Pharmacists

In its survey, the Food and Drug Administration could find but one Washington, D. C., pharmacist out of 100 who would sell a "dangerous drug" over-the-counter. The pharmacists of the District of Columbia are governed directly by federal laws and, therefore, the Food and Drug Administration has immediate jurisdiction over their actions. This is most helpful to pharmacists throughout the country for they can profit by the procedures adopted in the District with the coöperation of the Federal Government. The Food and Drug Administration has been most helpful to the pharmacists of the District and has helped to develop a set of rules for their guidance.

The District of Columbia pharmacists decided that when dangerous drugs are sold on prescriptions, the pharmacist should follow a three-point procedure.

1. Attach a "Cannot be refilled" label to the container.
2. Mark prescription "Do not refill."
3. Refill only on the specific authorization (written, verbal, or telephone) of the physician and then not more than twice. When refilling on authorization, record the date, hour, and method of authorization and the compounder's name on the back of original prescription and indicate whether it is the first or second refilling. A new prescription, naturally, is not to be considered a refill.

*(Continued on page 448)*

# DANGEROUS DRUGS

**THIS IS NOT AN OFFICIAL LIST BUT ONLY OFFERS GUIDANCE TO PHARMACISTS**

**ACETANILID**
Preparations which provide for a dosage of more than 5 grains a day, or more than 2½ grains in 3 hours, may be dangerous to health.

**ACETANILID AND BROMIDES**
Preparations which provide a dosage of more than 5 grains of acetanilid and 15 grains of bromides a day, or more than 2½ grains of acetanilid and 7½ grains of bromides in 3 hours, may be dangerous to health.

**ACONITE**
Should be used under the supervision of a physician.

**AMINOPYRINE**
Adequate, safe directions for lay use cannot be devised. Therefore, it cannot be labeled to avoid misbranding.

**AMMONIATED MERCURY OINTMENT**
If this preparation contains more than 5 per cent of ammoniated mercury and is to be used frequently as, for example, in a bleach, it may be dangerous to health.

**ANTIPYRINE**
Preparations which provide for a dosage of more than 15 grains a day may be dangerous to health.

**ASPIDIUM**
As an anthelmintic, the Administration believes that therapeutically potent doses are not safe for indiscriminate distribution.

**BARBITURATES**
Adequate safe dosage, and directions for lay use cannot be devised, hence it cannot be sold over-the-counter without being misbranded.

**BENZEDRINE SULFATE**
Adequate, safe dosage, and directions for lay use cannot be devised, hence it cannot be sold over-the-counter without being misbranded. *This does not apply to benzedrine inhalers.*

**BROMIDES**
Preparations which provide for a dosage of more than 30 grains of any one or a combination of the bromides in a day, or more than 15 grains in 3 hours, may be dangergerous to health.

**CANTHARIDES**
When used internally it should be administered under the supervision of a physician.

**CARBON TETRACHLORIDE**
As an anthelmintic, the Administration believes that therapeutically potent doses are not safe for indiscriminate distribution.

**CHENOPODIUM**
As an anthelmintic, the Administration believes that therapeutically potent doses are not safe for indiscriminate distribution.

**CHRYSAROBIN**
Should be used only under the supervision of a physician.

**CHRYSOPHANIC ACID**
Should be used only under the supervision of a physician.

**CINCHOPHEN**
Adequate, safe dosage, and directions for lay use cannot be devised, hence cannot be sold over-the-counter without being misbranded.

**COLCHICINE**
Should be used only under the supervision of a physician.

**COLCHICUM**
Should be used only under the supervision of a physician.

**DIGITALIS**
Potent doses have a cumulative action and may lead to disastrous effects upon the heart and circulation. Should be used only under the direct supervision of a physician.

**DINITROPHENOL**
The Administration does not believe that this drug can be administered safely, even on prescription.

**EMETINE**
Should be used only under the supervision of a physician.

**EPINEPHRINE**
Solutions of 1 per cent or stronger may be dangerous to health.

**IPECAC**
Preparations which provide for a dosage of more than .10 grains a day may be dangerous to health.

**MERCURIC CHLORIDE OINTMENT**
This preparation, if it contains more than 0.2 per cent mercuric chloride and is to be used frequently as, for example, in a skin bleach, it may be dangerous to health.

**NEOCINCHOPHEN**
Adequate, safe dosage, and directions for lay use cannot be devised, hence cannot be sold over-the-counter without being misbranded.

**PHOSPHIDES**
Should be used only under the supervision of a physician.

**PHOSPHORUS**
Should be used only under the supervision of a physician.

**RADIUM**
Should be used only under the supervision of a physician.

**SANTONIN**
As an anthelmintic, the Administration believes that therapeutically potent doses are not safe for indiscriminate distribution.

**SQUILL**
Potent doses have a cumulative action and may lead to disastrous effects upon the heart and circulation. Should be used only under the direct supervision of a physician.

**STROPHANTHUS**
Potent doses have a cumulative action and may lead to disastrous effects upon the heart and circulation. Should be used only under the direct supervision of a physician.

**STRYCHNINE**
Preparations that provide for a dosage of more than 1/20 of a grain a day may be dangerous to health.

**SULFANILAMIDE**
**SULFAPYRIDINE AND SULFATHIAZOLE**
Dosage must be determined in relation to concentration in the blood of the particular patient. Adaquate, safe dosage and directions for use cannot be devised.

**TETRACHLORETHYLENE**
As an anthelmintic, the Administration believes that therapeutically potent doses are not safe for indiscriminate distribution.

**THIOCYANATES**
Should be used only on the supervision of a physician.

**THYMOL**
As an anthelmintic, the Administration believes that therapeutically potent doses are not safe for indiscriminate distribution.

**THYROID**
Adequate, safe dosage and directions for use cannot be devised, hence it cannot be sold over-the-counter without being misbranded.

**WISCONSIN PHARMACEUTICAL ASSOCIATION**

# Keep the Worker on the Job*

By PAUL A. BREHM, M. D.

*State Board of Health*
*Madison*

WISCONSIN occupies an enviable record in industrial accident prevention. The industrial accident experience in our state is better than that for the nation as a whole.

This achievement was not attained in any short period of time or through the efforts of any one organization. It has resulted from years of constant educational activities on the part of many interested groups as well as the regulation and enforcement of safety provisions.

We in Wisconsin have reason to feel proud of the results of these coordinated prevention measures. They demonstrate what can be done to reduce the waste of our industrial manpower if proper attention is devoted by everyone concerned.

One of the most effective weapons in the reduction of industrial accidents has been the intensive educational programs on methods of prevention. These educational programs have been conducted throughout Wisconsin by means of safety conferences in various sections and cities. The first regional safety conference was held in Fond du Lac on May 22, 1925. Since that time the state has been divided into four regions and each now holds an annual safety conference. The splendid growth of the safety movement and the successes achieved have led the larger cities in Wisconsin to organize their own annual conferences in addition to the regional schools.

The entire safety movement has increased each year. The mounting attendance at each conference is ample evidence that our working population is becoming safety minded. The reduction in industrial accidents is the result of a safety minded public and the teaching of proper methods for the prevention of accidents.

These safety schools and safety conferences are attended by all classes of people of all occupations. The employe attends with management. Safety in every phase of human exposure is covered year after year. The tremendous power of education along safety lines has been demonstrated in Wisconsin as in no other state in the union.

An illustration of the interest shown in this state-wide safety movement may be indicated by the attendance figures during 1940. Seventeen cities held their own safety schools with a total attendance per one meeting of 17,290 individuals. Several cities held more than one meeting during the year. Milwaukee city, for instance, held four safety schools with an average attendance of 5,500 individuals per meeting. The total attendance figures, therefore, for all the city conferences are greatly in excess of the 17,290 who attended *one meeting* in all seventeen cities. The four regional conferences held in Wisconsin during 1940 had a total attendance of 3,750. Safety programs have paid dividends by stimulating interest in prevention and by the reduction of accidents.

What has been accomplished in the field of industrial safety can also be carried out in the improvement of the health of industrial workers. It is necessary to organize an educational health program along the same lines that have proven so effective in accident prevention. Our safety campaigns have been organized by experts in safety promotion —by individuals who know accident prevention and are capable of teaching the industrial workers.

The job of conducting an industrial health educational program belongs to the experts on health matters—the medical profession. If the same effort is applied to improving the health of our industrial employes as is being used in accident prevention, it is reasonable to expect similar results. But health education is the physician's task and he must realize the importance of keeping the worker on the job by reducing lost time due to nonindustrial illnesses. When the medical profession fully appreciates the fact that nonindustrial illnesses account for over ten times the loss of man hours of work that accidents do, the necessity for a reduction becomes a responsibility.

The loss of manpower in industry has always been a potent factor in reduced production, but our present national emergency renders this loss a dangerous threat to the defense program. The medical profession can and should undertake a campaign to reduce the time loss due to illnesses.

* This is the third of a series of articles to appear under this title in The Journal.

One of the most effective methods to be employed in a health educational program is for the physicians in each community to arrange a series of monthly meetings with foremen and labor groups for the purpose of disseminating health information. Identical educational plans on accident prevention have been in operation in many of our industries; it would be equally effective to organize similar meetings on health topics in *all* industrial establishments.

Physicians throughout the state should work out a plan with the industries in their regions for the purpose of regular health talks to foremen groups. This could be done locally or through the county medical societies. A program of this kind to accomplish results must be conducted year after year, similar to the safety meetings. The entire movement must enlarge with time as the interest of the workers is aroused—health subjects must be hammered home time after time before they finally create an impression. The small industry in one way is more important from the health and safety standpoint than the large plants because the little establishments as a rule have no health supervision of any kind. The small shop is as important to national defense as the large shop and the disability of the workers in a small plant may mean far greater curtailment to production than in a factory where replacements are easier to make.

There will always be sicknesses, but we know that a good many human ailments are unnecessary and can be greatly reduced by proper precautions. With the proper application of a health educational program by the medical profession, the incidence of nonindustrial illnesses can be reduced. Our national emergency makes it more imperative to lend every effort toward disease prevention—the crowding due to increased numbers on the payroll, the demands for more speed in production, fatigue, the neglect of proper supervision, inadequate sanitary facilities and the resulting mental and nervous strain, are all powerful factors toward predisposing to illnesses. It will, in all probability, be impossible to reduce the incidence of sicknesses for some time to come—the best we can hope for is to hold the frequency down as low as possible in view of present industrial conditions.

About half of all the nonindustrial sicknesses are respiratory in nature—that is the most important group to combat and one which can be reduced. The high peak of colds is leveling off at this time of the year but colds are still important as subjects for health talks. Physicians can stress the danger of colds during the spring months when weather conditions are uncertain and conducive to such to such afflictions. It is also recognized that by spring the resistance of an individual has been lowered and that he must be cautious about proper clothing, personal hygiene, food and rest.

The second most common group of illnesses are digestive in nature—about 15 per cent of the total. The most frequent digestive disorders reported are classed as "indigestion" and "stomach upset"—the absentee study conducted by the Portland Cement Corporation revealed that almost 65 per cent of all abdominal complaints were of these types. In view of the order of frequency, therefore, digestive disturbances should be the next group of illnesses to combat after the campaign against colds during the winter months.

Physicians can outline several informative talks on the prevention of digestive ailments. Tolerance in food and stimulants is most important. Advice on avoidance of constipation can prevent trouble—in fact, the subject of constipation alone merits the entire time for several educational talks. Digestive upsets frequently result in self-medication —a dangerous practice especially when intestinal distress may be a symptom of some more serious underlying condition.

One real service that can be rendered to the working population is to sell industry on the advisability of having the drinking water supply tested at periodic intervals. Some industries have their own wells, some obtain water from both private wells and municipal supply. In any event, the condition of cross connections has been discovered often enough to be a real source of danger. Usually industry is satisfied if the source of the water supply is safe and consequently pays no attention to the possibility of cross connections in the plumbing system. It is necessary to check not only the source but the outlets in the plant. Such periodic checks should be done by someone who is familiar with the proper procedure of water sampling, otherwise false contamination may be found. Safe drinking water and proper sanitary facilities are definite responsibilities of the management and they must be made aware of these facts.

Those versed in health matters are the physicians and *they are the only ones capable of carrying out a health program.* When the medical profession fully realizes the importance of this service and formulates a definite drive to keep the worker on the job, the plan will produce results.

*In this section of The Journal in 1941 will appear special historical articles, and items relating to the 100th anniversary of the State Medical Society of Wisconsin, which was organized under the provisions of a bill enacted by the Wisconsin Territorial Legislature in 1841.*

# An Incident in Early Wisconsin Appendicitis History

By A. E. HEDBACK, M. D.
*Minneapolis, Minn.*

FIFTY years ago in a modest home on the outskirts of New Richmond, Wisconsin, lay a very sick young man. His widowed mother, who with careworn countenance watched over him day and night, was told that he suffered from typhlitis, perityphlitis, or appendicitis (according to past or present terminology which at that time was going through this change of nomenclature). A few successful operations for appendicitis had been performed and reported but none in this part of the state. It was, therefore, a matter of unusual responsibility to pursue a surgical course in such a case. The family physician, Dr. Frank W. Epley, summoned two consultants, Drs. Sam Johnson and C. F. King, from Hudson, twenty miles away.

Awaiting their arrival, I packed, under Dr. Epley's supervision, three large emergency bags, and set out the steam sterilizer. Moist iodoform and moist carbolated gauze and carbolated sponges in glass jars made up the bulkiest parcels. This was still the day of antiseptic surgery. Dr. Robert Morris of New York had just published his little red-covered book entitled "How We Treat Wounds Today." Carbolic acid, iodoform, and bichloride of mercury stood out on every page.

Instruments were rarely boiled but submerged in trays of strong carbolic solutions. Asepticism was beginning to enter surgical practice, however, as the aforementioned steam sterilizer would indicate. Gowns, hand towels, and gauze were sterilized for each operation in this manner. The gauze was used as an outermost dressing, covering the layers of absorbent cotton and gutta percha beneath, but not allowed to touch the wound itself unless previously dipped in an antiseptic solution. Rubber gloves, face masks, and head coverings were quite unknown.

Gauze pledgets were not used, as they are today, to wipe away blood and pus. For that purpose, small carefully selected real sponges were employed—sponges that had been treated for several weeks with sal soda to dissolve the grit and then put away in a carbolic-glycerine solution in great earthern crocks. Sterilization by heat would have destroyed the resilience and absorptive properties of sponges, and these properties were regarded as indispensable. Thus we see how the transition from the old to the new moved on in the hands of cautious but progressive workers who lived up to the injunction of Alexander Pope, "Be not the first by whom the new are tried, nor yet the last to lay the old aside."

After a preliminary discussion in Dr. Epley's office, the consultants made a visit to the patient and there resumed their conference. In anticipation of possible emergency needs, the doctor asked me to obtain

April 8, 1941.

J. G. Crownhart, Secretary,
The State Medical Society of Wisconsin,
Madison, Wisconsin.

My dear George: Back in 1886 when I was 6 years old, I began helping my father, the late Frank W. Epley, with his office surgery. This was industrial surgery, there being a large saw mill located here. I began by holding the basin with its sea-sponges and later it was my job to clean up after the operation. My salary was 25 cents, with a five cent deduction for every spot of blood anywhere. In those days our two railroads were the northern division of the Omaha, and the Wisconsin Central. They used the old link and pin-couplers on all cars and during cold weather when their damp gloves froze to the cold iron link many fingers were sacrificed. We were kept very busy. (I say *we* because I assumed that I was a prominent member of a two-man clinic.) The atmosphere was thrilling. I recall the mingled odors of pine sawdust, fresh blood, carbolic acid, and ether; pale, sweating, and often fainting volunteer assistants; the rattle of instruments; and how few words were spoken except for the patient's remarks as he passed through the stage of excitment under ether.

When I was 9 years old, Axel E. Hedback, age 15, came to our home, attended high school, assisted my father, and became like one of the family. He became intensely interested in medicine, and, after graduating from high school, he attended the University of Minnesota from which he graduated, cum laude, in 1897. After serving as interne at Minnesota State Prison Hospital, he began practice in Barron, Wisconsin. Later he attended European clinics and finally settled in Minneapolis.

He is now a member of the board of editors of *The Journal of Lancet*, editor of *Modern Medicine* and past president of the Hennepin County Medical Society.

On August 4, 1890, my chum was taken violently ill and, as I recall, we were stalking "big game" in a local wood lot when he stopped and complained of a belly ache. What followed is told in Dr. Hedback's article, "An Incident in Early Wisconsin Appendicitis History."

Sincerely,

O. Hoyt Epley, M. D.,
New Richmond, Wisconsin.

a key to the principal drugstore. The proprietor was attending one of Billy Marble's performances at Hagen's Opera House, and it was necessary, therefore, to call him to the door. From the stage was heard "Listen to the Mocking Bird," and I remember to this day how tragically out of place it seemed on so serious an evening. At midnight, the decision was reached not to operate, and the consultants drove back to their home town.

With the break of day, Dr. Epley decided to operate anyway, and I was to give the anesthetic. I was only 16, but the ether cone had been entrusted to me in emergencies before. There were no telephones in those days, but deductive reasoning was highly developed. Dr. Epley was secretary-treasurer of the Inter-County Medical Society whose annual meeting had been held at Ashland, Wisconsin, and he knew that Dr. Perry H. Millard, dean of the newly organized Medical School at the University of Minnesota, was the guest speaker there and a likely return passenger on the southbound train at noon. My instructions were to drive down to the station and, if I found Dr. Millard, to take him off and bring him to the house where all was in readiness and waiting.

Now we had all the help there was room for. I did not have to give the anesthetic after all. The druggist did that, and what I did, mostly, was to be in the way. Even being in the way on such an occasion was a great privilege. What surgery I saw was performed by Dr. Epley; Dr. Millard stood by in his stately manner and approved, as good consultants do. The room temperature was maintained at 100 degrees because it was feared that inrushing air of a lower temperature than that of the abdominal contents might produce shock when the incision was made and the organs exposed.

The appendix had ruptured. There was a large peritoneal abscess. The odor betrayed its origin, as I think of it now, but knowledge of the Bacillus coli communis was not then as common as the name would imply. A weak, warm bichloride of mercury solution from a large fountain syringe was used to wash out the pus at the time of the operation and at subsequent dressings. Fenes-

trated glass drainage tubes with collars near one end were used in those days. Glass was chosen because it was smooth and would not become attached to the surrounding tissue. The collar prevented the tube from slipping into the wound and becoming lost in the abdomen. The little round openings in the tube created the simple-minded belief that it afforded unobstructed drainage of pus. It certainly did facilitate the daily irrigation that was considered so very necessary.

The timing was perfect. I drove Dr. Millard to Roberts, Wisconsin, where after a twelve-mile dirt road ride he had but three minutes to wait for train connections to his home in St. Paul. The patient recovered, and Dr. Epley carried on his work with renewed interest. A few years later he was elected president of the Wisconsin State Medical Association and served in that capacity at its fiftieth anniversary session.

---

One of the projects of the Woman's Auxiliary to the State Medical Society of Wisconsin in recent years has been research in the field of medical history. The histories of pioneer physicians selected for this issue represent the third installment of such material in The Journal and were contributed to the Wisconsin State Historical Society by the Marinette–Florence, Outagamie, Sheboygan, and Waupaca–Shawano Auxiliaries.

## Robert M. Nichols

Dr. Robert M. Nichols lived at 339 Pine Street, Sheboygan Falls, Wisconsin, up to the time of his death on September 30, 1939. He was born in Fond du Lac, Wisconsin, on December 31, 1862, the son of John and Esther Bartlet Nichols. The first Nichols of whom there is record settled in the East in 1638. Dr. Nichols' father was from New York and his mother from New Hampshire, and their ancestors came from Toronto, Canada, and England. Much of the analyzing of medicinal plants Dr. Nichols learned from his mother.

He spent his early life in Fond du Lac and was graduated from the local high school in 1881. Determined to have a college education, he began at an early age to earn money. During high school he carried papers after school hours and worked hard at odd jobs, saving his money for college. He took a short term, the major part of one year, in premedical work at the University of Wisconsin, after which he served a preceptorship under Dr. L. A. Bishop of Fond du Lac, a general practitioner and a specialist in eye, ear, nose, and throat work. This preceptorship was equal to one year's credit in any medical college. He received no salary and worked for his board and room. Dr. Bishop was the railroad surgeon for the run between Appleton and Janesville, and his care of accident cases gave Dr. Nichols good experience for his later practice. They performed iridectomies and cataract operations in the office. At this time there were no laboratories, and tests now usually performed in laboratories were performed by the physicians themselves.

Dr. Nichols then attended Hahnemann Medical College, located on the south side of Chicago on Cottage Grove Avenue near the site where Michael Reese Hospital is now located. In his class were six other members preparing for the practice of medicine. In telling of his college days, Dr. Nichols said that he was often lonesome, not having time to develop many friendships. He lived in one room, did his own laundry, and allowed himself two lunches a day from a supply of rye bread, some cheese, and a bag of tea and sugar sent him by his mother. Dr. Nichols was graduated in 1887, receiving his M.D. degree. In that same year he located in Sheboygan Falls where he spent the remainder of his life with the exception of a year and a half during the World War.

On August 4, 1891, Dr. Nichols was married to Miss Inez Aschcraft of the town of Sheboygan Falls, daughter of Hiram Aschcraft. Dr. and Mrs. Nichols had six children, four girls and two boys.

He was a member of the local Methodist Episcopal Church for fifty-two years, the oldest member in the community. The physician in a community was then one of the few educated citizens besides the lawyer, teacher, priest, or preacher, and consequently he was always a confidant of his many patients. During his active years in the practice of medicine, he held membership in the Sheboygan County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association.

On June 15, 1917, Dr. Nichols was commissioned in the medical corps, and on September 15, 1917, he was ordered into active service at Fort Snelling, Minnesota. On July 9, 1918, he was ordered to Brookings, South Dakota, where he became the surgeon in the training detachment at the college of agriculture and mechanic arts. He received his discharge from the army on December 27, 1918. Returning to Sheboygan Falls, Dr. Nichols practiced until the fall of 1923, when he succeeded Dr. C. W. Pfeifer as acting postmaster and served in this capacity until his retirement in 1933.

Dr. Nichols estimated that he delivered about 2,500 or more babies during the course of his practice, a record year being 120 births. Ninety per cent of these babies were delivered in the homes. On a call he always carried an emergency satchel containing obstetrical necessities for he seldom knew beforehand if a baby was expected. The mortality rate was high as mothers received no care before or

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

after childbirth. Once he lost three obstetrical patients in succession because of lack of care before delivery. Operations for goiter and hernia were performed in the home with the aid of another physician.

In the days when Dr. Nichols began his practice the roads were sometimes impassable. He owned three horses, but often had to walk with snowshoes where the horses could not travel. His practice was largely among those of German descent. In those days monthly statements were never sent out for this would result in losing the patient. He would take care of a family during the entire year, then before Christmas a member of the family would come in and ask for the bill. He was always paid cash, checks not being used. He recalled giving a man a check for the amount of change due him, only to have him return the following day with the check asking that it be replaced with cash.

Dr. Nichols was the scout commissioner in Sheboygan Falls until his resignation in November, 1935, after twenty years of service. He was an untiring worker in the cause of scouting, always contending that both the boy and girl scout movement were equally important to the young boys and girls of America.

And now in closing this history, may I say that this kind and beloved doctor was mourned by the entire community when he died on September 30, 1939.—Mrs. H. J. Hansen, Sheboygan Falls.

## Drs. Finney, Hall and Winslow

Name: **John Finney, M. D.**
Address: 102 South Main Street, Clintonville, Wisconsin
Date of birth: January 3, 1846. Place of birth: Rochester, New York
Father's name: Patrick Finney
Mother's name: Julia Donahue
Schooling: Sterling Medical College, Cincinnati, Ohio; Bennett, now Loyola University, Chicago; Rush Medical College, Chicago
Degrees: M. D. degree from each school mentioned above
Where first started practice of medicine: Hollandtown, Wisconsin, near Kaukauna. And other places: Oshkosh, Wisconsin
Date of coming to Waupaca County: 1873
Date of marriage: 1873
To whom: Isabelle O'Brian, daughter of John and Susan O'Brian; born in Conouringo, Maryland, on Susquehanna River
Children: Two sons, William H. and John A., who died in infancy.
Medical society membership: American Medical Association, State Medical Society of Wisconsin, and Waupaca–Shawano County Medical Society
Date of death: July 27, 1898
Place of burial: Riverside Cemetery, Oshkosh, Wisconsin

Dr. Finney traveled from Oshkosh to New London by boat and from New London to Clintonville by ox team, arriving at Clintonville with 80 cents in his pocket and a medical kit. The country at this time was a wilderness, with rough roads and a severe climate the greater part of the year. For years Dr. Finney made all calls on horseback.

He practiced medicine and surgery, was the first physician in the community to perform an appendectomy, and for many years during his practice had his own drugstore. He built the Olk Drug Store Building, and had his office upstairs until the time of his death. He was the first surgeon appointed in Clintonville for the Chicago, Milwaukee, and Lake Shore Railroad, and later he was appointed by the Chicago and Northwestern, which position he held until his death.

Dr. Finney was the first mayor of Clintonville, also postmaster at one time, president of the village for several years, and president of the school board for twelve or fourteen years. A new school was built while he was president.

In politics Dr. Finney was a Republican. He was named a presidential elector in 1888 and was a state messenger to carry the vote of the electoral college to Washington. The vote was cast for Benjamin Harrison.

Name: **J. C. Hall, M.D.**
Date of birth: August 7, ____ Place of birth: Tioga County, New York
Father's name: Lewis Hall
Mother's name: Mary Cory Hall
Schooling: Waterville College, Ithaca, New York
Where first started practice of medicine: Ithaca, New York
And other places: From Green Bay, Wisconsin to Ecanaba, Michigan
Date of coming to Marinette County: 1843
Place of residence: Riverside
Date of marriage: September 17, 1831
To whom: Lydia A. Andrus, daughter of Richard and Susan Andrus of Orange County, New York
Children: Richard L., born in Ithaca, New York
Mary E., born in Ithaca, New York
Benjamin, born in Marinette, Wisconsin
Church affiliation: Presbyterian
Medical society membership: State Medical Society of Wisconsin and American Medical Association
Date of death: 1872; at Marinette, Wisconsin
Place of burial: Marinette, Wisconsin.

For years Dr. Hall was the only physician on the west shore of Green Bay in Wisconsin, and his services were in demand for miles in every direction. Of his skill as a physician old settlers speak in the highest terms. He was for years a member of the board of supervisors of Oconto County, a member of the general assembly for several terms, and a justice of the peace in Marinette. He was a master Mason, taking great interest in Masonic matters. Politically Dr. Hall was first a Democrat and

The ethical relationship which exists among physicians has its counterpart in the Lilly policy of close co-operation with the doctor. Distribution of information concerning Lilly Products is restricted to the medical and allied professions.

## CARBARSONE, LILLY

p-Carbamino Phenyl-arsonic Acid

Amebiasis is said to affect from 5 to 10 percent of the population of the entire world. Carbarsone has shown remarkable effectiveness in the dysenteries of amebic origin.

Carbarsone, Lilly, is supplied in pulvules and tablets for oral use, in powder for irrigations, and in suppositories for treatment of trichomonas vaginitis.

*ELI LILLY AND COMPANY*

*Principal Offices and Laboratories, Indianapolis, Indiana, U. S. A.*

subsequently a Republican. His hospitality was recognized far and near.

In the early 1900's the following news item appeared in a Marinette paper:

PRESCRIPTION IS MANY YEARS OLD

*Interesting Document Found in Excavation For New Sewer to Jefferson Street*

In an excavation which has been made near the river off Riverside avenue for the new sewer to run to Jefferson street, John Wedepohl, Thomas street, found an interesting old prescription written by Dr. S. P. Jones, city health officer, on Dr. Hall's pharmacy over forty years ago.

Dr. Hall has been dead over forty years. His son, Benjamin Hall, who is now living here, was a school boy at the time the prescription was written in the 60's. Although written with a lead pencil it could be read easily. The fact that it was folded undoubtedly had something to do with preserving the writing so many years.

Name: **Rush Winslow, M. D.**
Address: 841 Lawrence Street, Appleton, Wisconsin
Date of birth: November 7, 1843. Place of birth: Koshkonong, Wisconsin
Father's name: Joseph Winslow, M. D.
Mother's name: Sarah Bingham
Early education: The schools of Fort Atkinson; home study; much activity in woods and on river because of delicate health
Degrees: Hahnemann and Rush, Chicago; Bellevue, New York City
Where first started practice of medicine: Fort Atkinson, Wisconsin
And other places: Appleton, Wisconsin
Date of coming to Appleton: November, 1873. County: Outagamie
Date of marriage: November 25, 1878
To whom: Minna Rogers, daughter of Sarah Louise Johnson and Benjamin Talbot Rogers; born on August 22, 1857
Children: Margaret Winslow
Kenelm Rogers Winslow
Church affiliation: Episcopal
Medical society membership: American Medical Association, State Medical Society of Wisconsin, and Outagamie County Medical Society
Date of death: December 27, 1902; at St. Elizabeth Hospital, Appleton
Place of burial: Riverside Cemetery, Appleton

It was Dr. Winslow's custom to spend his vacations in attending postgraduate courses and clinics offered in Chicago. Also, for one winter and for several shorter periods, he did postgraduate work at Bellevue in New York City. In spite of a busy professional life and other interests, Dr. Winslow was always a student. He felt very strongly that the most important service that physicians could give was to forward the prevention of disease. It was largely through his efforts that the plan for the building of St. Elizabeth Hospital was carried through in 1901.

Dr. Winslow was deeply interested in civic condition and cooperated in the work of local government. He did much research work in behalf of a good water supply for Appleton. He was president of the Wisconsin Tariff Reform League, and at the time of his death, vice-president of the First National Bank.

Dr. Winslow's father, Dr. Joseph Winslow, and grandfather were both regularly educated physicians, receiving their preparation in Vermont and Massachusetts. Dr. Joseph Winslow became alienated from the practice of medicine in the 1840's because of its bloodletting and other violent procedures, but when Hahnemann advocated gentler methods he returned to his practice. Thus it happened that when his son Rush decided to study medicine, he sent him to Hahnemann as well as to Rush in Chicago and to Bellevue in New York City. At Bellevue College, Rush Winslow specialized in surgery at the time there were on the faculty the most eminent surgeons of that period, and in later years he returned at various times to do work with them.

# Only One Technical Exhibit Space Remains Open For Centennial Session

TECHNICAL exhibit space for the 1941 session of the State Medical Society of Wisconsin—the Centennial Session—has, even at this early date, been almost entirely reserved. Out of seventy spaces available, *only one remains.* Firms wishing to exhibit would do well to get in touch at once with headquarters offices of the Society, 917 Tenney Building, Madison.

The exhibits will be housed this year in the main lounge, library, and art room on the first floor of the Memorial Union, Madison, and in the hallways of the new addition to the Memorial Union.

These hallways lead to the beautiful, air-conditioned theater addition to the Union.

Firms who have reserved exhibit space are listed on page 442.

# GROWING IN COMFORT ON S-M-A

S-M-A* provides 20 calories to the ounce, but more important, the nutritional value of S-M-A is that of a complete, well-balanced food, specially prepared to help build strong, healthy babies.

An actual test of S-M-A is the only true proof of its exceptional nutritional qualities. Why not write for samples and full information?

" " "

***Normal infants relish S-M-A . . . . digest it easily and thrive on it.***

" " "

*S-M-A, a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

**FOR PREMATURE AND UNDERNOURISHED INFANTS**

**A Special Product**

## PROTEIN S-M-A

*(Acidulated)*

Protein S-M-A (acidulated) is a modified form of S-M-A intended to meet the special nutritional needs of the premature and undernourished infant and for infants requiring a high protein intake.

Protein S-M-A (acidulated) is similar to both casein milk and lactic acid milk, but contains additional nutritional elements lacking in both.

S.M.A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

Prescribe Journal-advertised products and you prescribe the best.

# Technical Exhibitors at Centennial Session

A. S. Aloe Company, St. Louis, Missouri
Bard–Parker Company, Inc., Danbury, Connecticut
Barr X-ray Company, Milwaukee, Wisconsin
Borden Company, New York City, New York
S. H. Camp and Company, Jackson, Michigan
Carnation Company, Oconomowoc, Wisconsin
Chicago Dietetic Supply House, Chicago, Illinois
Coca-Cola Company, Atlanta, Georgia
Conformal Footwear Co., St. Louis, Mo.
R. B. Davis Sales Company, Hoboken, New Jersey
Davis and Geck, Inc., Brooklyn, New York
Duke Laboratories, Inc., Stanford, Connecticut
Employers Mutuals, Wausau, Wisconsin
H. G. Fischer and Company, Chicago, Illinois
General Electric X-ray Corporation, Milwaukee, Wisconsin
Gerber Products Company, Fremont, Michigan
Chr. Hansen's Laboratories, Inc., "The Junket Folks," Little Falls, New York
H. J. Heinz Company, Pittsburgh, Pennsylvania
Horlick's Malted Milk Corporation, Racine, Wisconsin
House of Vision, Milwaukee, Wisconsin
Hurley X-ray Company, Milwaukee, Wisconsin
Mead Johnson and Company, Evansville, Indiana
E. H. Karrer Company, Milwaukee, Wisconsin
Kelley–Koett Mfg. Co., Covington, Kentucky
Kremers–Urban Company, Milwaukee, Wisconsin
Lakeside Laboratories, Inc., Milwaukee, Wisconsin
Lederle Laboratories, New York City, N. Y.
Eli Lilly and Company, Indianapolis, Indiana
J. B. Lippincott Company, Philadelphia, Pennsylvania
Medical Protective Company, Fort Wayne, Indiana
Mellin's Food Company, Boston, Massachusetts
The Mennen Company, Newark, New Jersey
C. V. Mosby Company, St. Louis, Missouri
M & R Dietetic Laboratories, Columbus, Ohio
V. Mueller & Company, Chicago, Illinois
Parke, Davis & Company, Detroit, Michigan
Pet Milk Sales Corporation, St. Louis, Missouri
Petrolagar Laboratories, Inc., Chicago, Illinois
Philip Morris & Co. Ltd., New York City, New York
Physicians and Hospitals Supply Company, Minneapolis, Minnesota
Roemer Drug Company, Milwaukee, Wisconsin
W. B. Saunders Company, Philadelphia, Pennsylvania
Scanlan–Morris Company, Madison, Wisconsin
Schering Corporation, Bloomfield, New Jersey
Sharp & Dohme, Philadelphia, Pennsylvania
Smith, Kline and French Laboratories, Philadelphia, Pennsylvania
E. R. Squibb & Sons, New York City, New York
U. S. Hospital Supply Company, Minneapolis, Minnesota
U. S. Standard Products Company, Woodworth, Wisconsin
Westinghouse Electric and Mfg. Company, Milwaukee, Wisconsin
White Laboratories, Inc., Newark, New Jersey
Winthrop Chemical Company, Inc., New York City, New York
Wisconsin Alumni Research Foundation, Madison, Wisconsin
John Wyeth and Brother, Inc., Philadelphia, Pennsylvania
Zimmer Manufacturing Company, Warsaw, Indiana

Mead's Cereal was introduced in 1930, and Pablum in 1932, by Mead Johnson & Company. Since then, the growing literature indicates early recognition and continued acceptance of these products and the important pioneer principles they represent.

# THE JOURNAL BOOKSHELF

## BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

**Manual of Physical Diagnosis with Special Consideration of the Heart and Lungs.** By Maurice Lewison, M.D., professor of physical diagnosis, University of Illinois College of Medicine; consulting physician, Cook County Hospital; attending physician, Mt. Sinai Hospital, Chicago, and Ellis B. Frelich, M.D., associate professor of medicine, University of Illinois College of Medicine, etc., in collaboration with George C. Coe, M.D., instructor of medicine, University of Illinois College of Medicine. Cloth. Price, $3. Pp. 317, with 75 illustrations. Chicago: Year Book Publishers, 1941.

This manual represents an attempt to present in a clear and concise manner the essentials of physical diagnosis, omitting many of the unimportant details and the theoretical and controversial considerations which appear in some textbooks now used in medical schools. The first chapter is concerned, very appropriately, with history taking, and the importance of a careful history is properly stressed. Although examination of the entire body is described, the main emphasis is placed on the physical examination of the heart and lungs. The principles and methods are presented in detail under the headings of inspection, palpation, percussion and auscultation, and the student is constantly reminded of the valuable information which can be obtained from these fundamental procedures when properly employed and intelligently interpreted. After the normal findings have been clearly described and explained, the alterations in the signs produced by various disease processes are presented in detail listing the outstanding diagnostic data associated with the common diseases of the lungs and heart. The authors have taken pains to explain in a logical manner the mechanism underlying the changes described in order to encourage the student to interpret the findings by reasoning rather than by simply memorizing.

The present-day medical student receives his training, for the most part, in a well equipped hospital where the x-ray and other laboratory aids tend to detract from the importance of careful physical examination. As a result there is less incentive to develop fully the use of the five senses and a tendency to depend upon the laboratory to pick up anything he may have missed. This manual stresses at every turn the positive information which can be obtained readily by the proper and intelligent application of inspection, palpation, percussion and auscultation and is to be highly commended for keeping this viewpoint before the student. This is particularly well illustrated in the section dealing with the determination of heart size by percussion. Some of the leading texts on physical diagnosis tend to discourage percussion of the heart borders on the grounds that such percussion cannot be accurate enough to be of any practical value. It is refreshing to find that the authors of this manual emphasize the valuable information which can be obtained by the routine employment of this procedure. At the same time, however, one wonders why they pay so much attention to the area of superficial or absolute cardiac dullness, which, in the opinion of the reviewer, is of practically no diagnostic importance.

The book contains what seems to be a number of inconsistencies and several statements with which the reviewer cannot agree:

On page 216, appears the statement, "Murmurs originating in the pulmonic area are transmitted up to the neck." This is true of aortic murmurs, but is certainly not the rule with pulmonic murmurs.

On page 217, the statement, "Systolic murmurs are generally softer than diastolic murmurs," would be true if the mitral diastolic murmur were specified, but the aortic diastolic murmur is, in the majority of instances, at least as soft if not softer than the average systolic murmur. The next sentence on this page reads, "In general regurgitant murmurs are most intense when the subject assumes the recumbent position, and stenotic murmurs exhibit their maximum intensity when the patient is in the erect position." Here again further qualification is needed as this statement is not true of the murmurs of aortic regurgitation and mitral stenosis. Later in the same paragraph the following sentence appears: "As a general rule, mitral murmurs are best heard in the left lateral position because the heart is thrown to the left and against the chest wall, whereas the murmurs at the base of the heart are best heard with the patient sitting erect, leaning slightly forward, in the stage of forced expiration." This is in keeping with actual experience but inconsistent with the statement made just previously. The murmurs of relative mitral and aortic insufficiency are classified under both organic and functional headings.

On page 219, referring to functional systolic murmurs heard at the pulmonic area, the statement, "They are generally loudest at the end of inspiration," is contrary to the experience of the reviewer.

On page 252 pulsus paradoxus is described and is said to be due to adhesive pericarditis or constriction of the large vessels by mediastinal adhesions but no mention is made here of the most common cause, pericardial effusion. In describing

the technique of taking blood pressure the authors passed up the opportunity of stressing the standardized method advocated by a special committee and published by the American Heart Association one year ago. The authors of this manual describe vaguely the determination of the diastolic pressure in one sentence, "At the point where the pulsing sound begins to fade or disappear entirely, the diastolic pressure is read."

On page 252, referring to auricular fibrillation, the following questionable statement is made: "Digitalis commonly converts the fibrillation into the normal regular rhythm, probably by actually stopping the fibrillation or by converting it into a complete heart block, thereby allowing the ventricle to establish its own regular rhythm." It is generally conceded that digitalis is a myocardial irritant and tends to perpetuate an auricular fibrillation, and, in the second place, if a complete heart block is produced, even though the resulting rhythm is regular, it can hardly be classed as normal.

On page 253, an error has been made in designating heart block ratios which should have been given as 2:1, 3:2 and 4:3 to correspond to the preceding description. Pages 255 and 256 contain a set of twelve rules for the diagnosis of cardiac arrhythmias. For the most part, these are practical and helpful, but rule three which states that a pulse deficit occurs in all arrhythmias except heart block and sinus arrhythmia is not entirely true and requires some modification. Rule eleven states that pulsus alternans may cause sudden halving of the pulse rate but it is questionable whether alternation of this degree ever occurs. In discussing mitral stenosis the dilatation and hypertrophy of the left ventricle is explained on the basis of diminished filling of this chamber. It seems to the reviewer that this fact might better explain the small left ventricle frequently seen in pure mitral stenosis of rather marked degree. In describing the changes accompanying pericardial effusion it is stated that the cardiohepatic angle becomes obtuse. Numerous x-ray studies have shown that this angle is just as likely to be acute and in the two illustrations of pericardial effusion, figs. 65 and 66, the cardiohepatic angle is almost exactly 90 degrees in one and definitely acute in the other.

Although a considerable portion of this review deals with certain errors and inconsistencies, these are more than counterbalanced by the obvious advantages of this type of manual and the wealth of accurate and valuable material which it contains. This handbook can be recommended to the medical student and general practitioner as a handy and useful reference on the subject. C. M. K.

**Progress in Medicine:** Critical Review of the Last Hundred Years. By Iago Galdston, M.D. Pp. 347. Cloth. Price, $3. New York: Alfred A. Knopf, 1940.

Dr. Galdston traces the development of ideas—the ideas and technical progress of contagion, immunity, food deficiencies, endocrine knowledge, psychic research, and clinical diagnosis. He dis-


*Effective, Convenient and Economical*

THE effectiveness of Mercurochrome has been demonstrated by twenty years' extensive clinical use.

For the convenience of physicians Mercurochrome is supplied in four forms—Aqueous Solution for the treatment of wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

*Mercurochrome, H.W.&D.*
*(dibrom-oxymercuri-fluorescein-sodium)*

is economical because solutions may be dispensed at low cost. Stock solutions keep indefinitely.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Mercurochrome is accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

*Literature furnished on request*

HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND

**BIDWELL BETTER LIMBS**

Everyone Receives the Personal Attention of G. L. Bidwell the well-known Orthopedic Appliance Expert.

EXPERIENCED LADY ATTENDANT

Artificial Limbs, Braces, Trusses, Elastic Stockings, Crutches, Invalid Chairs, Abdominal Belts.

**934 N. WATER ST.**
PHONE BROADWAY 4369
**MILWAUKEE, WISCONSIN**

**Established 1865**

ARTIFICIAL LIMBS
ORTHOPEDIC APPARATUS
TRUSSES—SUPPORTERS
ELASTIC STOCKINGS

Superior custom work.
Woman Attendant for Women.

**DOERFLINGER'S**
770 North Water St. Phone Daly 1461
MILWAUKEE, WIS.

cusses briefly the rise of decadent surgery on the legs of anesthesia and antisepsis. He warns against viewing medical history by the light of heroes, and then proceeds to discuss the well known figures and their precursors and associates.

He stresses the recurrence of new ideas until the time is ripe for their recognition and acceptance. He mentions the help of non-medical observers in the discoveries made through the ages. The regular refusal of learned societies to accept new ideas and proof, and to readily condemn, is obvious throughout the history.

The book should be valuable to the professional and lay public. It is factual and correlated, rather than revivalist in style. W. H. O.

**Electrocardiography in Practice.** By Ashton Graybiel, M. D., instructor in medicine, courses for graduates, Harvard Medical School; and Paul D. White, M. D., lecturer in medicine, Harvard Medical School, and physician, Massachusetts General Hospital, in charge of the cardiac clinics and laboratory. Pp. 319, with 272 illustrations. Cloth. Price, $6. Philadelphia: W. B. Saunders Company, 1941.

This book on electrocardiography differs from most of the other current texts on the subject in that it combines the atlas and case-history methods of presentation. Representative tracings appear on the right hand page and on the opposite page the corresponding clinical history is outlined briefly, followed by the detailed interpretation of the electrocardiogram in question. The first half of the book is composed of 142 curves systematically arranged, illustrating variations of the normal electrocardiogram, the various arrhythmias, and patterns characteristic of certain etiologic types of heart disease. The presentation of each arrhythmia is preceded by a brief paragraph on its clinical significance. In general, theoretical considerations have been omitted and practical applications stressed. The second half contains an assorted mixture of 130 tracings, designed primarily for self-teaching or testing. After the electrocardiogram has been carefully studied, the case history and the authors' interpretation can be found on the opposite page. The authors have taken pains to emphasize the fact that certain characteristics, (e.g. low voltage), which ordinarily are associated with organic heart disease, may occasionally be encountered in the absence of any cardiac abnormality and conversely, a badly diseased heart may at times give rise to a relatively normal electrocardiogram. As in any other laboratory procedure, a thorough knowledge of the method's limitations is essential to intelligent interpretation. The appendix contains a highly practical and very useful "analytical electrocardiographic index" which lists and classifies the changes most frequently met in the P waves, QRS complexes, S–T segments, T waves and conduction times together with their clinical significance. For the most part, the tracings have been well chosen and are typical of the various conditions which they represent, but a very few are extremely puzzling and defy accurate analysis even by the advanced student of the subject. In the opinion of the reviewer, this book is a little above the beginner but should be valuable as a textbook in a formally conducted class in electrocardiography and to the physician who is regularly engaged in reading electrocardiograms. C. M. K.

**MacLeod's Physiology in Modern Medicine.** Edited by Philip Bard, Johns Hopkins University School of Medicine, with the collaboration of Drs. Henry C. Bazett, George R. Cowgill, Howard J. Curtis, Harry Eagle, C. L. Gemmill, Magnus I. Gregersen, Roy G. Hoskins, J. M. D. Olmsted and Carl F. Schmidt. Ed. 9. Cloth. Price, $10. Pp. 1,256, illustrated. St. Louis: The C. V. Mosby Company, 1941.

The ninth edition is up to the previous high standard of excellence with the integration of physiology and its application to clinical medicine stressed. The first part devoted to the nervous system written by Dr. Bard is especially appealing. C. F. M.

**The Therapy of the Neuroses and Psychoses.** By Samuel H. Kraines, M.D., associate in psychiatry, University of Illinois, College of Medicine; assistant state alienist, State of Illinois; diplomate of American Board of Psychiatry and Neurology. Cloth. Price, $5.50. Pp. 512. Philadelphia: Lea & Febiger, 1941.

The treatment of the neuroses and psychoses is discussed from the psychobiological viewpoint of Adolph Meyer. It consists of three major approaches in the therapy of mental disorders: (1) the correction of whatever organic disorders may be present, (2) alteration of the environment where adverse conditions are apt to cause emotional conflict and neurotic symptoms and (3) elimination of immature traits and undesirable attitudes and the substitution of healthy reaction patterns.

With the above foundation stones of treatment in mind, the author discusses such topics as: the fundamental psychology of the neuroses, neurotic symptoms and their relation to tension states, sex

ZEMMER
PRODUCTS ARE DEPENDABLE
THE ZEMMER COMPANY
Prescribe or dispense ZEMMER pharmaceuticals . . . laboratory controlled . . . guaranteed reliable potency.
Write for general price list.
WI 5–41
OAKLAND STATION, PITTSBURGH, PA.

drives, the analysis of personality difficulties, the treatment of undesirable attitudes such as chronic worry, resentment, and rigidity of personality, to mention but a few of the major topics. The discussion of treatment is preceded by a classification of psychiatric states and serves to acquaint the reader with the various clinical syndromes.

This book is intended for the general practitioner as well as for the specialist. For the former it contains many specific suggestions for the treatment of "functional" symptoms such as palpitation, tachycardia, excessive perspiration, insomnia, headaches, "nervous stomach" and many other neurotic symptoms. The management of drug addiction, alcoholism, the epilepsies and mental deficiency is discussed. The many citations of clinical cases enhance the practical usefulness of this book for the non-psychiatrically trained physician.

The author's approach to the problems of mental disorder is a pluralistic one; he emphasizes the role of social environment, psychological attitudes and physical factors in the etiology and treatment. The human individual is looked upon as an organism in whom all of the factors mentioned above play an important role. The principles of psychotherapy merit special mention and are best expressed in the author's words: "(1) bringing to conscious attention in specific detail the unhygienic attitudes and their attendant irritating memories, (2) removing the emotional tone attached to the memories by intellectual understanding and by desensitizing the patient through repeated discussions, and (3) retraining the patient so that he will react automatically in a hygienic, efficient, and non-symptom-forming manner to the various stresses of life."

This book is a valuable addition to the psychiatric literature in that its chief emphasis is on treatment. The concluding chapter, "Psychoanalysis and Related Schools" could very well have been omitted without detracting from the value of this book to the general practitioner and psychiatrist. J. P.

**An Introduction to Dermatology.** By Richard L. Sutton, M.D., Sc.D., LL.D., F.R.S. (Edin.), emeritus professor of dermatology, University of Kansas School of Medicine, and Richard L. Sutton, Jr., A.M., M.D., L.R.C.P. (Edin.), assistant professor of dermatology, University of Kansas School of Medicine. Ed. 4. Pp. 904, with 723 illustrations. Cloth. Price, $9. St. Louis: The C. V. Mosby Company, 1941.

This work is a rather comprehensive volume of some 900 pages and is a condensed edition of the author's "Diseases of the Skin." Because of its lack of bulk and lower price the average student should be attracted. Because the reduction in size has been effected by the elimination of material which does not vitally affect the average student, he will be interested in owning it. This reviewer believes that the condensing process could have been carried even further without detracting from the value of the work.

The general make-up of the book is the same as that used in other editions and the two principal

Before you buy X-Ray Equipment

*Investigate* MATTERN

A complete line of Shock-Proof X-Ray Equipment, ranging from a 15 MA Portable Unit up to a Combination Unit for Radiography - Fluoroscopy - Therapy with a capacity of 200 MA-140 PKV.

BARR X-RAY CO.

Exclusive Wisconsin Distributors
F. Mattern Mfg. Co.

2540 W. Wells St. Milwaukee, Wis.
West 4344

We carry a complete stock of films and accessories.

PROFESSIONAL PROTECTION

SINCE 1899 SPECIALIZED SERVICE

A DOCTOR SAYS:

*"This has been an instructive experience and goes to show that past friendly relations with a patient are no guarantee of immunity against a lawsuit when a little easy money appears possible."*

THE MEDICAL PROTECTIVE COMPANY OF FORT WAYNE, INDIANA

additions seem to be the inclusion of a large number of new illustrations and the addition of thirty-five pages of useful bibliography. It is well written and carefully edited. R. L. M.

## PHARMACISTS CITED

*(Continued from page 432)*

Based on the rules developed by the District of Columbia Pharmaceutical Association and supplemented with subsequent expressions of opinion by the Food and Drug Administration, the list of drugs which should be dispensed only on prescription, (appearing on page 432 herein) has been prepared. In each case an effort has been made to provide the basis for the inclusion of the particular drug.

The list is not "official." There is no such thing as an "official" list. Several pharmaceutical associations have published similar lists of so-called dangerous drugs which should not be sold over-the-counter, and the impression may have been created that such lists have been issued officially under the Federal Food, Drug and Cosmetic Act or that the drugs listed have been banned by governmental decree. Such is not the case, although these lists do offer sound guidance to the pharmacist in complying with the law and are a helpful activity on the part of these associations.


**To Keep Abreast of Medical Literature**

**To Aid in Preparing Medical Talks, Papers**

USE THE

**MEDICAL LIBRARY SERVICE**
Service Memorial Institutes Building
MADISON

**All books reviewed in The Journal as well as current issues of medical periodicals are available for loan. References on any selected subject will be sent on request for a two weeks' period. Service for Members at the Cost of Postage.**

*For the local Treatment of Acute Anterior* **Urethritis**
(DUE TO NEISSERIA GONORRHEAE)

**SILVER PICRATE*** *Wyeth*

*A complete technique of treatment and literature will be sent upon request*

*Silver Picrate is a definite crystalline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

Silver Picrate, Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by Neisseria gonorrheae.[1] An aqueous solution (0.5 percent) of silver picrate or water-soluble jelly (0.5 percent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," Am. J. Syph., Gon. & Ven. Dis., **23**, 201 (March), 1939.

**JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA**

# WISCONSIN PHARMACISTS

In the ambulatory treatment of burns where frequent application of tannic acid forms a part of your treatment, an atomizer will be a welcome method of application by the patient.

## MATHER'S PHARMACY

Prescription Experts

Most complete line of Biologicals and largest prescription store in Northern Wisconsin.

Trusses, Wheel Chairs, Crutches, Electric Pads, etc.

**SUPERIOR, WISCONSIN**

## McCUE & BUSS DRUG CO.

Prescription Druggists
Physicians Supplies
Sick Room Needs

**14 So. Main St.** **JANESVILLE, WISCONSIN**

## BOCK DRUG STORES

*Dependable Druggists Since 1876*

Complete Stock of Biologicals—Ampoules and Vaccines—Mail Orders Promptly Filled

Trusses—Supports—Crutches—Elastic Goods

**Phone 4100** **SHEBOYGAN, WISCONSIN**

Distributors of

Dependable Pharmaceutical & Biological Products for Physicians, including Lederle, Lilly, Parke Davis, etc.

## The Hebberd Drug Store

"EXPERT PRESCRIPTION SERVICE"

Phone 29 4th and Main LA CROSSE, WIS.

## RED CROSS DRUG CO.

DOCTORS!! *Save on Office and Dispensing Supplies.*

Mail orders filled in all parts of Wisconsin. Many doctors save hundreds of dollars yearly by concentrating their purchases. Let us quote you on your requirements. Orders shipped the same day received. We pay all delivery charges.

**RED CROSS DRUG CO.**
**RACINE, WISCONSIN**

## CHILSON DRUG COMPANY

*Benj. Chilson, Ph. G.*

Specializing in a complete stock of serums, vaccines and medical supplies. Carefully and accurately compounding prescriptions is the main feature of our drug store.

**BELOIT, WISCONSIN**

## BELLING'S DRUG STORE

*The Prescription Drug Store*

**204 E. College Ave.** **Appleton, Wis.**

**Phone 131**

A complete stock of Ampoules, Biologicals, including Rabies Vaccine, always under proper refrigeration.

## MAYER DRUG

Harry F. Mayer, Prop.

*A Complete Prescription Department*

Biologicals and Ampoules

**KENOSHA, WISCONSIN**

# Capital City Doctors

## Note These Reliable Madison Firms Which Sell Dependable Products, Services

Prescription Service at

**RENNEBOHM**

Better Drug Stores

is always

100% Dependable

Biologicals—Chemicals—Drugs

**FIRST CENTRAL DISPENSARY**

602 First Central Bldg.
Madison, Wis.
Phone: Badger 7929

RELIABLE PRESCRIPTION SERVICE

**LORAINE HOTEL**

Fireproof

SCHROEDER HOTELS

*Sleep in Safety*

**CENTRAL GARAGE**

15 South Webster St.

Parking and General Service

MODERN — CONVENIENT
ALWAYS DEPENDABLE

Ampoules, Biologicals, Chemicals, Bacteriological Stains, Trusses, Camp Surgical Supports, "Leeches."

**THE PRESCRIPTION PHARMACY**

Samuel R. Chechik, Ph.D.

20 S. Carroll St. Phone: Badger 755
"The Park Hotel Building"

*For Lovely Flowers*

Phone

**RENTSCHLER'S**

Badger 177

230 State St. Madison

Office: Badger 787 Residence: Badger 2308

**AUTO SERVICE COMPANY, Inc.**

Dan Bilsie

"Private Ambulance Service"

750 East Washington Ave. Madison, Wis.

**Frautschi Funeral Home**

120 E. Wilson St.
Madison, Wis.

ARTHUR A. FRAUTSCHI, *Director*

Phone Badger 733

Let Us Diagnose Your Filing Troubles!

*Badger 5900*

**BLIED PRINTERS AND STATIONERS**

114 E. Washington Ave.
Madison

# INDEX TO ADVERTISERS IN THIS ISSUE


| | Page |
|---|---|
| American Can Co. | 366 |
| American Optical Co. | 374 |
| Audiphone | 451 |
| Auto Service Co., Inc. | 450 |
| Barr X-ray Co. | 447 |
| Belling's Drug Store | 449 |
| Benson Optical Co., Inc. | 457 |
| Bidwell Better Limbs | 445 |
| Blied Printers & Stationers | 450 |
| Bock Drug Co. | 449 |
| Borden Co. | 455 |
| Central Garage | 450 |
| Chilson Drug Co. | 449 |
| Cook County Graduate School of Medicine | 373 |
| Corn Products Sales Co. | 368 |
| Doerflinger's | 445 |
| First Central Dispensary | 450 |
| Frautschi Funeral Home | 450 |
| General Electric X-ray Corp. | 375 |
| Hebberd Drug Store | 449 |
| Hynson, Westcott & Dunning | 445 |
| Kennedy–Mansfield Dairy | 450 |
| Lakeside Laboratories | 362 |
| Lederle Laboratories | 367, 372 |
| Eli Lilly & Co. | 439 |
| Loraine Hotel | 450 |
| Marquette University School of Medicine | 456 |
| Mather's Pharmacy | 449 |
| Mayer Drug | 449 |
| McCue & Buss Drug Co. | 449 |
| Mead Johnson & Co. | 443 |
| Medical Protective Co. | 447 |
| Milwaukee Optical Manufacturing Co. | 376 |
| Milwaukee Sanitarium | 460 |
| New York Polyclinic | 456 |
| Normandale | 456 |
| Orthopedic Appliance Co. | 451 |
| Parke, Davis & Co. | 370 |
| Petrolagar Laboratories, Inc. | 459 |
| Physicians Casualty Ass'n | 374 |
| Physicians Radium Ass'n | 374 |
| Mary E. Pogue School | 456 |
| Prescription Pharmacy | 450 |
| Radiation Therapy Institute | 365 |
| Radium & Radon Corp. | 451 |
| Red Cross Drug Co. | 449 |
| Rennebohm Drug Stores | 450 |
| Rentschler Floral Co. | 450 |
| Riggs Optical Co. | 363 |
| Rogers Memorial Sanitarium | 460 |
| Sacred Heart Sanitarium | 364 |
| St. Croixdale Sanitarium | 365 |
| Schroeder Hotel | 373 |
| Shorewood Hospital Sanitarium | 376 |
| SMA Corp. | 441 |
| Smith–Dorsey Co. | 373 |
| Squibb & Sons | 454 |
| Stearns & Co. | 369 |
| Summit Hospital | 457 |
| Uhlemann Optical Co. | 453 |
| Upjohn Co. | 371 |
| Waukesha Springs Sanitarium | 362 |
| Wyeth & Brother, Inc. | 448 |
| Zemmer Co. | 446 |



**Western Electric HEARING AID**

Air and Bone Conduction

There's a Western Electric Ortho-Technic Audiphone designed by Bell Telephone Laboratories—embodying new principles, exclusive features, to meet the individual needs of your patients.

Small, Inconspicuous, High Fidelity

AUDIOMETERS — ELECTRICAL STETHOSCOPE

**AUDIPHONE UTILITIES**

Suite 205 739 N. Broadway Daly 2505

MILWAUKEE

**Orthopedic Appliances**

Abdominal Belts Elastic Stockings
Whitman Arch Plates Trusses
Braces of all Descriptions

**Artificial Limbs**

Trained Mechanics and Fitters Only

**THE ORTHOPEDIC APPLIANCE CO.**

123 East Wells St.

Tel. Daly 3021 Milwaukee, Wis.

**RADIUM**

**RENTED**
for the individual case at lowest rates. Instruments loaned.

**LEASED**
in any quantity of 50 milligrams or more, on a yearly basis. Continuous possession. No investment.

**SOLD**
in any quantity in latest platinum containers.

RADON in all-gold Implants at $2.50 per millicurie.

*For details, address*

**RADIUM AND RADON CORP.**

Marshall Field Annex • Randolph 8855

CHICAGO

# PHYSICIANS' EXCHANGE

**Advertisements for this column must be received by the 25th of the month preceding month of issue. A charge is made of $2.00 for the first appearance of copy occupying 1 inch or less of space and $1.00 for each succeeding insertion of the same copy. Kindly accompany copy with remittance to cover number of insertions desired. Advertisements from members of the State Medical Society will be accepted without charge. Such copy will be taken out after its second publication unless otherwise requested. Where numbers follow advertisements replies should be addressed care Wisconsin Medical Journal.**

FOR SALE—Complete medical and surgical equipment for office and hospital practice. New instruments, obstetrical bag, Castle sterilizer, etc. Address replies to No. 61 in care of Journal.

FOR SALE—Office equipment of the late Dr. J. J. McGovern including drugs, books, instruments, Fischer diathermy, etc. Address replies to No. 65 in care of Journal.

FOR SALE — Reconditioned examining table. Baked enamel with chromium plate. Address replies to No. 42 in care of Journal.

FOR SALE—Allison, quarter-sawed oak, solid wood, examining table, and instrument cabinet, in good condition. Address replies to Mrs. E. L. Tompach, 920 Kewaunee Street, Racine, Wisconsin.

FOR SALE—Complete office equipment and instruments; also furnishings for small hospital. Address replies to No. 81 in care of Journal.

FOR SALE—Practice for price of equipment. Transferable appointments netting $1,800 yearly. Should be investigated. Will consider any reasonable offer. Address replies to No. 82 in care of Journal.

FOR SALE—The eye, ear, nose, and throat instruments and miscellaneous items of the late Dr. I. M. Addleman. Reasonable. Address replies to Erna M. Krenz, 515 Third Street, Wausau, Wisconsin.

FOR SALE—Active practice near Milwaukee. Collected $7,000 last year. Good price. Easy terms for reliable purchaser. Low overhead. Address replies to No. 90 in care of Journal.

FOR SALE—A large, long-established, unopposed practice in center of extensive farming community. Good hospital facilities. Fine residence with office in connection. Easy terms. Reason for selling: failing health. Address replies to No. 21 in care of Journal.

FOR SALE—Office equipment and very desirable location in prosperous industrial community of 11,000. Excellent hospital facilities. Will introduce before leaving for army. Terms cash only. Address replies to No. 2 in care of Journal.

FOR SALE—A Copeland refractoscope. Practically new. $20 cash. Address replies to Dr. R. H. Slater, Granton, Wisconsin.

FOR SALE—Physician retiring on account of ill health wishes to sell office furniture, fittings, instruments, and other equipment. This location is in thriving town in southern Wisconsin, population 3,000. Good hospital, factories, and business opportunities. Address replies to No. 10 in care of Journal.

FOR SALE—Office equipment of the late Dr. C. M. O'Hora, including drugs, books, and instruments. Address replies to No. 8 in care of Journal.

FOR SALE OR RENT—Excellent, long-established, unopposed practice with modern home and office. Prefer young married man of good habits, Protestant, and not of draft age. Good hospital facilities. Reason for selling: ill health. Address replies to No. 80 in care of Journal.

FOR RENT—Well built up practice of twenty-eight years in village of 300 in rich community in northeastern part of State. Address replies to No. 41 in care of Journal.

FOR RENT—Suite of offices of late Dr. J. T. Corr. Located in business district. Equipped for eye, ear, nose, and throat practice. Address replies to Mrs. J. T. Corr, 928 Hayes Avenue, Racine, Wisconsin.

WANTED—A young physician at once. Address replies to No. 70 in care of Journal.

WANTED—Young physician to take over practice in town of 400 in central Wisconsin. Free office privileges in local ten-bed hospital and work as resident physician on fee basis. Address replies to No. 91 in care of Journal.

WANTED—One or two additional specialists to share an excellently equipped and furnished suite in a Milwaukee downtown office building. Secretarial, x-ray, and laboratory facilities provided. Address replies to No. 59 in care of Journal.

WANTED—General practitioner for locum tenens for about six weeks. Address replies to No. 45 in care of Journal.

WANTED—An assistant in small town in northern Wisconsin. Good salary. Address replies to No. 1 in care of Journal.

WANTED—Young physician already in practice in north end of Milwaukee County to give part-time assistance to physician in general practice. State qualifications. Address replies to No. 6 in care of Journal.

LOCATION AVAILABLE—Since I expect to be called for military service would like locum tenens for indefinite period, or would be willing to sell. Good general practice in east central portion of state in town of 600. Attractive new home and office combined. Hospital facilities within ten miles. No competition. Address replies to No. 50 in care of Journal.

LOCATION—Opening due to death of only physician in farming community; large territory, mixed nationality, good roads; will rent office space reasonably. Hospital available in which to do surgery. Address replies to No. 62 in care of Journal.

LOCATION—Position for young physician to assist physician in general practice in Milwaukee County. State qualifications. Beginning salary $150 per month. Address replies to No. 7 in care of Journal.

LOCATION—Location available for general practice in good farming community in village of Granton, Wisconsin. Practice of fifteen years standing; hospital facilities within nine miles. Convenient home and office for rent or sale to responsible party. Address replies to Dr. R. H. Wink, 240 South Central Avenue, Marshfield, Wisconsin.

LOCATION AVAILABLE—Unusual opportunity. General practice. Established office, well-equipped, including x-ray and physiotherapy apparatus, in prosperous city in Fox River Valley, Wisconsin. Hospital facilities; fine schools. Owner retiring. Terms reasonable. Price based on inventory value of equipment only. Address replies to No. 22 in care of Journal.

LOCATION WANTED—Physician desires part-time work in industrial medicine and surgery. Four years' experience. Qualifications on request. Address replies to No. 92 in care of Journal.

# Our Business..and Yours

YOU don't think of this business as yours. It's ours —bears our name. Also, you're a physician, a professional—not "in business" and don't want to be, even though you may be a first-rate business man.

Yet in a very real sense this is *your* business. It's as if your practice had a manufacturing division. We execute your orders. We translate prescriptions, written out of your experience and specialized knowledge, into usable form—into glasses for somebody to wear, in order to see better and more comfortably.

Our business is to serve you, the eye physician, and your patient who wears the glasses; to serve you with absolute accuracy and utmost promptness—with true craftsman's skill and enthusiastic belief in quality—with zeal to safeguard and enhance your reputation as well as our own.

It's our business—but it's also yours, responsible to you. The more you look at it that way, the better we like it.

**UHLEMANN OPTICAL COMPANY**

ESTABLISHED 1907

*Exclusive Opticians for Eye Physicians*

PITTSFIELD BUILDING • CHICAGO, ILLINOIS

*OFFICES:* CHICAGO • DETROIT • TOLEDO • SPRINGFIELD
EVANSTON • DAYTON • PORT HURON • APPLETON • OAK PARK

Prescribe Journal-advertised products and you prescribe the best.

# AN AID IN *Convalescence*

When sleep unaided appears impossible, Ipral Calcium (calcium ethylisopropylbarbiturate) will contribute to the patient's comfort and help conserve his vital resources by producing a sleep closely resembling the normal.

Ipral is quite rapidly eliminated and the patient awakens generally calm and refreshed. Its effective dose is small (2 to 4 grains) and it is free from cumulative effects when properly regulated. Even in larger therapeutic doses the effect on heart, circulation and blood pressure is negligible.

*How Supplied*

Ipral Calcium is supplied in 2-grain tablets as well as in powder form for use as a sedative and hypnotic; also in ¾ grain tablets for use when it is desired to secure a continued, mild sedative effect throughout the day.

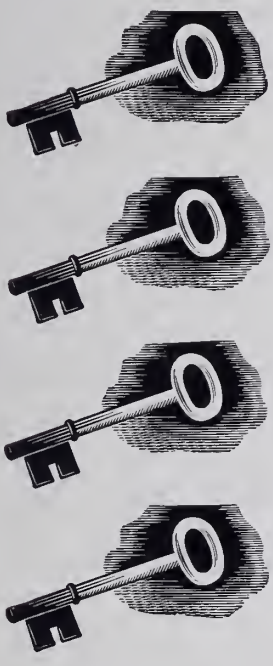
Ipral Sodium (sodium ethylisopropylbarbiturate) is supplied in 4-grain tablets for pre-anesthetic medication.

***For literature address the Professional Service Department, 745 Fifth Ave., New York, N. Y.***

**E·R·SQUIBB & SONS, NEW YORK**
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

A Reminder from Borden about

# FOUR KEY PRINCIPLES IN INFANT FEEDING



FOUR KEY PRINCIPLES in infant feeding make Biolac the outstanding prepared-formula liquid infant food:

**1. Fat Adjustment:** In Biolac, the fat content is reduced to a moderate, readily assimilable level—and is homogenized to provide smaller, more readily digestible fat droplets.

**2. Protein Concentration:** In Biolac, protein is similarly homogenized for easier digestibility. It is maintained at a somewhat higher level than in breast milk to provide ample protein for the period of fastest growth.

**3. Carbohydrate Adjustment:** In Biolac, as in breast milk, carbohydrate is provided solely by lactose—nature's sole carbohydrate for the first few months of all mammalian life.

**4. Vitamin Adjustment:** In Biolac, Vitamins A, $B_1$, and D, also iron, are supplied in accepted amounts, assuring the baby of a constant and adequate supply.

Biolac needs only to be mixed with boiled water. It is sold only in drugstores; and no directions are given to the laity.

Please enclose professional card or letterhead when requesting literature or samples. The Borden Co., 350 Madison Ave., New York City.

*Borden's* **BIOLAC**

**A BORDEN PRESCRIPTION PRODUCT**

ACCEPTED AMERICAN MEDICAL ASSN

# THE NEW YORK POLYCLINIC
## MEDICAL SCHOOL AND HOSPITAL
*(The Pioneer Post-Graduate Medical Institution in America, Organized 1881)*

**For the General Surgeon**

A combined surgical course comprising general surgery, traumatic surgery, abdominal surgery, gastro-enterology, proctology, gynecological surgery, urological surgery. Attendance at lectures, witnessing operations, examination of patients pre-operatively and post-operatively and follow-up in the wards post-operatively. Pathology, roentgenology, physical therapy. Cadaver demonstrations in surgical anatomy, thoracic surgery, regional anesthesia. Operative surgery and operative gynecology on the cadaver.

**Proctology**
**Gastro-Enterology**
**and ALLIED SUBJECTS**

FOR INFORMATION ADDRESS
MEDICAL EXECUTIVE OFFICER
345 West 50th Street, New York City

## THE MARY E. POGUE SCHOOL

DOCTORS: You may continue to supervise the treatment and care of children you place in our school. Catalogue on request.

90 Geneva Road
Wheaton, Illinois

Telephone
Wheaton 66

## NORMANDALE SANITARIUM
Madison, Wisconsin

Normandale is a sanitarium for the care and treatment of nervous and mental disorders, inclusive of addictions. All of the modern methods of neuro-psychiatric therapy are available. Special accommodations and rates are offered for the care of chronic cases.

Normandale is located on the outskirts of Madison, Wisconsin. This location affords the conveniences of the city and the restful environment of a rural setting.

Inquiries are invited. Telephone:
Fairchild 2486
Medical Director,
M. F. Greiber, M. D.

# MARQUETTE
## SCHOOL OF MEDICINE

**Requirements For Admission**

The minimum requirements for admission are three years of such college work as is acceptable towards the Bachelor's degree in an approved college of liberal arts or in a recognized University. The following subjects must be included in these three years: zoology, general chemistry, organic chemistry, English, French or German, physics.

**Instruction**

The duration of the course leading to the degree of Doctor of Medicine is five years, the fifth year of which is devoted to a hospital internship. The school year begins about the first of October and ends about the middle of June. The aim is constant coordination of the basic sciences with the clinical subjects applied to curative and preventive medicine.

**Clinical Facilities**

Milwaukee County General Hospital, Milwaukee County Emergency Hospital and Dispensary, Milwaukee Children's Hospital and Dispensary, Milwaukee County Insane Hospitals, Acute and Chronic, South View Hospital for Contagious Diseases, Muirdale Sanatorium for tuberculosis, Mt. Sinai Hospital Dispensary, Marquette Eye Clinic, Public Health field work.

For further information address:

**DEAN, MARQUETTE UNIVERSITY SCHOOL OF MEDICINE**
**561 North Fifteenth Street**
**Milwaukee, Wisconsin**

There is no substitute for quality when prescribing lenses for the human eye. Our ORKON CORRECTED CURVE OPHTHALMIC LENSES represent the best produced by Optical Science.

**N. P. Benson Optical Co., Inc.**

Established 1913

MAIN OFFICE: MINNEAPOLIS, MINN.

DULUTH
ALBERT LEA
WINONA

EAU CLAIRE
LA CROSSE
WAUSAU
STEVENS POINT

BISMARCK
ABERDEEN
RAPID CITY

**The SUMMIT HOSPITAL**

OCONOMOWOC, WIS.

Here, in a cordial and homelike environment, we operate a hospital and sanatorium with facilities and personnel adequate to manage your

CHRONIC,
NERVOUS and
MENTAL
CASES

A natural Beauty Spot — Fireproof, Modern buildings. Moderate rates.

*For further information write or phone*

G. R. Love, M.D.
*Physician in Charge*
The Summit Hospital
Oconomowoc, Wis.

Chicago Office:
Loren W. Avery, M.D.
*Consulting Neuropsychiatrist*
122 So. Michigan Ave.

# THE STATE MEDICAL SOCIETY OF WISCONSIN

## ORGANIZED 1841

R. P. SPROULE, Milwaukee, President
GUNNAR GUNDERSEN, La Crosse, President-Elect
R. M. KURTEN, Racine, Speaker
CHARLES FIDLER, Milwaukee, Vice-Speaker
Mr. J. G. CROWNHART, Madison, Secretary
IRA R. SISK, Madison, Treasurer

## Councilors

TERM EXPIRES 1942

First District:
H. P. Bowen——Watertown

Second District:
C. E. Pechous——Kenosha

TERM EXPIRES 1943

Third District:
W. T. Clark——Janesville

Fourth District:
B. I. Pippin——Richland Center

TERM EXPIRES 1943

Fifth District:
A. H. Heidner——West Bend
Sixth District:
S. E. Gavin——Fond du Lac

TERM EXPIRES 1941

Seventh District:
H. A. Jegi——Galesville
Eighth District:
G. W. Krahn——Oconto Falls
Ninth District:
H. H. Christofferson——Colby
Tenth District:
F. E. Butler——Menomonie

TERM EXPIRES 1942

Eleventh District:
F. G. Johnson——Iron River
Twelfth District:
H. J. Gramling——Milwaukee
R. E. Fitzgerald——Milwaukee

TERM EXPIRES 1943

Robert W. Blumenthal
——Milwaukee

TERM EXPIRES 1941

Thirteenth District:
J. W. Lambert——Antigo

TERM EXPIRES 1941

R. G. Arveson——Frederic
(Past President)

## Delegates to American Medical Association

Stephen E. Gavin, Fond du Lac, 1942 James C. Sargent, Milwaukee, 1942 Joseph F. Smith, Wausau, 1941

## Alternates

S. J. Seeger, Milwaukee, 1942 F. E. Butler, Menomonie, 1942 C. W. Giesen, Superior, 1941

The Wisconsin Medical Journal, Official Publication
Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Illinois

## List of Executive Officers of County Medical Societies

| County | President | Secretary |
|---|---|---|
| Ashland–Bayfield–Iron | C. A. Grand, Ashland | A. H. Lamal, Ashland. |
| Barron–Washburn–Sawyer–Burnett | H. H. Ainsworth, Birchwood | R. W. Adams, Chetek. |
| Brown–Kewaunee–Door | L. D. Quigley, Green Bay | E. J. O'Brien, Green Bay. |
| Calumet | J. W. Goggins, Chilton | J. A. Knauf, Stockbridge. |
| Chippewa | F. B. Sazama, Chippewa Falls | L. W. Picotte, Chippewa Falls. |
| Clark | G. G. Shields, Abbotsford | W. A. Olson, Greenwood. |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | C. J. Radl, Wisconsin Dells. |
| Crawford | G. R. J. Hammes, Seneca | O. E. Satter, Prairie du Chien. |
| Dane | S. J. Briggs, Madison | D. L. Williams, Madison. |
| Dodge | A. J. Hebenstreit, Juneau | A. G. Hough, Beaver Dam. |
| Douglas | Rudolph Christiansen, Superior | Fred Johnson, Jr., Superior. |
| Eau Claire–Dunn–Pepin | J. C. Baird, Eau Claire | H. S. Fuson, Eau Claire. |
| Fond du Lac | O. F. Guenther, Campbellsport | S. A. Thelsen, Fond du Lac. |
| Forest | G. W. Ison, Crandon | G. E. Carroll, Laona. |
| Grant | H. J. McLaughlin, Bloomington | H. L. Doeringsfeld, Platteville. |
| Green | W. G. Bear, Monroe | L. E. Creasy, Monroe. |
| Green Lake–Waushara | J. A. Kelly, Green Lake | D. M. Regan, Berlin. |
| Iowa | T. A. Hagerup, Dodgeville | H. M. Walker, Dodgeville. |
| Jefferson | J. C. Brewer, Jefferson | E. A. Schoehecker, Lake Mills. |
| Juneau | W. T. O'Brien, Mauston | Brand Starnes, New Lisbon. |
| Kenosha | E. F. Andre, Kenosha | L. M. Rauen, Kenosha. |
| La Crosse | M. W. Ward, Bangor | J. C. Fox, La Crosse. |
| Lafayette | S. A. J. Ennis, Shullsburg | E. D. McConnell, Darlington. |
| Langlade | R. J. Portman, Antigo | W. P. Curran, Antigo. |
| Lincoln | W. F. Austria, Merrill | L. J. Bayer, Merrill. |
| Manitowoc | T. H. Rees, Manitowoc | T. A. Teltgen, Manitowoc. |
| Marathon | M. L. Jones, Wausau | H. H. Fechtner, Wausau. |
| Marinette–Florence | J. V. May, Marinette | K. G. Pinegar, Marinette. |
| Milwaukee | T. J. Howard, Milwaukee | Mr. James O. Kelley, Ex. Sec., Milw. |
| Monroe | D. C. Beebe, Sparta | T. J. Sheehy, Tomah. |
| Oconto | W. R. Berg, Gillett | C. R. Kwapy, Oconto. |
| Onelda–Vilas | C. A. Richards, Rhinelander | H. J. Westgate, Rhinelander (acting) |
| Outagamie | W. H. Towne, Hortonville | D. M. Gallaher, Appleton. |
| Pierce–St. Croix | C. A. Dawson, River Falls | A. E. McMahon, Glenwood City. |
| Polk | W. B. Cornwall, Amery | G. B. Noyes, Centuria. |
| Portage | H. P. Benn, Stevens Point | T. L. Harrington, Stevens Point. |
| Price–Taylor | H. B. Norviel, Phillips | J. L. Rens, Phillips. |
| Racine | A. M. Lindner, Racine | Beatrice O. Jones, Racine. |
| Richland | L. C. Davis, Richland Center | G. H. Benson, Richland Center. |
| Rock | G. C. Waufle, Janesville | O. V. Overton, Janesville. |
| Rusk | W. F. O'Connor, Ladysmith | M. L. Whalen, Bruce. |
| Sauk | J. F. Moon, Baraboo | C. B. Pope, Baraboo. |
| Shawano | F. L. Litzen, Gresham | E. E. Evenson, Wittenberg. |
| Sheboygan | Anthony Voskuil, Cedar Grove | W. G. Hulbregtse, Sheboygan. |
| Trempealeau–Jackson–Buffalo | E. A. Meili, Cochrane | R. R. Richards, Blair. |
| Vernon | W. H. Remer, Chaseburg | R. S. Hirsch, Viroqua. |
| Walworth | H. J. Kenney, Delavan | L. H. Donath, Lake Geneva. |
| Washington–Ozaukee | F. W. Lehmann, Hartford | R. S. Fisher, Allenton. |
| Waukesha | G. S. Jones, Genesee Depot | J. F. Wilkinson, Oconomowoc. |
| Waupaca | A. M. Christofferson, Waupaca | J. W. Monsted, New London. |
| Winnebago | F. G. Jensen, Menasha | E. F. Cummings, Oshkosh. |
| Wood | L. A. Copps, Marshfield | R. W. Mason, Marshfield. |

# Petrolagar* . . . an Aid to Regular Comfortable Bowel Movement

• Petrolagar provides bland unabsorbable fluid to augment the moisture in the stool and help establish a regular comfortable bowel movement. It softens hard, dry feces and brings about a well-formed yielding mass that usually responds to normal peristaltic impulses. By keeping the content soft and moist, Petrolagar induces easy, comfortable bowel movement which tends to encourage the development of regular Habit Time.

***Suggested dosage:***

ADULTS—Tablespoonful morning and night as required.
CHILDREN—Teaspoonful once or twice daily as required.

ACCEPTED AMERICAN MEDICAL ASSOCIATION

**Petrolagar—The trademark of Petrolagar Laboratories, Inc., braud emulsion of mineral oil . . . Liquid petrolatum 65 cc. emulsified with 0.4 gm. agar in menstruum to make 100 cc.*

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

Prescribe Journal-advertised products and you prescribe the best.

# Rogers Memorial Sanitarium

OCONOMOWOC, WIS.
**Telephone 448**

A PRIVATE sanitarium
(incorporated not-for-profit)
for the treatment of
**DISEASES OF THE NERVOUS SYSTEM**
All approved methods of therapy are used

**Fireproof Building**
**Booklet on Request**

*RESIDENT PHYSICIANS*

**JAMES C. HASSALL, M.D.**
**Medical Director**
**OWEN C. CLARK, M.D.**
**DONALD A. R. MORRISON, M.D.**

*BOARD OF TRUSTEES*

**JAMES C. HASSALL, M.D.**
**FREDERICK PABST**
**Oconomowoc, Wis.**
**T. H. SPENCE**
**MITCHELL MACKIE**
**MACKEY WELLS**
**O. R. LILLIE, M.D.**
**Milwaukee, Wis.**
**PETER BASSOE, M.D.**
**RALPH C. HAMILL, M.D.**
**JOHN FAVILL, M.D.**
**Chicago, Ill.**
**W. S. MIDDLETON, M.D.**
**Madison, Wis.**
**SCOTT LOWRY**
**Waukesha, Wis.**

Milwaukee Office:
**By Appointment**
1330 Wells Building
**Telephone Daly 1441**

# MILWAUKEE SANITARIUM

Wauwatosa, Wisconsin

## FOR NERVOUS DISORDERS

(Chicago office—1117 Marshall Field Annex
Wednesdays, 1–3 P. M.)

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Staff
Rock Sleyster, M.D.
Lloyd H. Ziegler, M.D.
William T. Kradwell, M.D.
Merle Q. Howard, M.D.
Carroll W. Osgood, M.D.
Benjamin A. Ruskin, M.D.
Arthur J. Patek, M.D.

One of the Fourteen Units in "Cottage Plan"
COLONIAL HALL

DEMOCRAT PRINTING COMPANY
MADISON, WISCONSIN

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

100th ANNIVERSARY MEETING
State Medical Society
September 10, 11, and 12
Madison

# The Wisconsin Medical Journal

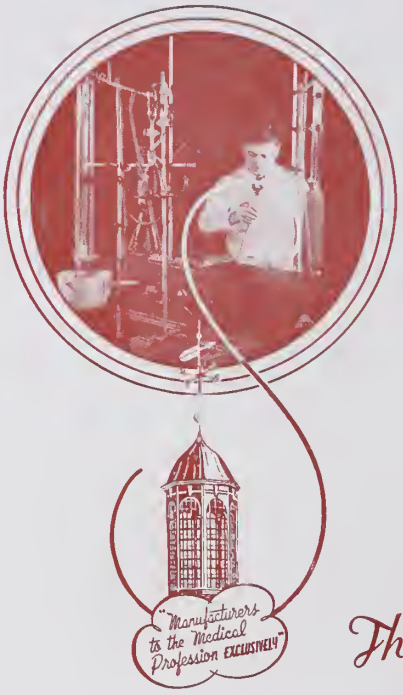
## IN THIS ISSUE

HYPOTHYROIDISM IN WISCONSIN
By A. M. Schwittay, M. D.
RENAL LITHIASIS
By C. C. Higgins, M. D.
BOW LEG
By W. P. Blount, M. D.
OTOSCLEROSIS
By G. E. Shambaugh, Jr. M. D.
PITFALLS IN DIAGNOSIS
By F. J. Hirschboeck, M. D.

COLLEGE OF PHYSICIANS
LIBRARY
JUN 13 1941
OF PHILADELPHIA

COMPLETE TABLE OF CONTENTS, PAGE 464

e 40, Number 6
nney Building
MADISON, WISCONSIN, JUNE, 1941
Copyright, 1941, by The State Medical Society of Wisconsin
Per Year $3.50
Single Copy 50 Cents




# Continuing Purpose

● Constant improvement in the procedures which are essential to the manufacture of products for the medical profession is our aim at the Lakeside Laboratories.

This purpose is expressed in growing research activities, increased facilities, improved equipment. It is symbolized in the "reaching spire" of our modern Georgian plant.

It represents the ever-advancing ideal in Lakeside's program of progress.

The LAKESIDE
MILWAUKEE Laboratories Inc. WISCONSIN

# Waukesha Springs Sanitarium

## FOR NERVOUS DISEASES

*BUILDING ABSOLUTELY FIRE-PROOF*

BYRON M. CAPLES, M. D. Medical Director. FLOYD W. APLIN, M. D.

**WAUKESHA, WISCONSIN**

## Recognized As A Specific In Pellagra

Administration of nicotinic acid in appropriate doses in cases of pellagra generally leads to the disappearance of alimentary, dermal, and other lesions characteristic of the disease and to a profound improvement in the mental symptoms when the latter are the result of an inadequate intake of nicotinic acid.

Pellagra, however, is frequently accompanied by evidences of deficiencies of other factors of the vitamin B complex, such as polyneuritis (a manifestation of vitamin $B_1$ deficiency). In the diets of such patients it may be necessary to insure the presence of foods rich in the vitamin B complex, or to administer—concurrently with the nicotinic acid—thiamine hydrochloride, riboflavin, and, in some instances, pyridoxine hydrochloride.

Nicotinic acid is pyridine-3-carboxylic acid.

Nicotinic Acid (Upjohn) is available in in the following dosage forms:

C. T. Nicotinic Acid, 20 mg.

C. T. Nicotinic Acid, 50 mg.

C. T. Nicotinic Acid, 100 mg.

in bottles of 100 and 1000 tablets.

Prescribe Journal-advertised products and you prescribe the best.

# THE WISCONSIN MEDICAL JOURNAL

Volume 40
Number 6

MADISON, WISCONSIN, JUNE, 1941

Per Year $3.50
Single Copy 50 Cents

## TABLE OF CONTENTS

SCIENTIFIC ARTICLES

Page

Occult Hypothyroidism in Wisconsin Women by A. M. Schwittay, M. D., Madison ---------- 475
Pelvic Bone Metastases, from Carcinoma of the Breast, Treated with Roentgen Therapy; a Case Report by L. V. Littig, M. D. ---------- 479
Management of Patients with Renal Lithiasis by Charles C. Higgins, M. D., Cleveland ---------- 480
Bow Leg by Walter P. Blount, M. D., Milwaukee 484
Surgical Treatment of Otosclerosis by George E. Shambaugh, Jr., M. D., Chicago ---------- 488
Common Pitfalls in Diagnosis by Frank J. Hirschboeck, M. D., Duluth, Minn. ---------- 493
Comments on Treatment: Potassium by M. H. Seevers, M. D., Madison ---------- 497

SPECIAL ARTICLES

Our Mental Health by F. G. Ebaugh, M. D., Denver, Colo. ---------- 520
Keep the Worker on the Job (the fourth in a series of articles on this subject) by Paul A. Brehm, M. D., Madison ---------- 518

Centennial Anniversary Section: Page
Biographies of Pioneer Wisconsin Physicians (continued) ---------- 526
Epitomized Record of Progress of Medicine, 1840–1940 (continued) ---------- 528

EDITORIAL

"Is It Not . . .?" ---------- 498

MISCELLANY

President's Page ---------- 499
Woman's Auxiliary ---------- 500
Society Proceedings ---------- 504
News Items and Personals ---------- 507
Births, Marriages, Deaths ---------- 510
Coming Events ---------- 512
Members in Active Military Service ---------- 514
Society Records ---------- 515
Medical Advisory Boards; Physician-Members of District Appeal Boards ---------- 517
Book Reviews ---------- 534
Physicians' Exchange Page ---------- 542
Index to Advertisers ---------- 541

[Entered as second class matter, June 30th, 1903, at the Post Office at Milwaukee, Wis., under Act of Congress March 3rd, 1879. Transferred to Madison, Aug. 1st, 1929.]

"Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized Aug. 7, 1918."

SACRED HEART SANITARIUM

MILWAUKEE, WISCONSIN

An institution conducted for the diagnosis and treatment of mild nervous disorders and non-infectious diseases; also for rest and recuperation under medical supervision. Equipped with every modern facility for diagnostic purposes. Scientific dietetics, physiomechanotherapy, hydrotherapy, supervised occupational and recreational activities. Literature and rates sent on request.

MEDICAL STAFF

William L. Herner, M.D., Medical Director
Delparde W. Roberts, M.D. — J. Frampton Wyman, M.D.
William F. Ragan, M.D. — Hubert H. Blanchard, M.D.
Frank W. Mackoy, M.D. — L. Tennyson Peyton, M.D.
Ray C. Johnston, M.D.

When writing advertisers please mention the Journal.

## ST. CROIXDALE ON LAKE ST. CROIX

**PRESCOTT, WISCONSIN**

**MAIN BUILDING—One of the 5 Units in "Cottage Plan."**

A Modern Private Sanitarium for the Diagnosis, Care and Treatment of Nervous, Mental and Medical Cases.

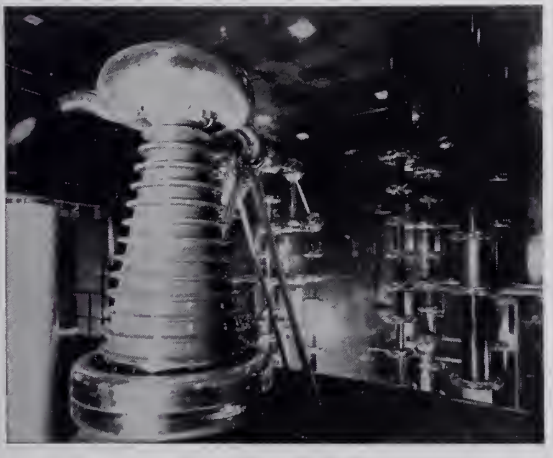
Located on beautiful Lake St. Croix, eighteen miles from the Twin Cities, it has the advantages of both City and Country. Every facility for treatment provided, including recreational activities and occupational-therapy under trained personnel. Milk, cream and butter from our own herd of Tuberculin-tested Registered Guernsey Cows. Inspection and co-operation by reputable physicians invited. Rates very reasonable. Illustrated folder on request.

CONSULTING NEURO-PSYCHIATRISTS
Hewitt B. Hannah, M. D.
Joel C. Hultkrans, M. D.
511 Medical Arts Building
Minneapolis, Minnesota
Tel. MAin 4672

RESIDENT PHYSICIAN
Howard J. Laney, M. D.
Prescott, Wisconsin
Tel. 39

SUPERINTENDENT
Frieda C. Beyrer, R. N.
Prescott, Wisconsin
Tel. 69

# Radiation Therapy Institute



Upper End of Tube and Million Volt Generator

of Saint Paul

## CHARLES T. MILLER HOSPITAL

Facilities for Radium and Roentgen Therapy, Including 1,200,000 Volt Constant Potential Installation of Most Advanced Design.

*You are cordially invited to visit the Radiation Therapy Institute and inspect its facilities.*

Edward Schons, M.D., *Director* J. P. Medelman, M.D., *Associate Director*

**Q.** *Can latent avitaminoses be prevented by diet?*

**A.** *Yes. These conditions can usually be avoided by a properly selected, varied diet. In formulation of such a diet, remember that foods selected from the some 375 varieties of canned products may have important places.* (1)

(1) "There is no known substitute for a steady, well balanced diet carrying liberal quantities of the protective foods. Such diets will provide all the known essential food nutrients in adequate amounts and in addition furnish some measure of safety against inadequacies of essentials about which there is at present no knowledge." J. Am. Med. Assn. 114, 548 (1940). American Can Company, 230 Park Avenue, New York, N. Y.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods and Nutrition

**The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.**

The importance of good posture to good health is universally recognized. It is conceivable, that many of your patients who have minor posture defects can be helped by a scientific support. Instead of sacrificing comfort and anatomical regard in quest of current style objectives, they can enjoy improved health and better appearance by wearing a foundation garment *scientifically* designed as an aid in maintaining the proper use of the body.

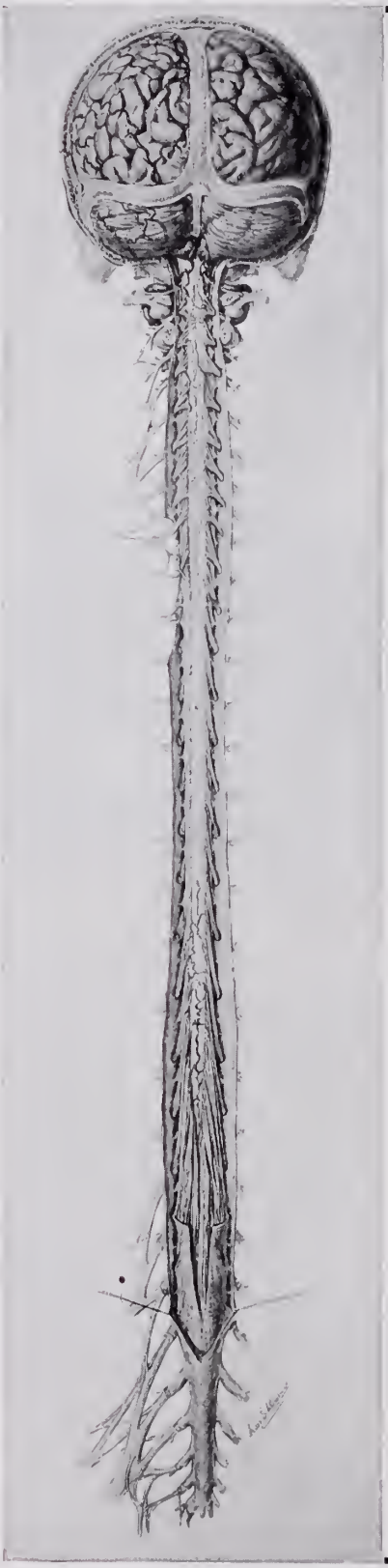
For thirty years, S. H. Camp & Co. has maintained consistent research to produce garments for *general wear,* as well as for postoperative, hernial, maternity and other prescription conditions; garments which give anatomically correct support to patients with postural problems. Camp Supports promote better posture and produce a pleasing silhouette *safely.* We believe that your consideration of Camp Supports in this light will be helpful to many of your patients.

CAMP TRADE MARK Supports

*S. H. Camp & Company, Jackson, Michigan*

World's Largest Manufacturers of Surgical Supports • Offices in New York; Chicago; Windsor, Ont.; London, England • Expert Camp service is available in good stores everywhere. *Never sold by door-to-door canvassers.*

Prescribe Journal-advertised products and you prescribe the best.



*In Syphilis of the Central Nervous System*

# TRYPARSAMIDE MERCK

● **THERAPEUTIC ADVANTAGES**

Unusual power of therapeutic penetration in case of the central nervous system.

Varying degrees of symptomatic improvement obtained in a large proportion of early cases of dementia paralytica.

Found useful in the treatment of tabes dorsalis, meningeal and other forms of neurosyphilis.

Especially recognized in conjunction with fever therapy.

● **ECONOMIC ADVANTAGES**

Easily administered by usual intravenous technic.

Available for private practice, clinic and hospital use.

Supplied in ampuls of definite dosage.

Inexpensive.

For 20 years Tryparsamide Merck has been available for use in the treatment of neurosyphilis. It is supplied to the medical profession through leading pharmacists in 1, 2, and 3 Gm. ampuls for private practice use. The low cost of Tryparsamide Merck makes it available to practically every patient.

*Literature on Request*

**MERCK & CO. Inc.**

*Manufacturing Chemists*

**RAHWAY, N. J.**

**TRYPARSAMIDE MERCK**

COUNCIL ACCEPTED AMERICAN MEDICAL ASSN. ACCEPTED

*An outstanding therapeutic agent in neurosyphilis*

A Reminder from Borden about

# SOUND INFANT NUTRITION

IN BIOLAC—the *liquid* modified milk for infants—sound nutrition and ease of digestion are assured by four key prineiples.

**1. Fat Adjustment**—fat is reduced to a moderate, more readily assimilable level than is found in regular fluid or evaporated milk. Biolae is homogenized to provide small, readily-digestible fat droplets.

**2. Protein Adjustment**—protein is maintained at higher level than in breast milk to compensate for biologieal difference of cow's milk protein, and to provide amply for the greater needs in early months when growth is fastest.

**3. Carbohydrate Adjustment**—as in breast milk, earbohydrate for the growing young is provided solely by lactose, and in Nature's own equilibrium of 60% beta, 40% alpha lactose.

**4. Vitamin and Iron Adjustment**—vitamins A, $B_1$, D, and iron are provided at recognized prophylactic levels, making their ingestion automatie and certain.

Needing only simple dilution with boiled water, Biolae assures a sterile formula—even ineluding the earbohydrate. It is sold only in drug stores; no feeding direetions are given to the laity.

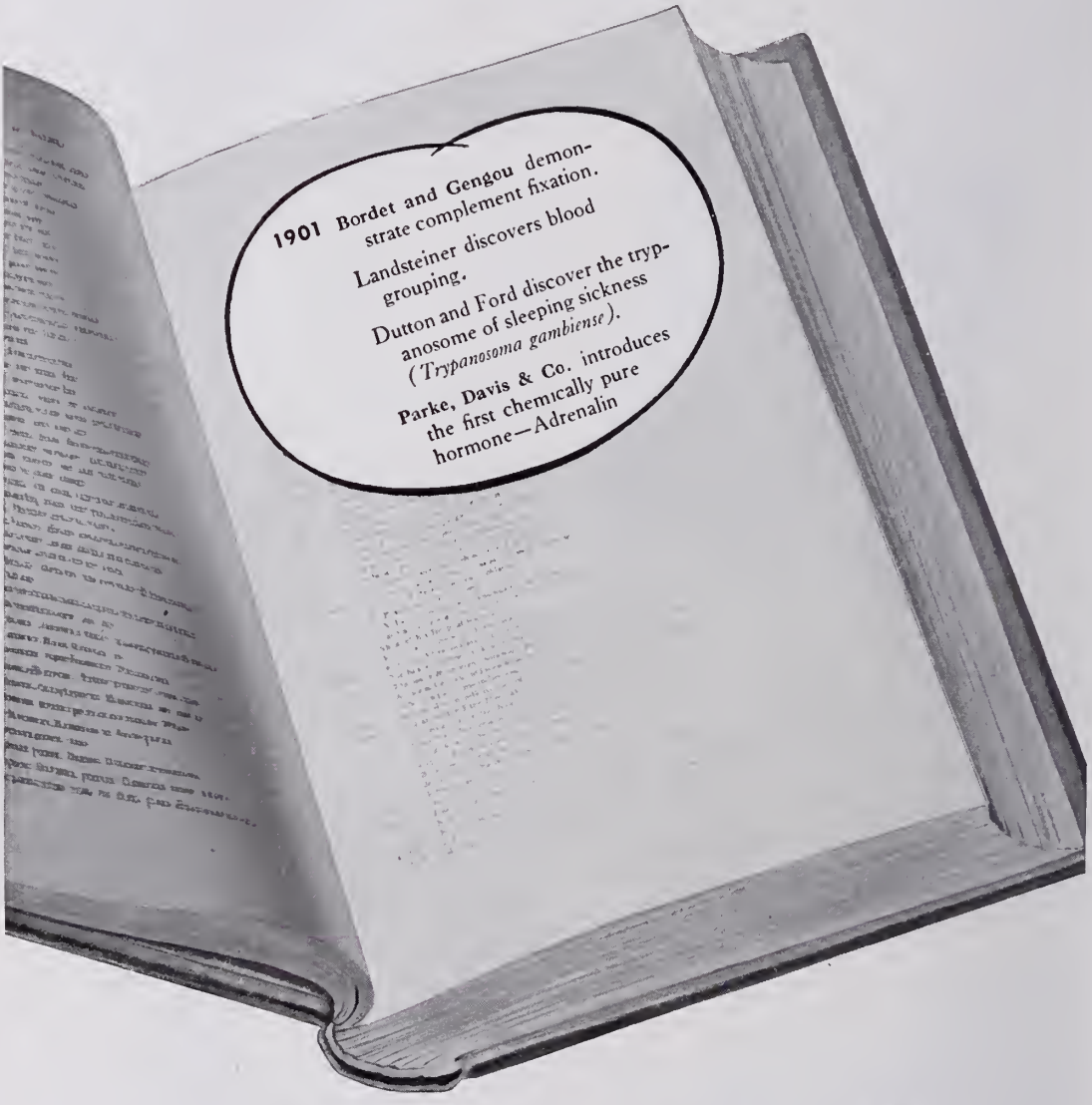
● Please enelose professional eard or letterhead when requesting literature or samples. The Borden Co., 350 Madison Avenue, New York City.

*Borden's* **BIOLAC**

**A BORDEN PRESCRIPTION PRODUCT**

Prescribe Journal-advertised products and you prescribe the best.

*These names, these years*
*have helped make modern medical history*




1866 1941
SEVENTY-FIVE YEARS OF SERVICE TO MEDICINE AND PHARMACY

**PARKE, DAVIS & COMPANY**

PIONEERS IN RESEARCH ON MEDICINAL PRODUCTS

ONE OF A SERIES OF ADVERTISEMENTS COMMEMORATING THREE-QUARTERS OF A CENTURY OF PROGRESS AND ACHIEVEMENT

When writing advertisers please mention the Journal.

## KREMERS-URBAN CO.

141 West Vine St.
MILWAUKEE, WIS.

### Offers Preparations For Parenteral Medication

Liver Solution U. S. P.

Bismuth Subsalicylate N. F.

Dextrose 50% N. F.

Post Pituitary Solution U. S. P.

Ephedrine Sulfate N. F.

Procaine Hcl. N. F.

## Cook County Graduate School of Medicine

**(IN AFFILIATION WITH COOK COUNTY HOSPITAL)**
Incorporated not for profit

*Announces Continuous Courses*

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue, starting every two weeks. General Courses One, Two, Three and Six Months; Clinical Courses; Special Courses. Rectal Surgery every week.

MEDICINE—Two Weeks Intensive Course starting October 6th. Two Weeks Course in Gastro-Enterology starting October 20th. Four Weeks Course in Internal Medicine starting August 4th. One Month Course in Electrocardiography and Heart Disease every month, except August.

FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course starting June 30th. Informal Course Every Week.

GYNECOLOGY—Two Weeks Intensive Course starting October 20th. One Month Personal Course starting August 25th. Clinical Course every week.

OBSTETRICS—Three Weeks Personal Course starting August 4th. Two Weeks Intensive Course starting October 6th. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Intensive Course starting September 8th. Informal Course every week.

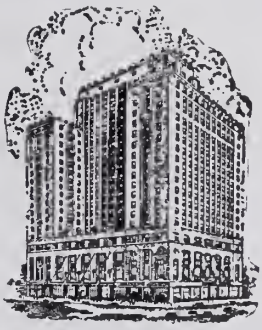
OPHTHALMOLOGY—Two Weeks Intensive Course starting September 22nd. Informal Course every week.

ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

Teaching Faculty—Attending Staff of Cook County Hospital

**Address: Registrar, 427 South Honore Street, Chicago, Illinois**



## Your Visit to Milwaukee

Is Made More Enjoyable by Stopping at the SCHROEDER

*Metropolitan atmosphere . . .*
*Cocktail Lounge and Circular Bar*
*Coffee Shop with popular prices*

•

The Beautiful EMPIRE Dining Room

**Music and Dancing—At Lunch, Dinner, After Theatre**

**Music By America's Leading Bands**
**Air Conditioned**

## HOTEL SCHROEDER

MILWAUKEE
WALTER SCHROEDER, President

Prescribe Journal-advertised products and you prescribe the best.

*86¢ out of each $1.00 gross income used for members benefit*

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness

INSURANCE

For ethical practitioners exclusively
(56,000 Policies in Force)

| | |
|---|---|
| LIBERAL HOSPITAL EXPENSE COVERAGE | For $10.00 per year |
| $5,000.00 ACCIDENTAL DEATH<br>$25.00 weekly indemnity, accident and sickness | For $33.00 per year |
| $10,000.00 ACCIDENTAL DEATH<br>$50.00 weekly indemnity, accident and sickness | For $66.00 per year |
| $15,000.00 ACCIDENTAL DEATH<br>$75.00 weekly indemnity, accident and sickness | For $99.00 per year |

*39 years under the same management*

$ 2,000,000 INVESTED ASSETS
$10,000,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

*Send for applications, Doctor, to*

400 First National Bank Bldg. Omaha, Nebraska

# Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO, ILL.
Telephones: Central 2268–2269
Wm. L. Brown, M.D., Director

# FOR ANGIOSCOTOMETRY

*USE THE*

## STEREO CAMPIMETER

*BY AMERICAN*

PATENTED

The study of central visual fields, including Angioscotometry, one of the most recent clinical developments, can be carried out under ideal conditions with the Lloyd Stereo Campimeter by American The requirements of steady fixation, stereoscopically maintained; accommodative compensation, by virtue of the collimating lens, and equalized illumination of the test field, are fulfilled as in no other instrument of its type. The AO Lloyd Stereo Campimeter is only one of the many outstanding ophthalmic instruments being produced by American Optical Company and Spencer Lens Company, its Scientific Instrument Division.

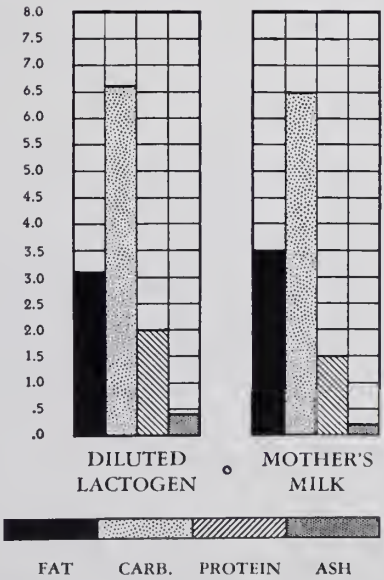
BY AMERICAN OPTICAL COMPANY

ACCEPTED AMERICAN MEDICAL ASSN

# LACTOGEN

**approximates women's milk in the proportion of food substances**

The cow's milk used for Lactogen is scientifically modified for infant feeding. This modification is effected by the addition of milk fat and milk sugar in definite proportions. When Lactogen is properly diluted with water it results in a formula containing the food substances — fat, carbohydrate, protein, and ash — in approximately the same proportion as they exist in woman's milk.




*No advertising or feeding directions, except to physicians. For free samples and literature, send your professional blonk to "Loctogen Dept." Nestlé's Mi'k Products, Inc., 155 Eost 44th St., New York, N. Y.*

"My own belief is, as already stated, that the average well baby thrives best on artificial foods in which the relations of the fat, sugar, and protein in the mixture are similar to those in human milk."—*John Lovett Morse, A. M., M. D. Clinical Pediatrics, p. 156.*

## NESTLÉ'S MILK PRODUCTS, INC.

155 EAST 44TH ST., NEW YORK, N. Y.

# To Those

## *who want the best—*

When the correction calls for neutral absorption . . . when the finest optical performance is needed . . . when you want to be sure your patients are getting the best . . . that is when your prescriptions should specify Soft-Lite Lenses. Then you know you have given your patients the world's finest absorptive lens —the standard by which others are judged.

Soft-Lite Lenses, expertly finished by our skilled craftsmen, are always completely stocked here in a full range of forms suitable for every prescription requirement.

**Milwaukee Optical Manufacturing Co.**

208 East Wisconsin Ave. Milwaukee, Wisconsin

# SHOREWOOD

## HOSPITAL • SANITARIUM

2316 E. Edgewood Avenue MILWAUKEE, WISCONSIN *Phone:* EDgewood 0900

## *For Nervous Disorders*

**A fifty bed hospital and sanitarium. Separate buildings for neurotic and psychotic cases.**

***Illustrated booklet sent on request.***

WM. H. STUDLEY, *M.D.*
*Medical Director*
JACK L. KINSEY, *M.D.*
HERBERT W. POWERS, *M.D.*

ESTABLISHED 1898

THE WISCONSIN MEDICAL JOURNAL

VOLUME 40, NO. 6 Copyright, 1941, by The State Medical Society of Wisconsin JUNE, 1941

# Occult Hypothyroidism in Wisconsin Women*

By A. M. SCHWITTAY, M. D.
*Madison*

AS A RESULT of a rather intensive study of patients of both sexes who presented particularly baffling diagnostic problems during the last six years at the Jackson Clinic, we have been impressed by the surprising prevalence of a disease syndrome among the population throughout the State of Wisconsin which has been variously called in medical literature "masked hypothyroidism," "mild hypothyroidism," or "occult hypothyroidism."

This condition does not prostrate the patient. In most cases he goes about his business of making a living. But the zest for life is obviously not in him. He wakens in the morning tired. His endurance at his work flags long before the day is done. He is too tired at night to read. He feels old with vague aches in arms and legs. He is frequently the victim of so-called migraine headaches. Gas pains beset him. Constipation is often a bitter complaint. Because frequently he has gone from doctor to doctor, been variously studied and diagnosed and x-rayed and operated upon—always without permanent relief—the unflattering suspicion dawns upon his family, his associates, often even upon himself that he belongs to the great army of the neurotic, the neurasthenic, or the nervously exhausted,—whatever any of these may mean.

This description fits patients of both sexes who may have none or only a few of the clinical signs of myxedema, but who—after all other diagnostic measures fail to give a clue—will invariably present a basal metabolic rate which indicates, in our experience, varying degrees of thyroid insufficiency. This rate is not always dramatically low. It may even be within the range of what has orthodoxly been regarded as normal—when the arbitrary standards of normalcy were first determined as + 10 to — 10. These are patients who respond with remarkable improvement when treated with reliable and adequate extracts of fresh thyroid gland.

It is, of course, well known that low basal metabolic rates are found in conditions other than hypothyroidism—in malnutrition, in pituitary tumors, in adrenal disease, in depressed mental states, even in some who apparently enjoy good health. It will perhaps be found ultimately that even in the so-called hypothyroid case, it is rather a matter of pluriglandular deficiency than thyroid deficiency alone which can explain the protean manifestations of the syndrome.

The physiological fact remains, however, that the great thermogenic organ of the body is the thyroid. It is important to the metabolism of every living cell. Its active principle, thyroxin, is a powerful catalyst responsible for the speed of oxygen combustion, the detoxification of waste products, and the defense reaction of the body to infection. It is essential for the proper ossification of bones. Through the sympathetic nervous system it affects digestion, it stimulates the sweat glands, and synchronizes the activity of the thyroid with that of the gonads, pituitary gland, adrenals, and pancreas with every vital function in the body.

Fortunately for man there are several reliable diagnostic tests for thyroid efficiency, and, most fortunate of all, there are adequate and simple methods of treating a deficiency when it is found.

1. In growing children the x-ray test is the most reliable. In thyroid deficiency there are fewer centers of ossification than are normal for a child at his chronological age.

* Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

2. In adults, determination of the basal metabolic rate is the most available test.

3. In children, as well as adults, a determination of blood cholesterol is regarded by some workers as the most reliable test of all. The higher the cholesterol content in the blood, the lower the activity of the thyroid.

4. A fourth test has been devised by Brazier of Great Britain and called the "determination of the impedance angle," which is, in effect, the study of electrical potential in a body. He believes the resistance of the body to a direct current is influenced by thyroid disease in such a way as to be of diagnostic value.

We have used only two laboratory methods in our study—in children, the x-ray test; in adults, the basal metabolism test.

Just as we are fortunate in the case of the thyroid in having adequate diagnostic measures to help us, we are also fortunate in having available cheap therapeutic agents to treat it. As late as 1891, Murray first conceived the idea of making an extract of sheep's thyroids for subcutaneous injection. In 1892, E. L. Fox and H. W. MacKenzie, independently of each other, began the oral administration of thyroid preparations. This is now the accepted method of treatment.

This so-called occult or mild hypothyroidism occurs widely in both men and women. It is more often diagnosed in women, however, perhaps because of their biological role. Alteration of the menstrual function in women is one of the most sensitive indicators of endocrine dyscrasia. Marked irregularity, excessive pain, profuse bleeding, or entirely absent flow,—any of these, with or without other symptoms, will ultimately induce a woman to seek medical help. When she marries and continues sterile after a period of years, or, having conceived, aborts spontaneously, she is again likely to consult a physician. Physiological functions in a man have no such tangible barometer of physical well-being and competency.

It is particularly, therefore, in relation to the health of the women of the state and to their function in reproduction that we are reporting our observations concerning this frequently overlooked condition, the mildly hypothyroid state. It was in our efforts to explain and wherever possible prevent these anomalies of the reproductive function that we sought for one universal common denominator. In an era when the birth rate is rapidly declining, when more and more women are coming for help because of sterility and when spontaneous abortion baffles physician and patient alike, the study of the thyroid gland, which is only one factor, but a very important one, becomes of almost acute necessity.

Our own interest in the problem dated from a disastrous circumstance in which we were unwitting but none the less culpable agents. On August 31, 1935, we delivered a 24-year-old primipara of an 8 pound baby boy, apparently normal in every respect. He left the hospital on the tenth day with no other observation from the nursing staff than that he had required considerable urging to eat. Three weeks later there were reports from his mother of a persistent constipation and occasional vomiting. At ten weeks on his return visit to the clinic we were surprised by a peculiar crowing cry, an already suggestive prognathian brow and jaw, a large tongue, a drooling mouth —the entire ensemble that of a frank case of cretinism. Six months of thyroid medication changed the physical picture completely but development even now at six years under an uninterrupted regime of thyroid therapy leaves much to be desired.

Appalled by this experience, we sought an explanation in the past history. The mother, a university graduate, alert and animated, had been treated for colloid goiter at puberty. Her own mother had been operated on for exophthalmic goiter. The sequence of events in three generations was suggestive—toxicity of the thyroid in the first generation, hypertrophy in the second, exhaustion in the third. We have not since that time failed to study every pregnant woman who consulted us from the point of view of her thyroid function. When it is needed, we give thyroid. That constitutes over 90 per cent of our patients.

Simultaneously, we were encountering many anomalies of the menstrual function in the young girl at puberty, distressing cases of prolonged bleeding which exsanguinated her, periods delayed for months and

sometimes for a year, menstrual pain so severe as to prostrate her completely. The history given by the mother all too frequently repeated the observations of fatigue, general malaise, and emotional instability.

Among women of childbearing age there were still other problems. A very large percentage of married women gave histories of one or more spontaneous abortions. Others married from three to fifteen years were coming in because of sterility. Not infrequently the report was that they had had a long series of injections of one hormone or another, but had never been able to conceive.

Every available diagnostic procedure was enlisted in the study of these problem women. The basal metabolic rate became as standard a part of the examination as a blood Wassermann or urinalysis. It was then that we became impressed with the tendency in most of these women, however nervous or asthenic they might seem, toward a basal metabolic reading in the lower limits of normal, sometimes markedly below it, never higher than normal. The therapeutic test of thyroid medication was made. Results far exceeded our most sanguine hopes when we began the study. Strangely enough results were often quite as dramatic when the basal rate was — 8 or — 10, as when it was — 25 or — 30. In all types of menstrual difficulties there were some good results.

A suspicion arose in our minds that we were riding too intriguing a hobby and making deductions not altogether merited by the facts—minimizing, perhaps, coincidental factors quite as potent as the thyroid therapy. It was only when we heard Dr. Litzenberg of the University of Minnesota discuss at Madison the subject "The Importance of the Thyroid Gland During the Reproductive Epoch of Woman," that we felt confirmation of our impressions from a man of greater experience and prestige in a sister state. Then our eyes were opened to significant work by others: Vis of Michigan, King of New Orleans, Thornton and Foster of Wisconsin, Lee of Boston, Novak of Baltimore, and many others.

Our most universally happy results, by all odds, were achieved in the cases of the adolescent girl, with her menstrual disorders of whatever type they might be. I should like to commend at this time a very sympathetic article by Dr. E. Allen of Chicago, "Gynecologic Problems of the Adolescent Girl" in the American Journal of Diseases of Children, 1939, in which he warns that a pelvic examination of the adolescent girl is much too often neglected. Obviously when the complaint is amenorrhea, a pelvic examination is indicated. We do this under an anesthetic if necessary. From this point I should like to cite illustrative cases.

## Case Reports

*Dysmenorrhea:* J. M., age 14, had menstrual pain so severe that she was often bedridden for a week. Headaches were severe. She was emotionally unstable. Physical examination was normal. Basal metabolic rate was—16. On two grains of thyroid, reduced after two weeks to one grain, her symptoms completely disappeared.

*Metrorrhagia:* A. L., a 13 year old girl, was seen in her home in July, 1934, after profuse menstrual flow of fourteen days. She was completely exsanguinated and near shock. Taken to the hospital at once, she was treated with multiple blood transfusions, a diagnostic dilatation and curettage and a minimal dose of radium. On recovery, her basal metabolic rate was determined as — 16. One or two grains of thyroid daily have prevented any such recurrences in six years. In the light of our present experience, we might conceivably do a diagnostic curettage, but we should certainly consider radium unnecessary.

*Menstrual irregularity:* A. F., a 15 year old girl, gave a history of marked menstrual irregularity, intervals varying from two to six months. She was tired, exceedingly nervous, and found school work difficult. Physical examination revealed a slender girl, apparently normal except for rather dry hair and skin. Basal metabolic rate was — 13. Under thyroid therapy a menstrual flow occurred in two weeks after a five months' amenorrhea. She has continued regular for three years.

*Habitual abortion:* Mrs. F. H., 37 years old, pregnant 4 months, came in bleeding again. She gave a history of six pregnancies, six abortions, no children. Physical examination revealed an exceedingly depressed, unhappy woman with vaginal bleeding. I can find no record of her basal metabolic rate, but she was given one grain of thyroid at once, and a series of injections of antuitrin "S" until the seventh month. At eight months' gestation she delivered a healthy premature baby.

In this case the argument for thyroid is not so clear since she was also given the antuitrin "S". In cases as desperate as this, however, one uses every weapon in his armamentarium of therapy.

*Sterility:* Mrs. A. O., sister of one of my colleagues at the clinic, came in for advice concerning sterility of three years' duration. She was born and still lived in a section of Pennsylvania where goiter is rampant. Her visit was too brief to admit of a basal metabolism study. But her history was suggestive of hypothyroidism. We advised one grain of thyroid daily. She was pregnant within three months.

*Pelvic pain:* Mrs. M. O., 29 years old, came in complaining bitterly of lower right-sided abdominal pain of several years' duration. For this pain she had been hospitalized three times and extensively studied. There had been complete x-ray study of stomach, gallbladder, colon and kidneys. On each occasion the diagnosis had been "nervousness." The basal metabolic rate was—11. Thyroid (grain one) was given, then increased to two. After a month she was free of pain and has remained so for four months. Seen last week at the clinic, she volunteered the information that for the first time in years she was beginning to perspire again.

I should like to affirm definitely here that we do not regard hypothyroidism as the explanation for all the menstrual disorders of women but we feel that it will explain most of them regional here. Knowledge of this phenomenon should rather stimulate our interest in correlated fields than make us adopt a blanket diagnosis and a blanket therapy. I have in mind, for example, a 28 year old woman who complained of headache and said she had not menstruated since the birth of her child four years ago. She was obese, somewhat lethargic, otherwise essentially normal on examination. Basal metabolism was — 17. But in her case the essential pathology was not in the thyroid but in a tumor of the pituitary gland which was easily diagnosed roentgenographically.

I should like to cite also the case of E. L., an attractive 17 year old girl who came timidly into the clinic to find out why she had never menstruated. Her general health was excellent. Examination revealed no vaginal orifice whatever. Under gas, a dissection of the muscles of the perineum still revealed no vaginal canal. On bimanual palpation, no uterus could be felt. Cystoscopic examination showed no aberrant relationship of genitalia to bladder. Obviously, there was no need of hormone therapy here.

## Conclusions

1. Occult or mild hypothyroidism with few or none of the physical signs of myxedema, but with the fairly constant complaint of fatigue, is very prevalent in the State of Wisconsin and is all too frequently overlooked.

2. Our present interpretation of basal metabolic rates must be revised, else many patients who could otherwise profit from thyroid therapy will be missed.

3. Any patient who gives a history of having frequently sought medical help, or been operated upon unsuccessfully, should be studied from the point of view of thyroid function.

4. All women with menstrual disorders should have basal metabolic determinations.

5. Contrary to a widely held prejudice among laymen and some physicians, toxic results from overdosage of thyroid will not leave permanent results. When the drug is withdrawn or decreased, symptoms subside.

6. Thyroid extract must be fresh and of a known potency. Physician, pharmacist, and patient should be educated to this. We use Armour's or Parke Davis' desiccated thyroid.

7. Thyroid is a substitution therapy just as insulin is a substitution therapy. Many patients may need to continue it all their lives. In a few it may be discontinued after varying periods.

8. Thyroid extract is not a panacea for all tired patients. But when the diagnosis of mild hypothyroidism is properly made and the individual properly treated, there is no more grateful patient nor more satisfied physician.

### BIBLIOGRAPHY

1. Barksdale, G. H.: Mild hypothyroidism. West Virginia M. J. 32: 216–218 (May) 1936.
2. Brandon, W. H.: Hypothyroidism. New Orleans M. & S. J. 86: 678–679 (April) 1934.
3. Brown, C. F.: Hypothyroidism in pregnancy. Texas State J. Med. 31: 287–291 (Aug.) 1935.
4. Davis, S. C.: Hypothyroidism. Southwestern Med. 18: 198–291 (June) 1934.
5. Dodds, E. C.: Masked hypothyroidism as a cause of amenorrhea. J. Obst. & Gynaec. Brit. Emp. 46: 210–217 (April) 1939.
6. Fortune, C. H.: Hypothyroidism without myxedema. Kentucky M. J. 33: 575–579 (Dec.) 1935.

7. Hinton, J. W.: Bizarre symptoms of hypothyroidism. Am. J. Surg. 28: 96–100 (April) 1935.
8. King, E. L., and Herring, J. S.: Hypothyroidism in the causation of abortion, especially of the "missed" variety. J.A.M.A. 113: 1300–1302 (Sept. 30) 1939.
9. Lee, R. I.: Hypothyroidism; a common symptom. Ann. Int. Med. 9: 712–716 (Dec.) 1935.
10. Lester, C. W.: Endocrine disturbances simulating surgical conditions of the abdomen. New York State J. Med. 37: 406–409 (Feb. 15) 1937.
11. Musser, J. H.: Latent hypothyroidism. Tri-State M. J. 10: 2115–2128 (Aug.) 1938.
12. Rubenstone, A. I.: Migraine; epilepsy—their association with hypothyroidism. Am. J. Digest. Dis. 5: 295–296 (July) 1938.
13. Salter, W. T., and Lerman J.: The genesis of thyroid protein; clinical assays of artificial thyroid protein in human myxedema. Endocrinology 20: 801–808 (Nov.) 1936.
14. Seward, B. P.: A clinical study of the mild grades of hypothyroidism. Ann. Int. Med. 9: 178–188 (Aug.) 1935.
15. Shelton, E. K.: Osseous development as an index of metabolic speed. Endocrinology 17: 667–676 (Nov.–Dec.) 1933.
16. Vis., W. R.: Diagnosis of mild hypothyroidism. J. Michigan M. Soc. 30: 829–830 (Nov.) 1931.
17. Watkins, R. M.: Mild hypothyroidism. Ann. Int. Med. 7: 1534–1539 (June) 1934.
18. Warfield, L. M.: Hypothyroidism. J.A.MA. 95: 1076–1080 (Oct. 11) 1930.
19. Wharton, G. K.: Unrecognized hypothyroidism. Canad. M.A.J. 40: 371–376 (April) 1939.

# Pelvic Bone Metastases, From Carcinoma of the Breast, Treated With Roentgen Therapy; A Case Report*

By L. V. LITTIG, M. D.
*Madison*

MISS G. S., 31 years of age, on December 12, 1936, had a radical right mastectomy for adenocarcinoma of the right breast. On April 20, 1937, a questionable nodule beneath the skin in the right anterior axillary region disappeared following radium treatment. A second nodule disappeared following radium treatment on May 26, 1937. On January 23, 1940, she returned complaining of pain in the right leg, which began following a fall two days previously. She was brought to the clinic in a wheelchair, unable to stand or walk because of severe disability in the right hip. Radiographs of the pelvis, taken on January 23, 1940, revealed typical metastases destroying the right acetabulum, right ischium and both rami of the right pubic bone. (Fig. 1.)

She was referred by the clinic for deep x-ray therapy on January 29, 1940. She was treated through two 15 x 15 cm. ports, one anterior and one posterior, over the involved area on consecutive days until 2,000 r had been given to each port in doses of 250 r. This series was finished on February 15, 1940. During the next week she was given four treatments of 250 r and one treatment of 200 r through a 10 x 15 port, laterally, for a total dose of 1,200 r to the lateral port. Check-up radiographs were taken on June 4, 1940, and July 18, 1940. Both radiographs showed marked recalcification of the involved area. The last radiograph (fig. 2) shows an improvement over the one taken some five weeks previous. The x-ray therapy stopped menstrual function, which is an added factor in the improvement in this case. At the time of this report, nine months after she was first seen, the patient is free of pain and is walking without a cane.

This case is presented because the radiographs show the excellent result that frequently can be obtained in rather advanced cases of malignancy. Such improvement, lasting at least over a nine months' period, is an encouragement to advise x-ray therapy in these apparently hopeless situations.

Fig. 1. Metastases destroying the right acetabulum, right ischium and both rami of the right pubic bone.

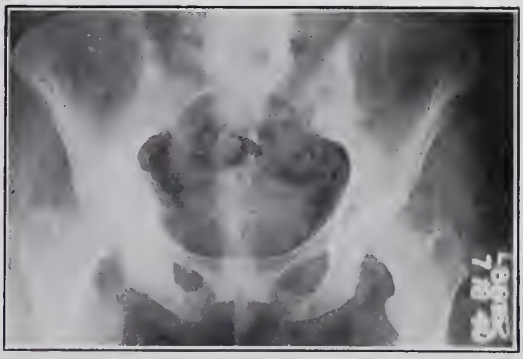


Fig. 2. Marked recalcification of the involved area shown in fig. 1.

* Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

# Management of Patients With Renal Lithiasis*

By CHARLES C. HIGGINS, M. D.
*Cleveland*

IN RECENT years pronounced progress has been made in the management of patients with renal lithiasis primarily because of more comprehensive knowledge of the etiological factors instrumental in the production of the calculus, their correction during the operative procedure, or their eradication during the period of postoperative observation. The high incidence of recurrent formation of calculi following operation in the past was to be anticipated, for, as a general rule, the underlying causes were not eliminated. With our present conception of renal lithiasis, the operative procedure must be considered as but one phase in the management of this group of patients.

## Etiologic Review

At the present time, several etiological factors seem to be definitely associated with the formation of calculi. These are:

1. *Deficiency in the diet.*—Numerous clinical and experimental observations have demonstrated the relationship between deficiencies in the diet or a poorly balanced diet, and the formation of stones. In certain parts of the world, calculi have been observed so frequently that these localities have been designated "stone areas." Such regions are found in India, China, England, France, Russia, Turkey, and Siam. In this country cases of renal lithiasis are found more frequently in southern Florida and California than in any other state.

Gürsel,[1] in a study of calculous disease in Turkey, states that it has been proved that the geographic distribution of calculi corresponds to areas where the inhabitants exist on poorly balanced or inadequate diets.

Fujimaki[2] in China, and McCarrison[3] in India found that stone areas existed where the people live on improperly balanced diets. Many similar statements stressing this clinical observation are available in recent literature. It is also true that in certain countries there has been a marked decrease in the incidence of calculous disease in children during the last century. Denos and Minet,[4] and Civiale[5] stated that in England and France in the last century calculous disease was a disease of childhood.

Joly,[6] in a recent study, states that calculous disease is no longer one of childhood in England and France, but is now a disease of adult life. This has been attributed to dietary and nutritional progress in children.

Since the World War, there has been a definite increase in calculous disease in certain parts of Europe. This has been explained by the fact that many people were required to partake of unbalanced diets during the period of the war. Geza Illyes[7] substantiates this by stating that the incidence of renal calculi has increased enormously since the World War, especially in countries having poor living conditions.

I have been able to produce in experimental animals calculi composed of the same chemical constituents as those observed in clinical patients. These calculi have been produced by maintaining the animals on varying degrees of vitamin C deficiency for extended periods of time. The following types of calculi have been produced: uric acid, oxalate, calcium magnesium phosphate, stones composed of calcium phosphate with traces of carbonates, and stones composed of calcium carbonate with traces of phosphates. In addition, biophotometer tests made in our department of ophthalmology now reveal that deficiency in vitamin A occurs clinically more frequently than has been presumed. Approximately 68 to 72 per cent of our patients gave photometric evidence of vitamin A deficiency.

Erickson and Feldman,[8] in employing this light-sensitivity test in twenty-five patients with urolithiasis, found that twenty-four had a mild to a severe degree of pathological adaptation. Pyrah and Fowweather,[9] in a study of twenty-five patients suffering from calculous disease and sixty-five control cases, found that the biophotometer test showed a definite subnormal dark adaptation in 40 per cent of the patients with calculous disease. None of the control cases showed such definite subnormality.

2. *Hyperparathyroidism.* — Barney and Mintz,[10] Albright and Bloomberg,[11] and others have stressed the relationship between hyperparathyroidism and renal lithiasis. In 1934, Barney and Mintz reported a series of eighteen patients in whom a diagnosis of hyperparathyroidism had been made and verified by surgical intervention. In eleven cases (61.1 per cent) calculi were present in the urinary tract.

Griffin, Osterberg, and Braasch,[12] in reviewing the cases of urinary lithiasis at the Mayo Clinic, observed that hyperparathyroidism was an etiological factor in less than 0.2 per cent of the cases. In the cases studied at the Cleveland Clinic, hyperparathyroidism has been associated with renal calculi in 0.1 per cent of the cases. Therefore, it is essential to determine the serum calcium and phosphorous level of the blood in all cases of renal lithiasis. If the blood calcium is elevated and the blood phosphorus

* From the Cleveland Clinic; presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

is lowered, further roentgenographic studies of the bones and investigations of the calcium balance are deemed advisable.

3. *Infection.*—The relationship between infection and the formation of renal calculi has been stressed by Braasch and Foulds,[13] Bugbee,[14] Rovsing and others.[15, 16] Bugbee, in investigating the possibility of pre-existing pyelonephritis as an etiological factor in the formation of renal calculi, noted that a definite history of pyelonephritis was elicited in twenty-three of twenty-nine cases. He had personally treated seventeen of these patients during the initial attack. The referring physician had treated the renal infection in the remaining six cases. All of these patients developed renal calculi, although at the time of the initial examination no roentgenographic evidence of calculi was observed. However, that renal infection is not the only etiological factor involved is demonstrated by the fact that many patients who come under observation with small renal calculi have no pus in the urine and the culture is sterile. This is true not only in cases of primary calculi but also is applicable to the group of recurrent stones.

In the last hundred cases of recurrent renal calculi under my observation, of seventy-two patients with recurrent unilateral stones, infection was present in fifty-four patients, and the culture of the urine was sterile in eighteen. It is obvious that the number of patients in whom the culture of the urine was sterile is relatively high. In several cases the recurrent stones were quite small. Urinary antiseptics had been administered in nine instances. In the group of twenty-eight cases with bilateral recurrence, infection was present in the kidneys in twenty-three cases and the culture of the urine was sterile in five. The staphylococcus in pure or mixed culture was the predominating organism and the proteus organism occurred second in frequency.

In addition to the usual routine cultures, it also should be determined whether or not the organism possesses the power of splitting urea with the resultant formation of ammonia and carbon dioxide. If the organism does possess this power, the use of ammonium salts as acidifying agents is contraindicated. In our series, approximately 18 per cent of the staphylococci and 11 per cent of the colon bacilli, as well as the proteus organism and micrococcus urea, possess this power. Therefore, complete bacteriological study should be made in all cases in order to treat the urinary tract infection scientifically and to minimize the incidence of the recurrent formation of stones.

4. *Focal infection.*—In 1921 Rosenow and Meisser[17] demonstrated the specificity of the streptococcus in the formation of renal calculi. In their experimental work they inoculated the pulps of the teeth of six dogs with streptococci isolated from the urine of patients with renal lithiasis. Following this, renal calculi developed and the streptococcus was isolated from the urine of the dogs. In view of this work, foci of infection in the teeth, tonsils, prostate, and cervix should be eradicated in all patients with renal calculi.

5. *Stasis.*—Urostasis in certain patients with renal lithiasis seems to be a definite contributory factor. Stasis is conducive to shifting the pH of the urine to the alkaline side, therefore enhancing the precipitation of alkaline salts, and is conducive to rendering the urinary tract an ideal site for infection.

Intravenous urograms should be made routinely prior to surgical intervention in order that the contributing factors may be corrected at the time of operation. Before the patient is discharged from the hospital the urogram should be repeated as such procedures as dilatation of the ureters may be required to promote adequate drainage. This is an essential step in reducing the incidence of the recurrent formation of stones.

Snapper[18] states that all factors which tend to stabilize labile colloids will help to prevent the formation of stones. Thus, the presence of salicylates, mandelates, hippurates, and other organic salts in the urine may, by increasing the stability of the urinary colloids, exercise a prophylactic influence against the formation of stones. He advised the acid-ash diet, artificial acidosis by the ingestion of ammonium chloride, ammonium nitrate, and large doses of vitamin A.

Metabolic disturbances, or abnormal metabolism such as gout, cystinuria, permanent noninfected phosphaturia, and oxaluria may be associated with calculous disease.

Seeger and Kearns,[19] in a collected series of 181 cases of cystinuria, found 124 instances of renal lithiasis. In like manner, the formation of uric acid calculi occasionally may be observed in patients suffering from gout. Thus, the determination of the chemical constituents of a calculus and the study of the crystals in the urine assume considerable importance, as in selected cases the metabolic disease must be adequately treated to prevent the recurrent formation of stones. Therefore, an intensive preoperative study is essential in all patients with renal calculi. The minimization of the significance of such investigations will be attended by a high incidence of recurrent stone formation.

## Modern Management

In late years, a more conservative attitude has been taken in the surgical management of patients with renal lithiasis. In the past, nephrectomy was advised frequently in individuals in whom, today, a more extensive nephrotomy would be performed. This, perhaps, is not to be condemned because the newer urinary antiseptics were not available then. Infections which, today, may be easily eradicated, in the past proved resistant to all types of therapy, eventually resulting in the

destruction of the kidney. With the introduction of sulfanilamide, mandelic acid, and sulfathiazol, many infections associated with calculous disease have responded to the scientific application of these drugs.

The majority of calculi confined to the kidney pelvis may be removed by pyelolithotomy. It is not advisable to deliver the kidney into the loin. In the majority of instances there is no reason why the kidney should be traumatized, manhandled, and delivered into the incision. By careful dissection, the operation may be carried down to the posterior aspect of the renal pelvis and adequate exposure secured with flexible retractors. Following this, a special instrument is inserted into the kidney pelvis, which is thoroughly lavaged, and any fragments or retained blood clots are removed by turning a valve on the instrument and applying suction. The incision in the renal pelvis in the majority of cases should be closed with number 000 plain catgut. Prolonged drainage is conducive to the introduction of a staphylococcus albus infection regardless of the extreme care in dressing the wound. The role of staphylococcus albus in the formation of recurrent renal stones, especially if the organism possesses the power of splitting urea, is now well appreciated by urologists. If the simple linear incision in the renal pelvis does not suffice for the removal of the calculi, the pyèlotomie élargie incision recommended by Marion,[20] or the inferior pyelolithotomy technic suggested by Zuckerkandl[21] may be employed. Occasionally, nephrolithotomy is necessary, but this procedure should be as conservative as possible. The incision in the renal parenchyma should be made with the cutting current rather than with the scalpel. In the experimental laboratory we have demonstrated that the immediate bleeding is less profuse, and less infarction and atrophy of renal parenchyma are produced with the cutting current. Routinely a number 18F Pezzer catheter is inserted down to the kidney pelvis through the cortex for drainage, irrigation and removal of retained clots.

Under certain circumstances, resection of the upper or lower pole of the kidney is a conservative procedure. In the presence of a pyocalyx containing a calculus, associated with a stricture of the infundibulum, even if the calculus is removed, the infection persists and eventually destroys the kidney. Another type of case in which this operation may be the procedure of choice is in a kidney with two pelves with either a bifurcated ureter or double ureters, and when one segment of the kidney is practically destroyed by infection and the pelvis of this segment contains a calculus.

Various approaches are therefore available for the removal of a calculus from the kidney. The procedure accompanied by a minimum amount of trauma and injury to renal tissue is advisable.

Postoperatively, close observation over an extended period of time is essential. The primary aim is to avoid the recurrent formation of stones. Therefore, infection, if present, must be eradicated, metabolic disease must be controlled, adequate renal drainage must be provided, and focal infection must be eliminated. If a diagnosis of hyperparathyroidism has been made, exploration of the neck for a tumor of the parathyroid gland is necessary. Vitamin concentrates are administered to correct this deficiency, if present, and also for their specific effect on epithelial structures. The biophotometer test is utilized to observe whether or not the deficiency is eliminated.

After the stone has been analyzed, the high vitamin A acid- or alkaline-ash diet is employed to control the pH of the urine and to maintain the urinary salts in complete solution. The diet prescribed depends upon the pH of the urine and the chemical constituents of the calculus. Further dietary changes may also be necessary, such as restriction of foods of a high purine content if the calculus is composed of uric acid, and avoidance of foods having a high oxalic acid content if the stone is composed of calcium oxalate. These modifications are included in a modified acid- or alkaline-ash diet. By maintaining the urinary salts in complete solution, precipitation and formation of crystals are avoided, thereby eliminating a requisite necessary for the formation of stones. The patients are taught to make their own pH determinations of the urine, and these are presented to the physician at frequent intervals. Thus, if the

pH of the urine is not being maintained at the proper level, further changes in the diet may readily be made. That the diet is efficacious not only in our hands is now evidenced by additional reports in the literature citing the progressive decrease in the incidence of recurrent calculous formation.

Finally, there is a group of patients with renal calculi who, in view of results secured at the present time, we feel justified in placing on a dietary regimen to secure dissolution of the calculus without recourse to surgery. This type of treatment, however, is not applicable in all cases. To the present time, it has been my experience that cystine stones respond to dietary dissolution more rapidly than any other type, while oxalate calculi are most resistant to dietary treatment. Similarly, calculi composed of phosphates and carbonates respond more readily than those composed of uric acid. If the calculus is in the ureteropelvic junction, producing an obstruction, and thereby damaging the renal parenchyma, dietary attempts to dissolve the stone should not be employed. The dissolution of stones, however, has not been confined to small, recently formed calculi but also has occurred in large calculi. Our group included four patients, who had refused operation for stag-horn stones filling the kidney that had been present for many years. These patients cannot be treated in a haphazard manner. The diet is explained in detail to them by a competent dietitian. The diet must be followed by the patients as carefully and conscientiously as the diabetic patient follows the diabetic diet.

## Conclusions

1. A careful search for the etiological factor or factors associated with the formation of calculi is essential in each patient with renal lithiasis.

2. Eradication and correction of these etiologic agents are required to prevent the recurrent formation of calculi.

3. In no other field of surgery is a carefully supervised routine more important. Close cooperation between the patient and the physician is essential to reduce the morbidity following operative intervention for renal lithiasis.

4. Conservatism in surgery for renal lithiasis is essential.

5. The role of the high vitamin A acid- or alkaline-ash diet to control the pH of the urine and to reduce the incidence of the recurrent formation of calculi is evident in a review of clinical cases.

6. Patients passing calculi at frequent intervals may be benefited by eradication of the etiological factors and diet.

7. In a selected group of patients with renal calculi, dissolution of the calculus may be secured without recourse to surgery.

## REFERENCES


1. Gürsel, A. E.: Une étude sur les lithiases urinaires en Turquie. J. d'urol. 42: 447–466 (Nov.) 1936.
2. Fujimaki, Y.: Formation of urinary and bile duct calculi in animals fed on experimental rations; note on treatment. Japan M. World 6: 29–35 (Feb.) 1926.
3. McCarrison, R.: Some surgical aspects of faulty nutrition. British M. J. 1: 966–971 (June 6) 1937.
4. Denos and Minet, cited by Joly, J. S.: Op. cit. 6.
5. Civiale, cited by Joly, J. S.: Op. cit. 6.
6. Joly, J. S.: Stone and calculous disease of the urinary organs. St. Louis: C. V. Mosby Company, 1931.
7. Illyès, G.: Des calculs rénaux récidivants. J. d'urol. 38: 419–432 (Nov.) 1934.
8. Erickson, W. J. and Feldman, J. B.: Signs of vitamin A deficiency in the eye, correlated with urinary lithiasis; report of clinical studies and investigations of 25 patients. J.A.M.A. 109: 1706–1710 (Nov. 20) 1937.
9. Pyrah, L. N. and Fowweather, F. S.: Urinary calculi developing in recumbent patients. Brit. J. Surg. 26: 98–112 (July) 1938.
10. Barney, J. D. and Mintz, E. R.: Some newer conceptions of urinary stone formation. J.A.M.A. 103: 741–743 (Sept. 8) 1934.
11. Albright, F. and Bloomberg, E.: Hyperparathyroidism and renal disease, with note as to formation of calcium casts in this disease. J. Urol. 34: 1–7 (July) 1935.
12. Griffin, M., Osterberg, A. E., and Braasch, W. F.: Blood calcium, phosphorus and phosphatase in urinary lithiasis; parathyroid disease as etiologic factor. J.A.M.A. 111: 683–685 (Aug. 20) 1938.
13. Braasch, W. F., and Foulds, G. S.: Postoperative results of nephrolithiasis. J. Urol. 11: 525–537 (June) 1924.
14. Bugbee, H. G.: Recurring pyelonephritis as an etiological factor in nephrolithiasis. Tr. Am. A. Genito-Urin. Surgeons 25: 121–131, 1932.
15. Quinby, W. C.: End results of operations for lithiasis. Tr. Am. A. Genito-Urin. Surgeons 26: 285–286, 1933.
16. Rovsing, C.: Cited by Fowler, H. A.: Coccus infection of kidney; its role in formation and recurrence of stone. Urol. & Cutan. Rev. 38: 594–605 (Aug.) 1934.
17. Rosenow, E. C. and Meisser, J. G.: Collected papers of the Mayo Clinic 13: 253–256, 1921.
18. Snapper, I.: The pathological psychology of secretion of urine. Proc. Cong. Int. Urology, 575, 1936.
19. Seeger, S. J. and Kearns, W. M.: Cystinuric lithiasis. J.A.M.A. 85: 4–7 (July 4) 1925.
20. Marion, G.: La pyélotomie élargie. J. d'urol. 13: 1–8, 1922.
21. Zuckerkandl, O.: Ueber Nierensteine. Arch. f. klin. Chir., Berl. 87: 481–489, 1908.

# Bow Leg

By WALTER P. BLOUNT, M. D.
*Milwaukee*

TWENTY years ago *bow leg* meant *rachitic bow leg*. Other causes of genu varum were listed in the textbooks but by their comparative infrequency were insignificant in the eyes of the medical practitioner. With better understanding of the cause of rickets and the proper dietary prophylactic measures in infancy the disease has almost completely disappeared in civilized communities and the incidence of bow leg has declined sharply. The symptom has become a diagnostic problem which is a challenge to the general practitioner.

## Physiologic Bow Leg

One must recognize first of all the physiologic bow leg (fig. 1). The newborn baby normally has a considerable degree of bowing of both femora and tibiae associated with rotational variations from the adult form.[1] At about one year the bowing disappears from the femur giving way gradually to knock knee, so that at about the time the child begins to walk there is, characteristically, bowing above the ankle and just below the knee, while above the knee there is a compensatory valgus deformity which usually results in a straight extremity (fig. 2). During the second year the bowing disappears below the knee, and the child has a decided knock knee which persists until 4 to 6 years of age (fig. 3). With the change in lateral curves there is anteroposterior transition from flexion deformity in the newborn to a back knee or recurvatum in the 2 or 3 year old child. There is considerable variation within normal limits in both the degree of the curvatures and the time at which the changes take place. Bow leg may normally carry over into the second or third year. It is not desirable or even safe to attempt radical correction of such a deformity until one is sure that it will not correct spontaneously. It is a sad mistake to straighten bow legs before nature has been given a chance to develop the knock knee phase. Over-correction into excessive knock knee may easily occur unless one is careful.

## Tibia Vara

There is an interesting but rare variation from the normal which I[2] have called *tibia vara*. The infantile type (fig. 4) is really an exaggeration of the normal with an arrest of development at one stage. At about one year the bow leg instead of diminishing, suddenly becomes greatly aggravated on one or both sides. The deformity which appears to be a gradual curve of the entire extremity is found, on closer inspection, to be an angulation of the tibia at the proximal epiphysis, (fig. 5), associated with beak-like medial projection of the metaphysis. The true nature of the disability is masked by the abundance of baby fat. Although it may clear up spontaneously, bowing usually resists conservative measures aimed at correction. It is persistent and will recur after surgical correction unless the opera-

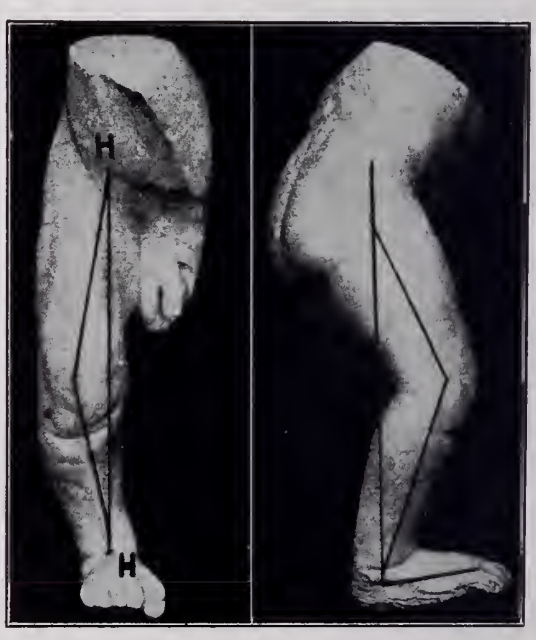



Fig. 1. A cast from a newborn baby showing physiologic bow leg associated with flexion deformities at the knee and rotational variations from the adult form. (From Böhm.[6])

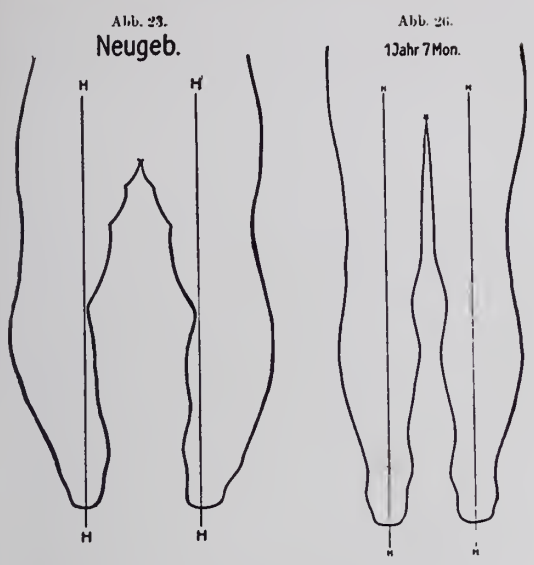



Fig. 2. Tracings showing the normal lateral curve of the lower extremities in the newborn and in the child 1 year and 7 months of age. Between these ages the bowing has been straightened out. (From Böhm.[6])

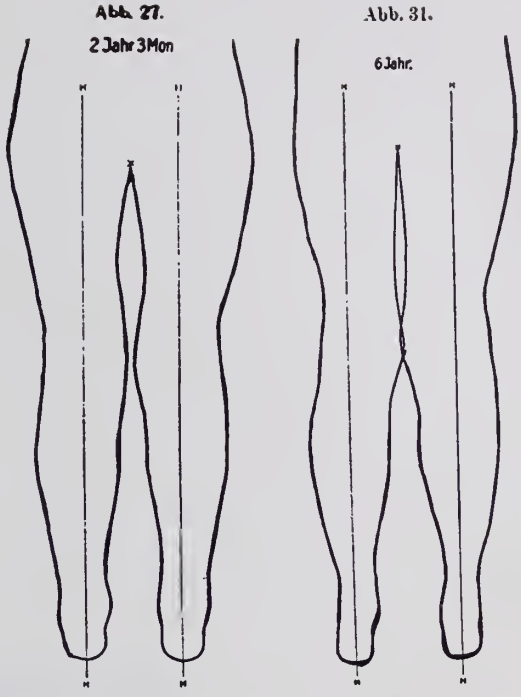



Fig. 3. Tracings showing the normal knock-knee at 2 years and 3 months, and at 6 years of age. (From Böhm.[6])

Fig. 4. The infantile type of tibia vara, age 3½ years.*

Fig. 5. Roentgenogram of the child shown in fig. 4, illustrating the abrupt angulation of the tibiae just below the knee. In the beak-like recurving metaphyses are cystic areas of rarefaction.

* Figures 4, 5, 6 and 7 by courtesy of J. Bone & Joint Surg.

tion is deferred until the progress of the deformity is stationary. The etiology is somewhat obscure. The lesion is definitely an abnormality of the proximal tibial epiphysis allied to the other osteochondrotrophopathies such as coxa plana (Legg–Perthes' disease). There is a definite congenital predisposition which is undoubtedly hereditary, as in the other osteochondroses.

Tibia vara or osteochondrosis deformans tibiae may also come on late in childhood, particularly at puberty. It is frequently unilateral (figs. 6 and 7). At this stage trauma appears to have more importance in causing the osteochondral lesion. Closely associated with tibia vara is the bow leg due to known injury of the tibial epiphysis. The rare fractures through the distal epiphyseal line and excessively rare fractures through the proximal epiphysis of the tibia or distal epiphysis of the femur may cause bowing due to premature arrest of epiphyseal growth.[3] In adults, fracture with malunion particularly at the tibial condyle is not an infrequent cause of bow leg.

### Bow Leg From Rickets

Rickets (rachitis) still accounts for some bow legs, particularly in the less enlightened communities. The history of an inadequate diet without the food substances which would furnish the necessary vitamins, the clinical appearance of gradual bowing of the entire extremity, abrupt bowing just above the ankle, or even anterior bowing associated clinically with enlargement of the radial epiphyses, beading of the ribs, deformity of the skull, and generalized hypotonia are sufficient to identify the cause. The diagnosis is substantiated by the x-ray appearance of broad irregular

Fig. 6. Unilateral tibia vara in a child 9 years of age.

Fig. 7. Roentgenogram of the child in fig. 6, showing the abrupt angulation just below the knee on the right.

metaphyses of characteristic appearance. In the mild case the appearance of bowing may be the most striking finding in the x-ray study.

In all but the extreme case the treatment is dietary, with the addition of curative doses of vitamin D to a well-balanced food intake. Exposure to sunshine for short periods at frequent intervals is of benefit. Operation is necessary in the neglected case or in the rare one of extreme initial deformity. Osteotomy followed by the application of a cast for six to eight weeks will correct the deformity. Osteoclasis without open operation avoids the scar and is simpler in young children. This may well be performed after a preliminary period of six weeks in a plaster spica cast. There is no disadvantage in treating the child medically during the preliminary time in a cast. While the rickets heal, the bones become rarefied and are easily broken over a padded wedge at the end of this time. The legs are again encased in plaster in the corrected position. The cast remains on for six to eight weeks more. At the end of that time both the deformity and the underlying cause should be corrected.

### Congenital and Other Causes

There is a rare form of congenital bowing appearing at birth or early in infancy. It usually occurs in the lower third of one tibia only. The convexity of the curve is either anterior or lateral. X-ray study discloses narrowing and increased density of the shaft of the tibia at this point with rather abrupt angulation. Although rare, the condition is of great interest to general practitioners because it is they who usually see the condition first and are tempted to correct the deformity by simple osteotomy or osteoclasis. This procedure is almost invariably followed by disastrous results. The cut or broken tibia will fail to unite and in spite of subsequent bone grafts a permanent nonunion may persist until after puberty. Occasionally the child is born with the nonunion. This condition is known as congenital pseudarthrosis of the tibia. Recently it has been shown to be related in some cases to von Recklinghausen's neurofibromatosis.[4]

Congenital absence of the tibia gives rise to extreme bow leg associated with clubfoot which is extremely difficult to correct even with radical surgery. Transplantation of the fibula to take the place of the tibia is required for even partial restoration of function.

Chondrodysplasia[5] is an occasional cause of bow leg in childhood. The diagnosis is made by the appearance on the roentgenogram of irregular islands of cartilage at the metaphysis, or multiple exostoses.

Osteopsathyrosis or fragilitas ossium is a less frequent cause. Bowing in this disease is likely to be more anterior than lateral.

Paget's disease accounts for some of the bow legs of the fifth and sixth decades. It should not be confused with the deformity caused by degenerative changes of the knee joint. The difference is easily established by x-ray examination. Osteomalacia is exceedingly rare in this country. Following the last war in Europe numerous cases were encountered in adults as rachitic bow leg was in children. Bone tumors and cysts of the femur or tibia may occasionally give rise to bowing.

#### REFERENCES

1. Nachlas, I. W.: Medial torsion of the leg. Arch. Surg. 28: 909–918 (May) 1934.
2. Blount, W. P.: Tibia vara; osteochondrosis deformans tibiae. J. Bone & Joint Surg. 19: 1–29 (Jan.) 1937.
3. Compere, E. L.: Personal communication.
4. Barber, C. G.: Congenital bowing and pseudarthrosis of the lower leg; manifestations of von Recklinghausen's neurofibromatosis. Surg., Gynec. & Obst. 69: 618–626 (Nov.) 1939.
5. Blount, W. P.: Chondrodysplasia; an unusual case. Am. J. Dis. Child. 40: 327–333 (Aug.) 1930.
6. Böhm, Max: Das menschliche Bein. Seine normale Entwicklung und d. Entstehung d. Wuchsfehler (Hüftluxation, X- und O-Beine, Knick-und Plattfüsse, Klumpfuss) Deutsche Orthopädie. Stuttgart: Ferdinand Enke, 1935.

**SPECIALISTS ARE URGED . . .**

to fill in and return promptly the questionnaires for biographic data being mailed by the publication office of the Directory of Medical Specialists, now preparing the second edition of the Directory, official publication of the Advisory Board for Medical Specialties. The second edition, which will be issued in February, 1942, will include approximately 18,000 names of diplomates certified to January 1, 1942. Dr. Paul Titus, 1015 Highland Bldg., Pittsburgh, is editor of the Directory.

# Surgical Treatment of Otosclerosis

By GEORGE E. SHAMBAUGH, JR., M. D.
*Chicago*

OTOSCLEROSIS is the most frequent cause of progressive conduction deafness. This statement is based on a study of members of the Leagues for the Hard of Hearing made eight years ago when we found that approximately 70 per cent were deafened from otosclerosis.

The pathologic lesion of otosclerosis is a slowly enlarging focus of new formed, spongy bone in the hard, ivory-like labyrinthine capsule. This otosclerotic bone gradually invades the oval window and foot plate of the stapes resulting in an ankylosis of the stapes to the margins of the oval window. The cause of this bony overgrowth is not known.

The loss of hearing in otosclerosis is primarily due to the fixation of the stapes so that sound vibrations can no longer be carried by the drum membrane and ossicular chain to the inner ear and nerve of hearing. Secondarily there is a degeneration of the nerve of hearing, which in a few cases is due to invasion of the cochlea by the focus of otosclerotic bone, but in most cases the cause of the secondary nerve degeneration is not known. As a rule the nerve changes follow rather than precede the stapes ankylosis, and as a rule they occur later in life, but they are not definitely related to the degree of stapes fixation, to the duration of the deafness, or to the age of the patient.

The serious social and economic handicap produced by otosclerosis, as well as its prevalence, account for the great number of different treatments that have been attempted to improve the hearing.

## Medical Measures

Because deafened patients are suggestible, any treatment that stimulates their hope will cause them to pay better attention and they seem to hear better. This apparent improvement is psychological rather than physiological; it cannot be substantiated by accurate hearing tests; and it never lasts. We cannot accept the statement that the hearing in otosclerosis has been improved by treatment unless it is backed up by accurate hearing tests.

The audiometer is the most accurate method we have of measuring hearing but we must remember that the audiogram may show some improvement with practice. We must also remember that the hearing curve in otosclerosis normally varies within a range of 10 decibels in the audiogram. Therefore, before we can regard a hearing improvement following treatment as significant, we must have repeated audiograms and they must show a sustained improvement of at least 10 decibels above the pretreatment level. Finally, this improvement must include the conversational tones of 512, 1,024 and 2,048 vibrations to be of practical value to the patient.

When we apply these criteria to the numerous medical treatments for otosclerosis we find that not one is of proven value. This includes x-ray treatments, vitamin and endocrine therapy, and injections of prostigmine. While we all hope for an effective medical treatment we must conclude that at the present time there is no medical treatment of proven value for otosclerosis.

## Surgical Measures

When we apply the same criteria to the surgical measures that have been advocated for otosclerosis we find that there is only one that is of proven value, and that is the fenestration or window operation.

The fenestration operation is based on the fact that the hearing defect in otosclerosis is primarily an obstruction to sound conduction. The operation aims to create a new window into the labyrinth to take the place of the occluded oval window. It is generally accepted that stimulation of the nerve of hearing requires vibratory movements of the perilymph. The cochlea is con-

* Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

structed in such a way that the movements of the stapes foot plate sets up fluid waves in the perilymph. The perilymph extends in a continuous tube called the scala vestibuli to the helicotrema at the apex of the cochlea and then in a continuation of this tube called the scala tympani down to the round window at the base of the cochlea. The very thin, yielding, round window membrane "gives" in response to the fluid waves in the perilymph, permitting maximum mobility of the perilymph. When the oval window is occluded air-borne sounds can no longer be carried from the drum membrane to the perilymph and the perilymph can only be set into motion by vibrations of the entire skull.

In 1896 Passow, in 1914 Jenkins, in 1918 Bárány, and since then Holmgren have all demonstrated that the moment a new window is made in otosclerosis there is an instantaneous and a very marked improvement in hearing for air-borne sounds. None of these workers, however, succeeded in finding a method of maintaining this improvement. In a few days to a few weeks the new window would close and the hearing would return to its previous level.

In 1924 Sourdille, stimulated by Holmgren's work, conceived the idea of rearranging the drum membrane and ossicles so that the sound vibrations would be carried by them to the new window. Sourdille accomplished this delicate rearrangement by a three-stage procedure, each stage separated by several months, so that it might be a year before the patient experienced a hearing improvement. For the first time some permanent improvements in hearing in otosclerosis began to be secured. Unfortunately, Sourdille's results have never been substantiated audiometrically and they are not reported in a way that permits an accurate evaluation of them. Moreover the length of time required to complete all three stages made his procedure somewhat impractical.

In 1938 Lempert described a one-stage operation in which he made a new window into the labyrinth and connected up the drum membrane to it. Published audiograms showed hearing improvements in the majority of his cases that were more than 10 decibels above the preoperative level and some of which had lasted six months. For the first time there was acceptable proof of significant hearing improvements in otosclerosis.

The Lempert procedure represents a further development of the fenestration operation begun more than forty years ago. Like Jenkins, Bárány, Holmgren and Sourdille, Lempert makes his new window into the horizontal semicircular canal. Like Sourdille, Lempert rearranges the drum membrane and ossicles to carry the sound vibrations to the new window. Lempert has contributed the endaural approach, the use of the skin of the external meatus intact with its attachment to the drum membrane to cover the new window, and the use of the dental finishing burr to discourage bone regeneration in making the new window. Further modifications in the technique during the past two years include the use of the gold burnishing burr to further polish the walls of the new window to prevent bone regeneration (introduced by Lempert), and the use of saline irrigation to wash away bone dust while making the window (introduced by myself).

### Technique of Lempert Operation

The technique of the Lempert one-stage fenestration operation for otosclerosis is briefly as follows: The operation is done under local anesthesia, sufficient sedatives being given so that the patient sleeps through most of the operation and experiences little or no discomfort. The endaural incisions are used to expose the mastoid cortex. The cortex is removed with enough of the mastoid cells to expose the antrum and the horizontal semicircular canal. The attic containing the incus and head of the malleus is carefully opened and the superior and posterior bony wall of the external meatus is removed very slowly and with great care not to injure the thin skin lining the meatus. It is especially important not to tear the delicate attachment of this skin to the pars flaccida of the drum membrane. By appropriate incisions in the meatus a large skin flap connected with the drum membrane is created, ready to turn back to cover the new window. The incudomalleolar joint is incised and the head of the malleus is amputated to mobilize the incus for the new conducting mechanism.

If each step in the technique thus far has been accomplished successfully the final stage may be undertaken, namely, the creation of the window into the horizontal semicircular canal. The irrigating apparatus which I have designed is attached to the self-retaining retractor and a constant film of warm, sterile normal saline is directed across the semicircular canal. The dental finishing burr is used to remove the outer and upper surface of the canal until a thin grayish streak appears denoting the lumen of the canal.

Strong binocular magnifying glasses must be employed from now on to visualize the extremely tiny structures.* Under magnification and with the constant flow of saline to keep the field perfectly clean the

* In November, 1940, a binocular dissecting microscope, giving magnification 7x, was substituted for the magnifying glasses which gave a magnification of 2x for this part of the operation.

remaining thin layer of endosteal bone is slowly removed with the finishing burr until only a film of endosteum covered with microscopic particles of pulverized bone remains over the lumen of the canal. The bone surfaces around the window are polished with the gold burnishing burr. The endosteal film must now be teased away from the fragile membranous labyrinth beneath it without injuring the membranous labyrinth. A very fine new sharp hypodermic needle is used and, of course, must not touch the membranous labyrinth which would rupture like a soap bubble.

The finished window should be the width of the lumen of the bony canal and half a centimeter long, the edges should be perfectly smooth and free from endosteal shreds, and the perilymph space should be completely exposed with the tiny transparent tube of the membranous labyrinth clearly visible, through the magnifying glasses, floating in the perilymph. The previously prepared skin flap is now turned back over the window, stretched so that the thinnest portion closest to Shrapnell's membrane covers the window and held in place with small pledgets of paraffin mesh gauze. The operation is completed. My first case, two years ago, required nearly five hours; my last case, two weeks ago, took an hour and three-quarters.

### Postoperative Care and Problems

The patient experiences an immediate improvement in hearing the moment the perilymph space is opened and if not too drowsy will hear a whisper as well or better than the assistant who is an equal distance away. This immediate and dramatic hearing improvement diminishes during the next few days and the hearing may even fall below the preoperative level due to a sterile serous labyrinthitis. Varying degrees of dizziness and nystagmus accompany this serous labyrinthitis. The packing is removed a week after operation and the hearing level slowly rises during the following weeks until it reaches its maximum four to ten weeks after operation. The patient is allowed out of bed one week after operation and goes home ten to twelve days after operation. Postoperative dressings under the strictest sterile precautions are carried out every two to five days until the cavity is completely epidermized five to ten weeks after operation.

The technique of the Lempert fenestration operation is tedious, time-consuming and exacting. A long period of cadaver training is required to master the technique before it can be successful on the human. The final results will be directly proportional to the perfection with which every finest detail in the technique is accomplished.

My own experience with the Lempert fenestration operation dates from July, 1938. Shortly before the publication of his first article, I had the privilege of visiting Dr. Lempert, of seeing most of his patients, of observing some operations and of learning the technique on the cadaver under his supervision. When I could accomplish the entire procedure on the cadaver without error, I found a patient willing to try this new operation and both of us survived nearly five hours of work. The patient experienced a definite and practical improvement in hearing.

I was encouraged to operate on six more patients during the next four months. Meantime, the window in my first case began to close as evidenced by loss of the fistula test and loss of his hearing improvement. Soon the window had closed in four of the seven patients while in two more the membranous horizontal semicircular canal was injured and in one a severe serous labyrinthitis resulted in a slight further loss of hearing in the treated ear of five decibels. For nearly a year I operated on no new patients but continued the cadaver work and continued to visit Dr. Lempert and observe his work and his results. It became increasingly clear that microscopic bone dust particles were an important factor in bone regeneration and that I had failed to remove them completely in my early cases.

In August, 1939, I began to do the operation again, taking great pains to remove every particle of bone dust. I began to secure some permanent improvements in hearing. In February, 1940, I devised the

irrigating apparatus previously mentioned and found it a great help not only in removing all bone dust but in keeping the field perfectly clean and clear at all times and in protecting the delicate membranous labyrinth from overheating from the burr. My results improved so that in twenty-six consecutive patients operated on in the last ten months all now enjoy a hearing gain greater than 10 decibels above the preoperative level. At the same time the amount of hearing improvement secured has improved.

### Evaluation

In evaluating the Lempert one-stage fenestration operation for otosclerosis we must answer the following questions:

*1. What is the proportion of good results?*

A total of thirty-one patients were operated on from July 13, 1938, to September 10, 1940, with a sustained hearing gain of more than 10 decibels for the conversational frequencies in twenty-six, or 84 per cent. During the past ten months a good result was obtained in 100 per cent of twenty-six patients operated on. (This includes six revisions where the window had partly or entirely closed following the first operation.)

*2. What are the possibilities of making the hearing worse?*

In one of my early cases a postoperative serous labyrinthitis resulted in a further loss of 5 decibels for the conversational tones in the operated ear. Since I always operate on the poorer hearing ear this slight loss did not appreciably impair the patient's practical hearing.

*3. What are the risks to life and health?*

There have been no deaths and no serious complications in my series of forty consecutive operations on thirty-one consecutive patients (six revisions, and three patients had both ears operated on).

Minor complications have been the serous labyrinthitis already referred to, a transient facial paresis that came on one week after operation and lasted ten days in one case, and a psychoneurosis due, according to the neurologist, to the sudden removal of a long-standing handicap which the patient had used as a crutch to avoid unpleasant responsibilities.

*4. Does a window in the horizontal semicircular canal result in unpleasant dizziness?*

The dizziness which follows the fenestration operation is due to the sterile serous labyrinthitis which always occurs to a varying degree. When this has cleared up in two to six weeks there is no unsteadiness unless the fistula is touched with a cotton applicator when there is the usual momentary vertigo with nystagmus.

*5. How great is the hearing improvement? Does not an electrical hearing aid do as much without the risks and uncertainties of surgery?*

The degree of final hearing improvement varied from an average gain for the conversational tones of 11 to 37 decibels and is proportionate to the size of the permanent window. Of the thirty-one patients operated on, eight had previously worn a hearing aid and every one states that the hearing following operation is greater than the hearing secured from the hearing aid. Especially pleasing to these patients is the natural quality of their present hearing compared with the mechanical quality of the hearing secured from a hearing aid.

*6. Will fenestration arrest the secondary nerve degeneration?*

Since the nerve changes in otosclerosis are extremely erratic, it will be at least ten, and perhaps twenty years, before we will know with certainty the answer to this question.

*7. How long will the hearing improvement last?*

This is the most important question of all and can only be answered in part since the fenestration operation is still so new. From my own experience a window that is still open three months after operation, with a hearing improvement that is not diminishing, will remain permanently open with a permanent improvement in hearing.

Perhaps this statement will have to be modified after another five or ten years have elapsed.

## Conclusions

The Lempert one-stage fenestration operation for otosclerosis for the first time offers a means of restoring the hearing. The operation is indicated in patients with otosclerosis with sufficient hearing loss to constitute a handicap and with an intact nerve of hearing for the conversational frequencies. The operation is technically intricate, delicate and time consuming, but if the technique is correctly followed in each successive step a lasting gain in hearing will be secured in better than 80 per cent of properly selected cases.

## DISCUSSION

**Gerhard D. Straus, M. D., Milwaukee:** I should like to take this opportunity to compliment Dr. Shambaugh on his contributions in temporal bone surgery as well as on his masterful presentation.

The problem of otosclerosis is one that has baffled otologists for a century. The efficacy of eustachian catheterization and bouginage has long been disproved. Many other types of treatment, such as vitamin and endocrine therapy, have been tried and eventually discarded and the otosclerotic patient has had to rely upon the hearing aid and lip reading.

It has long been known that fistulization of the labyrinthine capsule will produce an improvement in hearing in cases of chronic progressive deafness. The problem has been to keep the fistula open.

In 1876, Kessel removed the foot plate of the stapes in an attempt to produce a permanent fistula. This proved to be an impractical method. Twenty years later, Passow bored a hole into the promontory, but this soon closed over. In 1914, Jenkins produced fistulae in the horizontal canals of two patients but was unable to maintain a permanent opening. The real pioneer work in this field has been done by Holmgren and Sourdille since 1917. These men have experimented in almost every conceivable way in their attempt to produce a permanent fistula but have been unable to produce lasting improvement in any but a few of the patients they have operated on.

Not until Lempert published his monumental work in 1938 had there been any reports of a practical operation which was successful in a majority of cases. Lempert's work has been checked by some of the outstanding otologists in the country and his results have been duplicated by Campbell, Shambaugh and others.

There is, therefore, little douht that when the operation is properly performed on carefully selected patients, improvement in hearing will result.

I have had no personal experience with the operation other than cadaver work and some experience in the endaural approach for mastoidectomy so that perhaps it is presumptuous for me to comment upon it. I have this to say, however, and it is a reiteration of what Lempert and his disciples have repeatedly stated; namely, that the successful outcome of this operation depends upon the careful observance of the details of technique and that this technique can be acquired only (1) by a tremendous amount of careful cadaver work under the supervision of a man who is a master of the operation, (2) by a good deal of practice of the endaural approach in the living patient, which can be accomplished by learning the endaural mastoidectomy and using it almost routinely in mastoid surgery. I also feel that this is not an operation to be attempted by the occasional operator no matter how skillful he may be, as the technique is so complex and difficult that the slightest slip will cause complete failure.

This leads us to the following conclusions: (1) that the fistulization operation as far as the rank and file of otologists is concerned is still in the experimental stage; (2) and that the operation must be simplified in order to make it available to the average otologist and through him to the vast army of otosclerotic patients. Lempert in his last article has indicated his realization of this problem and is apparently bending his efforts to a simplification of the operative technique.

I feel that otology owes a debt of gratitude to the men engaged in this work for stimulating a fresh interest in temporal bone surgery, in the pathological physiology of otosclerosis, and in the physiology of hearing itself.

## NEXT MONTH . . .

Next month an article on "Artificial Respiration," by Dr. Milton C. Rosekrans, Neillsville, will appear in The Journal. In this article Dr. Rosekrans describes the "rowing method" of artificial respiration which he and his colleagues devised one night while administering artificial respiration over a long period to the victim of an accident.

Other articles scheduled to appear include: "Laboratory Aids of Value in the Diagnosis of Traumatic Shock and the Use of Blood Plasma as a Therapeutic Agent," by Dr. Carl S. Williamson, Green Bay; "Vertigo," by Dr. W. E. Grove, Milwaukee; "Congenital and Acquired Characteristics of the Spine and Their Relation to Injury," by Dr. Merritt L. Jones, Wausau; and "Gonioscopy," by Dr. P. C. Kronfeld, Chicago.

# Common Pitfalls in Diagnosis*

By FRANK J. HIRSCHBOECK, M. D.
*Duluth*

"In the August number of your state medical journal your president, Dr. Arveson, in an editorial, chose to discuss various aspects of programs for your annual meetings. He decried the tendency toward academic discussions of too technical a character, and commended presentations of a more general nature, possibly less Olympian in style and grandeur, but more in conformity with your daily problems in practice. He favors exposition of methods of practice rather than exhibition of knowledge and technique. With this view I am in accord, and offer this contribution with the appreciation that a review of certain diagnostic pitfalls may lead to an awareness in diagnosis, tending to reduce our vulnerability to error."

—The Author.

DIAGNOSIS is the crux of medical practice; without it, prognosis is fallacious and therapy is empiric. The quack, the charlatan, the ignorant, and the unskilled, deprived of diagnostic accuracy, may thrive temporarily because of the large segment of morbid processes which get well in spite of such shortcomings, but they ultimately fail in the very instances where diagnostic, prognostic and therapeutic acumen are most essential; namely, in the more serious diseases of life.

Diagnosis is based on the proper adjudication of three variants: the history, the examination, and the laboratory and mechanical aids (the latter often being erroneously considered as instruments of precision).

## So-Called "Precisional Aids"

John B. Murphy once said that the diagnosis is made in the human brain and not in the laboratory, but to deprecate the value of laboratory and mechanical aids is to practice horse-and-buggy medicine and deny all progress. Presumably, the same obstructionist idea prevailed when anatomy, physiology, pathology and bacteriology became the handmaids of more accurate diagnosis. Such reactionary attitudes are an expression of mental indolence, frustration or senility.

One needs no more glaring example than the comparison of diagnostic accuracy as adjudged by Richard Cabot in 1912[1] and by Swartout in 1934,[2] to indicate the value of laboratory and mechanical aids. In these studies only postmortem controls were used, and the doubtful advantage of such a study was denied those who recovered. Cabot's Massachusetts General Hospital statistics, unfortunately so often used by critics of the profession, showed only a 50 per cent accuracy, whereas Swartout, at the New Haven Hospital, indicated an accuracy of 89.5 per cent, attributed by him to better clinical records and the aid of laboratory and instrumental accessories.

The greatest diagnostic inaccuracies in Cabot's series evolved in conditions in which technical aid was of greatest importance, being 41 per cent in pulmonary tuberculosis, 77 per cent in tuberculous osteitis, 67 per cent in renal tuberculosis, and 67 per cent in bronchopneumonia. In cardiovascular disease, aneurysm was missed in 50 per cent of the patients, acute pericarditis in 80 per cent, and acute endocarditis in 61 per cent. It is easy to understand how peptic ulcer, in the absence of x-ray diagnosis, was missed in 64 per cent, and hepatic cirrhosis in 61 per cent. Such inefficiency in diagnosis is no longer conceivable, and the airing of such data should be vehemently condemned.

In Swartout's series, the greatest omissions were in cerebral embolism and thrombosis, with 32 per cent failures; and in pulmonary embolism with 54 per cent failures, appendicitis with 29 per cent, and hepatic cirrhosis with 27 per cent. It is of corollary

* From the department of internal medicine, Duluth Clinic. Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

interest that in these conditions technical help is of less value; also, that of the 1,805 autopsies, twenty-six showed no true cause of death even at autopsy.

There is, therefore, much to be said in favor of so-called "precisional aids," but to accept them at full value, without a critical interpretation, is to make of diagnosis a fixed science, which the vagaries of human illness do not permit. The stethoscope at one time was considered an instrument of precision, and so was the sphygmomanometer, but they do not establish a diagnosis —only a finding which, in the totality of data, may have only secondary connotation. To a lesser extent this is true of the laboratory test, the electrocardiogram and the roentgenogram—all of which are subject to human interpretation and its fallibility. Definite renal inadequacy is not often recognized in the laboratory until two-thirds of the renal parenchyma is impaired, and liver functional tests are still more obscure in uncovering early failure of the liver's multiple functions.

How often we hear varying diagnostic impressions enumerated in roentgenograms; as, for example, on the question of the interpretation of miliary pulmonary lesions, the interpretation of the Graham–Cole test, or in encephalography and urography. In electrocardiography, for example in spite of a clear history of coronary insufficiency, readings may be totally lacking in corroborative leads, and the significance of certain instances of bundle branch block is still confusing in prognosis.

The wise physician utilizes every resource at his command, but to accept *all* interpretations, even at the hands of the most skilled technical observer, leads to a mechanistic conclusion which disregards all the interplay of abstract factors which makes the premises of fine diagnosis more secure.

### Evaluating the History

It has been said that the history of the illness represents 50 per cent of our diagnostic criteria. In certain diseases the history is even more important than the statement suggests; as, for example, in personality disorders or in allergic disturbances. In others it may be negligible, and often only in support of more obvious objective findings. Diabetes, certain renal diseases, or hypertension may be uncovered without any awareness or complaint on the part of the patient.

The value of a history is evident to many of us by our ability to identify certain processes merely by a telephone conversation. An experienced physician not infrequently knows a patient has angina pectoris or coronary occlusion, a gallstone colic or a respiratory infection, before he sees the patient. In acute coronary insufficiency, even the postmortem examination may not reveal the disease which can be identified with certainty from the history. Moynihan is quoted as having said in part that the diagnosis of peptic ulcer can be made over the telephone. I don't want to seem to encourage such methods of diagnosis, but merely point out the frequent accuracy of the historical approach.

On the other hand, since the history is so important in supplying leads of approach, it behooves us to appraise it carefully and to apply an intelligent and critical reasoning to its ultimate conclusion. The history may be misleading because the patient is not able to, or refuses to circumscribe his complaints. One sometimes is unable to arrive at a judicial beginning in unraveling such mental jigsaw puzzles. Loquacious patients (often neurotic) often have little or no physical evidence of disease, but such a history, amplified by well directed queries, usually brings order out of chaos, and a story is evolved that is often pathognomonic. There is too little a tendency to make a direct diagnosis of functional states. Admittedly, supplementary examinations must be complete, particularly in functional states, but to go far afield and perform useless procedures, when a more direct approach to a diagnosis is possible, is not good medicine.

In evaluating the history, certain other pitfalls must be averted. The patient should be judged as to his sensitivity to disease and complaints. The sensitivity of some patients leaves them constantly on the threshold of subjective discomfort; other hardy persons,

because of pride or the bluntness of their sensations, tend to withhold or do not even feel stimuli which may be of diagnostic value to the physician. In some instances the patient may unwittingly exhibit a distorted appreciation of relative subjective values, and may insist upon the gastric reflex symptom of tuberculosis or coronary disease as being unduly important. Patients frequently forget important data, and specific questioning must bring out the history of a previous colic in suspected gallbladder disease, the transient amblyopia observed in multiple sclerosis, or the history of having had contact with certain animals which transmit tularemia.

I believe it is wise to *lend an ear* to previous medical opinion because, by and large, it is the most expert opinion the patient has had. Shyness frequently prevents the patient from giving information of extreme importance, and this is particularly true in evaluating causes of neurotic and psychoneurotic complaints. The patient is reluctant to unburden himself of valuable data until a complete rapprochement has been established with the physician. This may take days and weeks to effect. The mental state of a patient may make him hypercommunicative or uncommunicative, depending upon an exalted or depressed status. These expressions of complaints, therefore, must be taken at their mental and psychic face value.

Impressionable reactions must be suitably interpreted. The relative who has witnessed the anguish of coronary occlusion in one dear to him, may subjectively feel the same symptoms, but close inquiry will reveal variations that identify the true neurotic nature of the complaint. It is important to elicit the phobias which patients possess—the fear of cancer, mental disease, tuberculosis, etc.—because if, in the summing up of the diagnosis, these things are not specifically mentioned, the patient may not be relieved of his fears and anxieties.

If the patient is not able to speak English or some language with which the physician is acquainted, diagnostic practice may be almost veterinary in type. Laziness on the part of the physician is no excuse for not ferreting out all available data through relatives and acquaintances who can give one the information necessary.

Too frequently physicians are prone to accept the narration of subjective symptoms in medicolegal cases, where self interest and cupidity play an important part. They must be discounted. It must not be forgotten that actual deception also plays a part where self interest intrudes itself. In evaluating the history three essentials must be considered; namely, human understanding, a separation of self-objectivity, and judgment on the part of the examiner.

### Essentials in Examination and Diagnosis

The essentials of a good examination may vary. To the man in general practice, who is acquainted with the patient's history, his character and physical status, a complete examination of the patient is often not necessary. A provisional diagnosis, pending further opportunity for observation, is not only sensible but proper, for economic reasons and for the patient's comfort. New historical data must be developed to a reasonable conclusion, but not every patient who has a temporary digestive disorder needs an expensive, uncomfortable, time-consuming gastrointestinal x-ray examination, until it is justified by succeeding developments. The clinic of state-wide or national patronage has a different problem in the need of fine-combing the material than has the general practitioner or the group in a small town to whom the patient is accessible. Diagnostic security, however, should not be sacrificed to temporary expediency.

I assume most physicians try to be consistent and careful, but in my experience certain flagrant errors are often discovered which I believe call for correction. It is a source of wonder to me how poorly the practitioner prepares himself, or at least has forgotten the preparation in neurologic diagnosis. If every doctor would *only* learn the essential characteristics between upper and lower neuron disturbances and sensory pathways, at the same time keeping in mind the essential pathology of a given neurologic disorder, he could easily master what is one

of the most fascinating and accurate fields in all diagnosis. It is rare, indeed, to note even a presumptive diagnosis previously rendered in innumerable instances of brain or spinal cord tumor, multiple or combined sclerosis, the muscular dystrophies, or even cervical rib.

The interpretation of heart findings likewise seems to offer difficulty. If one follows the plan of the American Heart Association in considering etiologic, anatomic, physiologic and functional qualifications, this would be less difficult: for example, etiologic, rheumatic; anatomic, aortic insufficiency; physiologic, left ventricular failure; functional, decompensation grade 3. The identification of valve lesions seems difficult but is learned through repeated experience. Acute appendicitis, gastrointestinal malignancy, sigmoid diverticulosis, and chronic pyelonephritis especially in women, are common pitfalls as well. The early diagnosis of certain diseases may offer insuperable difficulties even to the most alert by the very absence of symptoms; as, for example, in early hypernephroma or in focal nephritis. Other diseases, as malignancy of the gastrointestinal apparatus, especially of the cecum and fundus of the stomach, often require the most assiduous and painstaking analysis to avoid defeat. These are common sources of error.

A thorough knowledge of disease patterns is important. It is not enough to know only that myocardial infarction may exist. The astute physician must be on the alert for suspicious signs of complications. He must know its complications at their inception, and have an acquaintance with the possible cycles of the disease: systemic and pulmonary emboli; venous thrombosis; right-sided, left-sided and general heart failure; conduction, irritability or contractility disturbance; and even the signs of less frequent complications, such as rupture of the interventricular septum or ventricular aneurysm. Finally, he should also know when the process is sufficiently healed to permit convalescent rehabilitation.

The physician who does not *know* of a disease can hardly diagnose it. There probably isn't one here who would recognize a case of ainhum or yaws if he were to see it, but we should be prepared to consider intelligently brucellosis, tularemia, or other indigenous disease. At the opposite pole, we have the man who knows too much, or who has had a "recent case," or has read of a rare possibility, and tries to apply it to his next problem. Occasionally one experiences periodic mental "blackouts," or what Dr. Samuel Johnson called "sudden fits of inadvertency which eclipse the mind," and when the patient is seen again, with the mind refreshed, the true condition unfolds itself in our consciousness.

Faulty diagnosis may also be due to a current diagnostic fad, such as focal sepsis, avitaminosis or endocrine imbalance. A fad may also be more specific in its application, and due to a personal overemphasis on a condition. I remember a statement of Haggard of Nashville, Tennessee, in which he said that "adhesions is the refuge of the diagnostically destitute." So are many instances of gallbladder disease or chronic appendicitis.

It is unwise to be in a hurry. The young physician who must appear omniscient frequently is driven into a diagnostic statement unsupported by the evidence—a fault which an older man, with a broader reputation, may be able to avoid. By a certain amount of circumlocution, the physician oftentimes can impress the patient or the relatives with his knowledge of the case in point, without being forced to give the disease a name. This is much better than to be hasty and to make a diagnosis which has to be changed.

Multiple diagnoses, as a rule, are not advisable in the young; in the old they are almost a necessity, because in the degenerative phase of life a patient may have hypertension, diabetes mellitus, angina pectoris, cerebral sclerosis, etc., combined.

One warning which I consider extremely important to the practicing physician is not to fail to make a complete examination, and to go over a case analytically, immediately prior to consultation, to avoid many embarrassing situations, both to the physician in charge and the consultant.

*(Continued on page 538)*

# COMMENTS ON TREATMENT

EDITORS
A. J. Quick M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

## Potassium

Potassium is necessary to cell function and life since it represents the chief intracellular cation. Only one-tenth as much potassium is found in serum and other extracellular fluids. This ion is toxic to cardiac muscle, voluntary muscle, and the nervous system when it is present in excess in extracellular fluids. Since the kidney rejects potassium so rapidly it is very difficult to attain an elevated and hence toxic serum level except in instances in which the excretion of potassium is impaired, such as in renal disease or adrenal cortex insufficiency. The wide distribution of this ion in foodstuffs assures a positive potassium balance even on poorly managed diets. A negative potassium balance implies cellular destruction since it can be demonstrated that potassium and nitrogen are lost in the same proportions during starvation.

The principal therapeutic use of potassium is as a diuretic. When present in extracellular fluid it is filtered through the glomerulus and rejected by the tubule. Since the renal tubule can only concentrate electrolytes to a limited degree, the excretion of potassium must be accompanied by appreciable amounts of water. As a diuretic, potassium gives best results in cardiac edema especially when combined with a diet low in sodium chloride. The usual dose of a potassium salt is 5 to 10 grams daily, given orally in divided doses or at meal time as a condiment.

Most of the salts of potassium are used in therapy for the action of the anion rather than the potassium cation. When the action of the cation is desired the commonly used preparations are potassium chloride or potassium nitrate, U.S.P.

The known depressant action of potassium on the heart has led to its use in the treatment of paroxysmal tachycardia and premature systoles. A sufficient elevation in serum potassium by oral administration cannot be attained ordinarily to render this method effective.

In Addison's disease, a marked disturbance of potassium metabolism exists. Due to an impaired renal excretion, a high concentration accumulates in extracellular fluids. Some believe that many of the signs and symptoms of this disease can be attributed to poisoning with the retained potassium. The oral administration of potassium to patients with Addison's disease induces a marked exacerbation of signs and symptoms and should be avoided unless used specifically as a means of aiding differential diagnosis. Conversely, restriction of potassium often results in an amelioration of symptoms.

Much evidence has accumulated to indicate that potassium is intimately connected with the transmission of the nerve impulse. Evidently its rôle is that of enhancing the action of acetylcholine or possibly acting independently as a chemical mediator. This mechanism has been invoked to explain the specific effects of potassium in familial periodic paralysis. It has been shown clearly that a deficiency of potassium exists in extracellular fluids in this condition. The symptoms and signs may be rapidly relieved by intravenous or oral administration of potassium chloride. When used intravenously a 2 per cent solution should be injected very slowly to avoid dangerous toxicity.

Potassium has been used widely in the treatment of allergic states based largely on the presumed relationship between potassium and epinephrine. Controlled studies indicate that the theoretical basis is erroneous and that potassium is valueless as a therapeutic agent. M.H.S.

# THE WISCONSIN MEDICAL JOURNAL



**The Council on Scientific Work**

E. R. SCHMIDT, Madison — EBEN J. CAREY, Milwaukee, *Chairman* — C. J. SMILES, Ashland
G. W. KRAHN, Oconto Falls — KARL H. DOEGE, Marshfield — W. S. MIDDLETON, Madison *(ex officio)*

**Editorial Staff**

KARL H. DOEGE, Marshfield, Medical Editor — MR. J. G. CROWNHART, Madison, Managing Editor
MISS DOROTHY CRIDLAND, Madison
Assistant Editor

**Collaborators**

THE COUNCIL

H. P. BOWEN ---------- Watertown
C. E. PECHOUS ---------- Kenosha
W. T. CLARK ---------- Janesville
B. I. PIPPIN ---------- Richland Center
A. H. HEIDNER ---------- West Bend
S. E. GAVIN ---------- Fond du Lac
H. A. JEGI ---------- Galesville
G. W. KRAHN ---------- Oconto Falls
H. H. CHRISTOFFERSON ---- Colby
F. E. BUTLER ---------- Menomonie
F. G. JOHNSON ---------- Iron River
H. J. GRAMLING ---------- Milwaukee
R. E. FITZGERALD ---- Milwaukee
ROBERT W. BLUMENTHAL ---------- Milwaukee
J. W. LAMBERT ---------- Antigo
R. G. ARVESON ---------- Frederic
(Past President)



**Annual Subscription ---------- Three Dollars-Fifty Cents** **Single Copies ---------- Fifty Cents**

Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Ill.

**Address all communications to THE WISCONSIN MEDICAL JOURNAL, Madison**

**Volume 40** **JUNE, 1941** **Number 6**

**OFFICIAL PUBLICATION OF THE STATE MEDICAL SOCIETY OF WISCONSIN**



**Copyright by the Society, 1941**


## « « « EDITORIAL » » »

### "Is It Not . . . ?"

WHEN our House of Delegates was in session in 1940, it was evident that during the months to follow, increasing numbers of our members would be called to active military service. Substantially 200 or more members held Reserve or National Guard commissions. More were being asked by the government to accept such commissions. Still others might be called under the terms of the Selective Service Act. All were accepting their call at a sacrifice.

So it was that the resolution proposed by our own M-Day Committee, calling upon those physicians who remained in the community to assist in preserving the opportunity for practice for those serving in the military forces, was unanimously adopted.*

This resolution can be made effective only if all members who are not called to military duty make the resolution real by personal attention to its patriotic spirit. Hospital staff appointments should be held open. Appointments as examiners, if necessarily assumed by others, should be assumed only for the period in which the original appointee is absent from the state. Physicians should not be encouraged to establish themselves in a community where the opportunity for practice exists simply by reason of some other physician or physicians being in the military service, except where civilian needs are such as literally demand such replacement service. This situation will occur, we hope, but rarely.

No one can now foresee what the immediate future may hold. It was the announced intent that calls to active service would be for only a period of one year. Perhaps some, or many, will be asked to serve for longer periods. But whatever may be the length of service, the time will come for the return home. Those who have locum tenens or associates may have little difficulty in reestablishing themselves with the minimum of loss. Others will necessarily face a period of readjustment. This period will be difficult enough for many of our returning associates without their finding a situation wherein, because of new physicians, needlessly present, there is no opportunity for reestablishment of practice. Such sacrifices should not be expected. Is it not the duty of each of us to see that there is no encouragement for it to occur?

* The resolution appears on page 525.

# . . . . THE PRESIDENT'S PAGE . . . .

## "Dues"

HOW many times that word has appeared in discussions in this and other societies! Yet for an organization to function properly there must be an income. The willingness with which we pay dues depends on the value received. Some of the cults have collected several hundred dollars from each of their members during the past year. To become a member of the electric union costs $180. By comparison, in many instances, our dues are small.

There is no plan to raise the dues and yet certain problems as to its finances do arise in connection with our organization. Our surplus was once in round numbers, $25,000. It is now, due to depletion in connection with hospital insurance and other studies, $12,000. This is only about $5 per member, which is not large. I believe you will all agree that this should be increased as is practical.

In the best of regulated plans unusual situations do arise. Our men are going to camp and many letters are coming in asking for a remission of dues. It seems to be the consensus of opinion that this should be done based on World War precedent and bearing in mind the sacrifice these men are making.

Other angles to this problem present themselves. At the time of this writing, we are not at war. The compulsory training will presumably go on after peace has been declared. In other words this precedent of remission of dues will probably survive the emergency. Furthermore, in the World War there was no full-time secretary. The projects of the society were extremely minor by comparison. The dues were small. Today we have a full stage fight on our hands to aid medicine in its attempts to keep the high standards of health in our state. This battle must go on with the same applied force in the interest of the absentee members as well as those present. There are some who feel that a 50 per cent reduction in the dues might be more equitable than remission of dues.

This is a live subject. Your councilors will appreciate an expression from you so that this all important subject may be formulated for this and future emergencies.

Ralph P. Sproule

# THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Donne F. Gosin, Green Bay, President
Mrs. J. S. Supernaw, Madison, President-Elect
Mrs. Samuel A. Montgomery, LaCrosse, Vice-President
Mrs. Harry A. Keenan, Stoughton, Recording Secretary
Mrs. Robert W. Kispert, Green Bay, Corresponding Secretary
Mrs. Edwin P. Bickler, Milwaukee, Treasurer

COMMITTEE CHAIRMEN

Archives—
Mrs. D. B. Dana, Kewaunee
Convention—
Mrs. Arnold S. Jackson, Madison
Finance—
Mrs. Robert E. Fitzgerald, Wauwatosa
Hygeia—
Mrs. Gerald H. Friedman, Milwaukee
Organization—
Mrs. Ernest S. Schmidt, Green Bay
Philanthropic—
Mrs. Henry E. Twohig, Fond du Lac
Press and Publicity—
Mrs. Arnold H. Barr, Port Washington
Program—
Mrs. Maynard H. Fuller, Green Bay
Public Relations—
Mrs. Reuben H. Bitter, Oshkosh
National Exhibit (special committee)—
Mrs. E. Lee Lochen, Waukesha
Circulation of Bulletin (special committee)—
Mrs. Robert E. McDonald, Milwaukee

## News Notes by Press and Publicity Chairman

### Let's Take Inventory

IN SEPTEMBER, less than three months away, the annual meeting of the State Auxiliary will be held in Madison. Before it is too late let's take time to evaluate the results of our work so far. Last fall each county committee was given a list of projects from which to choose the year's work. How many of these have been completed so far?

Here are the statistics from reports received May 20:

There are twenty-seven county auxiliaries in the state.

Ten auxiliaries have reported public relations projects.

Ten auxiliaries have reported taking Bulletin subscriptions (a total of twenty-one subscriptions).

Fifteen auxiliaries have reported philanthropic projects (the total, of course, is many more than fifteen projects).

Fifteen auxiliaries have responded to the request for biographies of pioneer physicians to be published in the Centennial Section of this Journal.

You who belong with the other seventeen, and the other twelve, think it over! Now is the time to do something about it.

Good news has come this month from the state Hygeia chairman, Mrs. Gerald H. Friedman of Milwaukee. She writes that "The State of Wisconsin has exceeded the 1940 quota; to date subscriptions number 880 as of last year's 875. The Brown–Kewaunee–Door Auxiliary has fulfilled its quota of sixty subscriptions in time to be counted in our state's Hygeia record."

#### Unique "Thank You" to Chairman

Public relations chairmen recently received as gifts from the national public relations committee copies of Dr. Rock Sleyster's "The Doctor's Wife." The accompanying letter stated that the gift "is to thank you for past efforts and to encourage you to get 'your second wind' as we near the 'home stretch.'" The committee in presenting the booklet said, "for each public relations chairman we are enclosing a copy of 'The Doctor's Wife' by a former A. M. A. president, Dr. Rock Sleyster (of Wauwatosa, Wisconsin). Since the Medical Auxiliary has aimed during the past few years to make every doctor's wife conscious and conscientious about her 'by-marriage position' this delightful statement of Dr. Sleyster's becomes a text, a tribute, and an inspiration. We suggest that it be read at Auxiliary meetings in every county in the United States. We further recommend that you circulate your copy or better still have it copied for your members. Its content, taken seriously, will prove invaluable to any doctor's wife as it will create a desire to magnify her opportunity."

Members from Wisconsin, who attended the 1939 state convention, had the privilege of hearing "this delightful statement" from Dr. Sleyster in person. It was published in this section of the Journal of November, 1939. Extra copies in booklet form may be obtained at a nominal price up to June 30 of this year. See your public relations chairman.

## Barron—Washburn—Sawyer—Burnett

Mrs. Donne F. Gosin, president of the Woman's Auxiliary to the State Medical Society of Wisconsin, reports that she and Mrs. E. S. Schmidt, organization chairman, visited the counties of Barron, Washburn, Sawyer, and Burnett, and organized an Auxiliary at a meeting at the Land O'Lakes Hotel, Rice Lake, on May 20.

The ten members present adopted a constitution, paid dues, and elected officers as follows:

President—Mrs. G. N. Lemmer, Spooner
President-elect—Mrs. R. W. Adams, Chetek
Secretary-Treasurer—Mrs. W. B. Rydell, Rice Lake

## Brown—Kewaunee—Door

*Has Benefit for Infants' Home*

A newspaper clipping sent in by Mrs. E. S. McNevins of Green Bay states as follows:

"About 300 women were present on Saturday afternoon, April 26, when the Brown–Kewaunee–Door County Medical Society Auxiliary held its benefit bridge party in the main dining room of Hotel Northland in Green Bay. Proceeds will be used for St. Mary's Infants' Home.

"The centerpiece of the tea table consisted of a bouquet of purple primroses, pink roses, and sweet peas with white tapers on each side in crystal candelabra. Bouquets of purple primroses were also on the smaller tables. Mrs. E. S. Schmidt, Mrs. J. R. Goggins, and Mrs. E. G. Nadeau poured.

"Individual bridge prizes were awarded at the various tables. The committee in charge of arrangements consisted of Mrs. R. B. Lenz, Mrs. Louis Milson, and Mrs. G. F. Denys."

## Dane

*Has Public Relations Meeting*

Mrs. E. H. Grumke of Madison reports that Dr. Paul C. Barton, director of the Bureau of Investigation of the American Medical Association, was the guest speaker at the tea which the Woman's Auxiliary of the Dane County Medical Society gave on Monday, May 12, at 2:30 p. m. at the Women's Building. His subject was "Beauty Aids and Adds."

Mrs. C. N. Neupert, president of the Dane County Auxiliary, was in charge of the meeting. The social committee included Mrs. A. G. Sullivan, Mrs. J. P. Dean, Mrs. Joseph Dean, Mrs. T. W. Tormey, Sr., Mrs. W. E. Meanwell, and Mrs. H. K. Tenney. Mrs. W. A. Werrell, chairman of public relations, introduced the speaker.

The Bureau of Investigation, which Dr. Barton directs, is one of the educational activities of the American Medical Association, having for its primary object the collection and dissemination of information on patent medicines, quacks, medical fads, and various other phases of pseudo-medicine. Thirty-five years ago, the Bureau of Investigation was set up to analyze those products coming under the federal pure food and drug act. In 1938, by virtue of the federal trade commission's act covering cosmetics, the government was able to tell manufacturers to remove false claims from their labels. As a result, most preparations violating A. M. A. standards have been removed from the market.

"Creams which are advertised to feed the pores are simply fake," explained Dr. Barton. "The only way to feed the pores is through the mouth." "Actually, there are no such things as contour creams, crowsfoot creams, eyelash growers, hair restorers, and rejuvenating creams," the speaker said. Dr. Barton further told the women that some obesity cures have been known to cause blindness, that many hair dyes are harmful, and that electrolysis, unless used by medically trained technicians, is dangerous.

Mrs. J. S. Supernaw of Madison, president-elect of the Woman's Auxiliary to the State Medical Society of Wisconsin, told the group that during the coming year the policy of educating and informing the public of things of interest in the health field would continue.

## Fond du Lac

*Hears Wayland Academy Dean*

Mrs. J. E. Twohig of Fond du Lac sent this news account of the meeting on April 24:

"Miss Ruth E. Reber, dean of women and director of speech at Wayland Academy and Junior College at Beaver Dam, entertained members of the Woman's Auxiliary to the Fond du Lac County Medical Society by reading "Life with Father" at a dinner meeting of the group Thursday night at the home of Mrs. H. E. Twohig, Fond du Lac.

"Dinner was served at six o'clock to twenty-nine members of the auxiliary. At a business session preceding Miiss Reber's reading, plans were completed for a card party to be held Friday afternoon and evening, May 2, at the home of Mrs. S. E. Gavin of Fond du Lac. It was announced that the next meeting of the auxiliary would be a tea at the home of Mrs. W. C. Finn, Fond du Lac, on Thursday, May 22.

"The committee for last night's meeting consisted of Mrs. Twohig, chairman, Mrs. R. G. Raymond, Mrs. W. J. Waldschmidt, Mrs. H. C. Werner, Mrs. D. N. Walters, Mrs. R. L. Waffle, and Mrs. T. A. Hardgrove."

## La Crosse

*Honors State Vice-President at Farewell Tea*

Mrs. F. H. Wolf of La Crosse reports that "Mrs. S. A. Montgomery was guest of honor at a tea given in March by the Woman's Auxiliary to the La Crosse County Medical Society yesterday afternoon at Grandview Nurses' Home. The affair was a farewell to Mrs. Montgomery who left the city early in April to reside in the south, as Dr. Montgomery spends the coming year in service at Fort Sam Houston, Texas.

"Mrs. N. P. Anderson poured at a table made gay with yellow jonquils, white daisies, and yellow candles. Hostesses were members of the executive board, Mesdames Gunnar Gundersen, J. C. Fox, E. H. Townsend, J. J. Simones, J. C. Harman, F. H. Wolf, B. W. Mast, P. C. Gatterdam, and F. A. Douglas.

"At the business meeting Mrs. Montgomery gave a report of the state executive board meeting in Milwaukee, which she and Mrs. Mast attended. Mrs. Montgomery is vice-president of the state auxiliary and program chairman of the local organization. She was the local auxiliary's first president and one of its organizers. In recognition of her services the auxiliary presented her with a farewell gift."

## Milwaukee

*Ends Year With Music and Garden Talk*

The ninth annual meeting of the Woman's Auxiliary to the Medical Society of Milwaukee County was held on Friday, May 9, at the Hotel Pfister. This was a memorable occasion as it was the first time since the revision of the constitution that this important event has taken place in the spring instead of in December. Eighty members were present.

A delightful musical program preceded the business meeting. Mrs. Benjamin Lieberman, violinist (an Auxiliary member), and Mesdames Gertrude Strauss, pianist, and Johanna Reseh, cellist, played three well-known classical selections.

Following reports by chairmen of standing committees, Mrs. C. D. Partridge, retiring president, gave her report. In the name of the Auxiliary, Mrs. P. A. Lee, chairman of the courtesy committee, presented Mrs. Partridge with an engraved gavel in appreciation of her splendid work. Then Mrs. R. D. Champney, new president, was inducted.

New officers elected are as follows:

President-elect—Mrs. H. O. Zurheide
Vice-president—Mrs. A. R. Langjahr
Corresponding secretary—Mrs. P. A. Lee
Recording secretary—Mrs. L. B. Uszler
Treasurer—Mrs. M. C. Borman
Directors (two-year term)—Mesdames E. F. Barta, F. R. Janney, and W. A. Ryan

The meeting concluded with a garden talk by Mr. Robert Boerner of the park commission; colored slides of the beautiful flowers in Milwaukee parks were enjoyable.

Following the May meeting of the Board of Directors, the officers, directors, and past-presidents entertained Mrs. C. D. Partridge, retiring president, at a spring luncheon at the Wisconsin Club. Mrs. R. E. McDonald, last year's president, presented Mrs. Partridge with a genuine black leather brief case and a corsage of gardenias in recognition of her outstanding leadership. Those who participated were Mesdames Rock Sleyster, J. G. Taylor, Harry Heeb, W. M. Jermain, E. J. Carey, R. G. Washburn, R. E. McDonald, R. D. Champney, R. D. Bergen, R. C. Pfeil, W. H. Studley, Charles Fidler, H. J. Cannon, G. H. Friedman, W. F. Grotjan, W. C. Liefert, Valorus Lang, and W. B. Ford. Unfortunately Mesdames R. E. Fitzgerald and J. C. Sargent were unable to be present because of absence from the city.

---

The dinner dance at the Wisconsin Club, April 26, given by the Woman's Auxiliary to the Medical Society of Milwaukee County was the tenth in the history of the organization. Mrs. T. M. Northey, social chairman, had charge of arrangements, assisted by her co-chairmen, Mrs. D. E. W. Wenstrand and Mrs. V. La Mar Baker, with members of the social committee. Working with Mrs. R. D. Bergen, chairman of the tickets committee, were Mesdames N. W. Bourne, V. La Mar Baker, E. P. Bickler, E. J. Behnke, L. L. Fifrick, R. P. Gingrass, W. J. Grotjan, A. S. Kult, P. A. Lee, J. O. McCabe, W. C. Liefert, H. J. Olson, E. J. Schelble, R. P. Schowalter, C. L. Wirthwein, and D. H. Witte.

## Outagamie

*Entertains 250 at Public Relations Meeting*

Mrs. R. T. McCarty of Appleton stated in a letter to the state chairman of press and publicity that the Outagamie Auxiliary sponsored a public relations meeting and tea on May 5 and that they were particularly pleased with their speaker, Dr. Amy Louise Hunter, chief of the State Division of Maternal and Child Welfare.

About 250 women gathered in the Masonic Temple in Appleton to hear Dr. Hunter discuss child health in Wisconsin. She said that although infantile paralysis is the disease most frightening to the general public, appendicitis, whooping cough, and measles cause more deaths each year, and that for every death from infantile paralysis in Wisconsin there are fifteen from appendicitis and 150 from accidents. "The first known cases of infantile paralysis appeared in Wisconsin in 1908, in a small epidemic near Eau Claire," Dr. Hunter pointed out. "Children," she explained further, "are most susceptible to the disease, but there are fewer deaths among them than in the older age group. The disease is unusual in that it rarely strikes many members of one family. It is not like measles in that practically everyone exposed to it contracts it; however, it may be that the mild form of infantile paralysis is not recognized and that most people

have had it in such form and are therefore immune. Good nourishment and sufficient rest are the best preventives for infantile paralysis and most other diseases."

Turning to another phase of child health, Dr. Hunter said that a third of the more than 2,000 infant deaths in 1939 were of premature babies, and that wider knowledge of the care of premature babies was necessary. Urging the education of high school girls in the care of babies, she said that many women never handle an infant until it is their own baby. "A community can conserve lives just as far as it spreads knowledge," she declared. "Your child is only as safe as the other children in the community. Therefore child health is a community problem."

Deploring the fact that Wisconsin is still spending nearly $2,000,000 a year for the care of tuberculous patients in institutions when the disease could be prevented much more cheaply, she advocated annual health examinations for teachers and an immediate trip to the doctor as soon as possible symptoms, such as loss of weight, a persistent cough, and fatigue, occur in a child.

In answer to a question from the audience, Dr. Hunter said that the prevalence of goiter had been reduced since the use of iodized salt, the distribution of iodine tablets in the schools, and the greater availability of sea foods.

After Dr. Hunter's address, tea was served. Those who poured were Mrs. A. E. Rector, Mrs. Charles Reineck, Mrs. E. L. Bolton, Mrs. G. T. Hegner, and Mrs. E. W. Cooney, Appleton, and Mrs. W. H. Towne, Hortonville.

## Rock

*Is Entertained by Physicians With Cancer Program*

In the absence of Mrs. V. W. Koch, the Janesville press chairman for Rock County, Mrs. C. R. Gilbertsen of Janesville submitted the following report:

"The necessity for acquainting the general public with cancer prevention facts was emphasized by the two speakers at the recent annual dinner of the Rock County Medical Society at the Monterey Hotel. Mrs. G. E. Stoddart, Beaver Dam, state commander of the Women's Field Army of the American Society for the Control of Cancer, and Dr. W. D. Stovall, state chairman of the American Society for the Control of Cancer, were the speakers. Thirty nurses from Mercy Hospital attended the program, which was arranged by Dr. W. A. Munn, chairman of the county committee on cancer. The wives of physicians were also invited, and the total attendance at the meeting was approximately seventy-two. Dr. G. C. Waufle, president of the Rock County Medical Society, conducted the meeting.

"Four vocal solos were contributed by Mrs. Lucille Napp, Beloit, formerly with the Chicago Civic Opera Company."

**IN THE CENTENNIAL SECTION . . .**

The attention of Auxiliary members is called to the Centennial Anniversary Section of this issue of The Journal. The histories of pioneer physicians appearing therein represent the fourth installment of material contributed by county auxiliaries.

## Sauk

*Physicians and Wives Hear Dr. Stovall*

A letter from Mrs. T. W. Walsh of Sauk City states that:

"The Woman's Auxiliary to the Sauk County Medical Society met with the members of the Medical Society for dinner on April 3, at the Huntley Hotel, Reedsburg. Dr. W. D. Stovall, director of the State Laboratory of Hygiene, entertained both groups with a splendid talk on cancer. A short business meeting followed."

## Sheboygan

*Responds 100 Per Cent in Women's Field Army Drive*

Mrs. Ludwig Gruenewald of Sheboygan reports that following luncheon at Benedict's Heidelberg Club on May 7, the members of the Sheboygan Auxiliary continued their meeting at the home of Mrs. F. A. Nause. At the business meeting it was reported that members had responded 100 per cent in the drive for funds made by the Women's Field Army for the Control of Cancer. At bridge, which concluded the afternoon, Mrs. E. T. Hougen, Mrs. W. W. Van Zanten, and Mrs. A. C. Radloff made the high scores.

## Washington—Ozaukee

*Sews and Hears "The Opera"*

Mrs. C. P. Kauth of Port Washington reports that the Woman's Auxiliary to the Washington–Ozaukee County Medical Society had its monthly meeting at Port Washington on April 24. A one o'clock luncheon, arranged by Mrs. R. K. Pomeroy at the Mayer Hotel, was followed by the business and social meeting. The fourteen members present had as a guest Mrs. Carroll H. Krieger of Los Angeles, California. Mrs. Krieger, a former Milwaukee resident, is at present visiting with Mrs. F. W. Lehmann of Hartford and with friends in Milwaukee and Wauwatosa.

Reports were presented by Mrs. K. T. Bauer, West Bend, archives committee, and Mrs. P. B. Blanchard, Cedarburg, public relations committee. The members discussed the problem of obtaining speakers for meetings of various organizations in the two counties. Mrs. A. H. Barr of Port Washington, state publicity chairman, gave a short talk on

Auxiliary publications, and urged all members to make use of this available reading material. Mrs. Barr was a guest of the Milwaukee Auxiliary on April 18, speaking before a group of 110 members on this same subject matter.

Members voted to take another assignment of Red Cross work from the West Bend chapter. Considerable work has been completed by various members in the last few months.

---

Mrs. O. W. Hurth of Cedarburg reports that the Washington–Ozaukee Auxiliary had its May meeting at Hilgen Spring Park on the eighth. Sixteen members and one guest, Dianne Fischer, were present. The members were asked to bring needles and thimbles so that during the business meeting they could sew for the Red Cross.

A reading, "The Opera," by Miss Audrey Roth, was enjoyed by the members. After the social hour the meeting adjourned.

### Winnebago

*Helps Women's Field Army and Red Cross*

The Woman's Auxiliary to the Winnebago County Medical Society held a regular meeting and luncheon at the Hotel Raulf on April 28, with Mrs. W. N. Linn, the president, presiding. During the business session reports of various committee chairmen were given. Members voted a contribution to the fund for the control of cancer after Mrs. E. B. Williams read a letter from the Women's Field Army.

After the business meeting sewing for the Red Cross was done. Mrs. Paul Emrich was a visitor.

## DON'T FORGET

That the **major project** of the Woman's Auxiliary this year is to increase the Bulletin circulation. In three months the year's report of *your* county auxiliary will be given at the state convention. Be sure that **your** auxiliary has a Bulletin subscription.

Send $1 to

MRS. R. E. MCDONALD
4960 North Ardmore Avenue
Milwaukee, Wisconsin

for a one-year subscription.

# SOCIETY PROCEEDINGS

### Brown—Kewaunee—Door

At its meeting at the Beaumont Hotel, Green Bay, May 8, the Brown–Kewaunee–Door County Medical Society adopted a new constitution and by-laws. Twenty-eight attended the meeting which also featured the presentation of six surgical-pathologic case reports by Green Bay surgeons and pathologists.

### Columbia—Marquette—Adams

"Doctors and Their Faults," was the subject of a talk given at a meeting of the Columbia–Marquette–Adams County Medical Society, April 15, by Mrs. A. A. Hoyer, Beaver Dam. The meeting, held at St. Savior's General Hospital, Portage, was attended by twenty. An open discussion on "Medical Preparedness" was held.

### Dane

Mr. B. F. Domogalla, chemist of the Madison board of health, and Dr. F. F. Bowman, city health official, were speakers on the scientific program of the Dane County Medical Society on May 13. They spoke on the diagnosis of water-borne and fungus diseases, and problems of city health.

Members of the society, headed by Drs. H. E. Van Riper and H. Kent Tenney, are cooperating with school groups in a summer round-up program for the examination of children who will enter school for the first time in the fall of 1941.

### Eau Claire—Dunn—Pepin

Two Mayo Clinic physicians were guest speakers at the April 28 meeting of the Eau Claire–Dunn–Pepin County Medical Society in Eau Claire. Dr. H. W. Meyerding, orthopedist at the clinic, spoke on "Diseases of the Shoulder," and Dr. Fred Havens, specialist in otolaryngology and rhinology, discussed "Malignancies of the Lips, Mouth and Throat." Forty-seven were present.

### Fond du Lac

A business meeting and an address on "The Federal Employment Agency in Relationship to the Doctor," by Miss Hoffma of Fond du Lac, featured

the April 24 meeting of the Fond du Lac County Medical Society. Twenty-eight attended the meeting, which was held at the Retlaw Hotel in Fond du Lac.

### Green Lake—Waushara

Covers were laid for thirty-five at the annual dinner meeting of the Green Lake–Waushara County Medical Society, April 24, held in the Berlin Memorial Hospital, Berlin. Guests included members of the society's woman's auxiliary. Three Milwaukee physicians appeared on the scientific program, presented following the dinner: Dr. Robert E. McDonald discussed "The Problem of Sterility," Dr. Joseph M. King, "Acute Empyema," and Dr. Maurice Hardgrove, "Heart Disease in Children."

### Green

Free tuberculin testing centers were established in Green County during May, in Albany, Brooklyn, Monticello, Brodhead and other sections of the county. Members of the Green County Medical Society conducted the tests.

### Jefferson

The Jefferson County Medical Society held its regular monthly meeting at the Cottage Hotel, in Lake Mills, April 17, at 8:30 p. m. A business meeting and a discussion on medical preparedness were held.

### Manitowoc

A group of Manitowoc County pharmacists entertained members of the Manitowoc County Medical Society in April. The need for interprofessional relationships between physicians and pharmacists was emphasized by Mr. E. J. Broberg, circuit instructor of pharmacy, who was master of ceremonies for the meeting. Other speakers on the program were: Mr. F. W. Towne, vocational school coordinator; Dr. V. A. Gudex, public health officer with offices in Fond du Lac; Mr. F. A. Yindra, former state senator; Dr. T. H. Rees and Dr. Theodore Teitgen, Manitowoc, president and secretary, respectively, of the Manitowoc County Medical Society; and Mr. William Pflueger, said to be the oldest drug salesman in Wisconsin.

### Marathon

Mr. B. E. Kuechle, vice president and claims manager of Employers Mutuals, Wausau, addressed the Marathon County Medical Society, March 26, on "Industrial Silicosis." Dr. Merritt L. Jones, Wausau, president of the society, introduced the speaker. About twenty-three members of the society attended the meeting, which included a brief business session. Dinner was served to the group at the Hotel Wausau, Wausau, prior to the scientific and business sessions.

Dr. George H. Stevens, Wausau, was elected treasurer of the Marathon County Medical Society at the society's May meeting. He succeeds the late Dr. L. M. Pearson. A motion picture on the radium treatment of cancer of the tongue, and of birthmarks in children, was shown. Dr. M. L. Jones, Wausau, president of the society presided at the meeting, which was attended by twenty-one physicians.

### Marinette—Florence

On May 21 the Marinette–Florence County Medical Society had as guest speaker, Dr. Moses Cooperstock, Marquette, Michigan. Dr. Cooperstock's subject was "Chemotherapy in Pneumonia."

### Milwaukee

At its May 9 meeting, the society was addressed by Dr. Maurice Hardgrove, Milwaukee, on "Recent Advances in Uses of Plasma and Serum," and Dr. Frederic E. Templeton, assistant professor of roentgenology, University of Chicago Medical School, on "Recent Advances in the Diganosis of Diseases of the Upper Gastrointestinal Tract." A buffet luncheon was served following the scientific program.

### Miwaukee Specialty Societies

*Milwaukee Oto-Ophthalmic Society.*—At a business meeting, May 13 , at the University Club, Milwaukee, the society elected the following Milwaukee physicians as officers for the coming year:

President—John W. Truitt
Vice-president—Henry Beeson
Secretary-treasurer—Ralph T. Rank
Directors—E. Bach, John B. Hitz, W. E. Grove

Dr. John B. Hitz presented a talk, "Report on Orthoptic Clinic," following the business session, and motion pictures were shown.

—△—

*Milwaukee Academy of Medicine.*—Dr. Arthur L. Tatum, professor of pharmacology, University of Wisconsin Medical School, Madison, was the guest speaker at a meeting of the Milwaukee Academy of Medicine on May 20, at the Milwaukee University Club. Dr. Tatum spoke on "Pharmacology and Mode of Action of the Sulfonamides." Dr. John McCabe, Milwaukee, discussed "A Case of Intestinal Obstruction," and Dr. Henry M. Roberts, Wauwatosa, "Treatment of Chronic Sinus Infections with Cod Liver Oil."

### Oconto

The Oconto County Medical Society met at the Oconto County Hospital, April 22, at 8 p. m. The following officers were elected:

President—Dr. Walter R. Berg, Gillett
Vice-president—Dr. Robert C. Faulds, Abrams
Secretary-treasurer—Dr. Clemens R. Kwapy, Oconto

New elections were necessary because of the death of Dr. W. C. Watkins, former president of the society, and the entrance into military service of Drs. A. N. Tousignant and R. J. Rogers formerly secretary-treasurer and vice-president respectively.

### Pierce—St. Croix

River Falls was the meeting place of the Pierce–St. Croix County Medical Society on April 17. Dinner was served to the group at 7 p. m. at the Hotel Gladstone. In the scientific session, five members of the society presented a symposium on "The Diagnosis of Acute Abdominal Emergencies." Fourteen attended.

### Polk

Local medical problems were discussed at the April 24 meeting of the Polk County Medical Society, held at Indian Head Lodge, Balsam Lake. Sixteen members took part in the meeting.

Members of the Polk County Medical Society were the guests on May 15 of Dr. L. O. Simenstad, Osceola at a dinner meeting. Dr. Gordon R. Kamman, St. Paul, spoke on "Present Status of the Endocrines," and Dr. Wallace P. Ritchie, Jr., St. Paul, discussed "Treatment of Head Injuries." Fourteen members and three guests attended.

### Richland

Officers for the ensuing year were elected at the May meeting of the Richland County Medical Society as follows:

President—R. E. Housner, Richland Center

Vice-president—George Parke, Jr., Richland Center

Secretary-treasurer—Gideon H. Benson, Richland Center

Delegate—George Parke, Sr., Viola

Alternate delegate—W. C. Edwards, Richland Center

### Rock

At the May 27 dinner meeting of the Rock County Medical Society at the Hotel Hilton, Beloit, Dr. Henry T. Ricketts of the University of Chicago spoke on "Aviation Medicine." Dr. Richard Farnsworth was program chairman of the meeting.

### Sheboygan

Mr. F. E. Klites of the Winthrop Chemical Company presented a motion picture film on "Regional Anesthesia," at the April 29 meeting of the Sheboygan County Medical Society, held at the Sheboygan Memorial Hospital at 8:15 p. m. Twenty-five physicians attended.

The society met on May 20 at the St. Nicholas Hospital, Sheboygan. Dr. Ralph E. Campbell, Madison obstetrician, was the guest speaker. His subject was "Sterility in the Female."

### Washington—Ozaukee

The Republican House, Kewaskum, was the meeting place of the Washington–Ozaukee County Medical Society on April 17. Following a 6:30 p. m. dinner, a scientific program was presented. Speakers were Drs. C. J. Corcoran and R. J. Bach of Milwaukee. They discussed "Gastroenterology and Correct Interpretation of Roentgenograms of the Stomach and Bowel." Twenty attended.

### Winnebago

Dr. E. F. Cummings, secretary of the Winnebago County Medical Society, reports that among physicians in the county cooperating with the Wisconsin branch of the Women's Field Army for the Control of Cancer by giving talks on cancer in April were Dr. U. L. Meter who gave a lecture on April 17 before the Bethel Circle of the Frst Evangelical Church of Oshkosh, and Dr. M. H. Steen, Oshkosh, who spoke before the following Oshkosh groups: Missionary Society of the Peace Lutheran Church, April 15, 8 p. m.; members of the Presbyterian Church, supper meeting, April 18; Ladies Aid of Martin Luther Church, May 1, 3 p. m.

Dr. R. P. Gingrass, Milwaukee, spoke on "Application of the Dental Focal Infection Theory to Medical and Dental Practice," and Dr. C. F. McDonald, Milwaukee, on "Present Status of the Theory of Dental Focal Infection as Applied to Systemic Disease," at a joint meeting of the Winnebago County Medical Society and the Winnebago County Dental Society in May.

### Fourth Councilor District

Members of Crawford, Grant, Iowa, Lafayette and Richland county medical societies gathered in Lancaster, May 22, for the annual May meeting of the Fourth Councilor District Medical Society. Dr. B. I. Pippin, councilor of the district, was in charge of the meeting.

The program opened at 2:30 p.m. at the Grantland Club Rooms with an address by Dr. Ralph P. Sproule, president of the State Medical Society, on "Problems of Medicine in 1941." Dr. Charles J. Newcomb, Milwaukee, spoke on "Forcep Delivery," Dr. Ira Sisk, Madison, on "Chemotherapy in Urinary Tract Infection," and Dr. L. R. Brunsting, Mayo Clinic dermatologist, on "Treatment of Common Skin Disorders." A banquet was served in the evening for the doctors and their guests.

### Sixth and Eighth Councilor District

Meeting jointly, in Appleton, May 27, the Sixth and Eighth Councilor Districts of the State Medical Society heard several outstanding physicians in the United States on a scientific program. Dr. William S. Middleton, Madison, opened the afternoon session with an address on "Bronchiogenic Carcinoma." He was followed by Dr. Philip Lewin, Chicago orthopedist, who discussed "The Foot and Ankle." After a recess Dr. Stuart W. Harrington, Mayo Clinic surgeon, and Dr. Walter C. Alvarez, internist at the same clinic, presented papers on "Carcinoma of the Breast" and "Puzzling Types of Indigestion."

In the evening Dr. R. V. Landis, Appleton, showed motion pictures of wild geese. A banquet was served at 6:30 p.m. and was followed by a scientific discussion on "Food Allergy" by Dr. Alvarez.

### Seventh Councilor District

The annual meeting of the Seventh Councilor District of the State Medical Society was held on May 13 at the Stoddard Hotel, La Crosse. Speakers were Dr. W. S. Middleton, dean and professor of medicine, University of Wisconsin Medical School, and Dr. James C. Sargent, professor of urology, Marquette University School of Medicine. Dr. Middleton spoke on "Shock," and Dr. Sargent on "Common Injuries Involving the Urinary Tract."

Officers elected for the coming year include:

President-elect—Dr. Chauncey Beebe, Sparta
Secretary—Dr. De Witte Beebe, Sparta

The 1942 meeting of the district will be held in Sparta.

# News Items and Personals

The meeting of the *American College of Physicians* in Boston, April 21–25, had the largest gross attendance of any meeting in the history of the college. Physicians were present from forty-six states, the District of Columbia, Puerto Rico, seven provinces of Canada, Panama, China, Cuba, Mexico, Chile and Colombia. The total attendance was 2,781.

Wisconsin physicians who attended included the following:

*Janesville*

Dr. Vincent W. Koch
Dr. Thomas O. Nuzum

*Madison*

Dr. Charles F. Burke
Dr. Marie L. Carns
Dr. Llewellyn R. Cole
Dr. Karver L. Puestow

*Marshfield*

Dr. Karl H. Doege

*Milwaukee*

Dr. J. J. Adamkiewicz
Dr. Roy W. Benton
Dr. Robert W. Blumenthal
Dr. Arthur A. Holbrook
Dr. William M. Jermain
Dr. T. G. Randolph
Dr. Louis F. Ruschhaupt

*Orfordville*

Dr. G. W. Belting

*Sheboygan*

Dr. Paul B. Mason

*Wauwatosa*

Dr. Joseph J. Furlong

A number of Wisconsin physicians participated in the 12th annual Tri-State Hospital Assembly in Chicago, May 7–9. *Dr. Robin C. Buerki,* Madison, administrator, State of Wisconsin General Hospital, acted as chairman of the Assembly. *Dr. Samuel Rosenthal,* Milwaukee, spoke on "Prevention of Post-Anesthetic Complications." *Dr. Merritt La Count Jones,* Wausau, discussed "The Progress of Medicine." *Dr. Gjermund Hoyme,* Eau Claire, led a discussion on "Making the Medical Staff Conference Interesting and Educational." *Dr. S. A. Morton,* Milwaukee, spoke on "Relation of Physical Therapy to Radiology." *Dr. William H. Oatway, Jr.,* discussed "The Problem of Protecting Hospital Personnel against Tuberculosis;" and *Dr. Arthur A. Pleyte,* Milwaukee, delivered an address, "In the Tuberculosis Sanatorium."

Wisconsin was also represented at the meeting by numerous hospital administrators, technicians, engineers, librarians and nurses.

—△—

Members of the department of radiology of the *Wisconsin General Hospital* presented the program at the hospital staff's May 6 meeting in the Service Memorial Institute, Madison. Radiologic topics were discussed by Drs. C. S. Youngstrom, L. W. Paul, M. R. Richter, and E. A. Pohle. A motion picture with sound, prepared by the General Electric X-ray Corporation, and entitled, "Exploring with X-rays," was shown.

—△—

*Dr. R. J. Rogers,* Oconto, has been admitted to membership in the Association of Military Surgeons.

—△—

*Dr. Allan A. Filek,* Green Bay, has been elected to membership in Delta Omega, national honorary public health society, the purpose of which is recog-

nition of attainment in public health fields and encouragement of research and scholarship among public health workers.

—△—

Hospitals of Wisconsin welcomed the public at "open house" programs on National Hospital Day, May 12, honoring the memory of Florence Nightingale. In Milwaukee, the corner stone of the new $225,000 maternity unit of Milwaukee Hospital was laid on that day.

—△—

Educational talks before Milwaukee school groups were sponsored by the speaker's bureau of the Medical Society of Milwaukee County in April. The speakers and their topics were: *Dr. R. A. Jefferson,* "Discovering Ourselves;" *Dr. G. F. Burgardt,* "First Aid;" *Dr. J. D. Owen,* "Is Socialized Medicine Your Guarantee for Health?" and *Dr. L. L. Grossman,* "Physical Health."

—△—

Newspaper clippings coming into the headquarters offices of the State Medical Society show that members of the medical profession in Wisconsin responded splendidly to the call of the *Women's Field Army for the Control of Cancer* for help and counsel in the Army's fifth annual spring campaign to spread the message, "Early Cancer is Curable." Physicians too numerous to mention here by name, in both metropolitan and rural areas of the state, gave public lectures and radio talks on cancer control.

—△—

*Dr. F. W. Lehmann,* Hartford, and *Dr. W. J. Carson,* Milwaukee, were speakers at the dedication ceremonies of the new St. Alphonsus Hospital in Port Washington, April 27. The hospital, a 4-story structure on a 9-acre tract, was built by the Sisters of the Sorrowful Mother, Milwaukee.

—△—

*Dr. Arnold S. Jackson,* Madison, spoke before the Oak Park branch of the Chicago Medical Society in April. His subject was "Acute Abdominal Disease."

—△—

*Dr. Edgar Huth,* formerly of Mishicot, has been appointed health officer of Valders. Dr. Huth succeeds *Dr. R. S. Simenson* who was called into military service.

—△—

*Dr. Joseph Pessin,* Madison, has been admitted to membership in the American Psychiatric Association.

—△—

*Dr. Eben J. Carey,* Milwaukee, dean of Marquette University School of Medicine, and *Dr. Otho A. Fiedler,* Sheboygan, discussed "Socialized Medicine," at the 5th annual convention of the Wisconsin Association of County Pension Departments, held in Sheboygan, May 22–23.

—△—

*Dr. Eugenia S. Cameron,* Madison, physician of the Bureau of Maternal and Child Health of Wisconsin, was the main speaker at a meeting of the public health nurses of the state's Sanitary District No. 5. Her topic was "Child Care and Management."

—△—

*Dr. J. F. Kelley,* Janesville, gave a talk on "Serious Effects of Anoxemia in the Newborn," at a meeting of the Milwaukee County Hospital Internes Association in Milwaukee, April 19.

—△—

*Dr. T. C. Hemmingsen,* Racine, addressed sixty-five graduate nurses at St. Luke's Hospital, Racine, on "Treatment of Venereal Disease," April 21.

—△—

*Dr. W. A. Gudex,* district health officer with headquarters in Fond du Lac, discussed "Tuberculosis and New Laws Regarding Quarantine," at the 2nd annual health officers' convention of Calumet County, April 26, in Chilton. Physician health officers in Calumet County include: *Drs. P. J. Wollersheim,* Brillion; *H. C. Krohn,* New Holstein; and *John Knauf,* Stockbridge.

—△—

*Dr. Fred J. Ansfield* has been appointed health officer of Glidden.

—△—

*Dr. George J. Juckem,* Sheboygan, took part in a meeting of pharmacists at the Grand Hotel, Sheboygan, recently. New legislation pertaining to pharmacy was a subject of discussion.

—△—

"National Defense and the Medical Profession," was discussed by *Dr. Karl Doege,* Marshfield, at a meeting of the Marshfield Rotary Club, April 28.

—△—

Nearly 2,500 workers from 153 industrial plants attended the 18th annual first aid and health school of the Milwaukee Association of Commerce the first week in May. Speakers were Dr. Paul A. Brehm, supervisor of the Industrial Hygiene Unit, State Board of Health; *Dr. A. F. Kusterman,* chairman of the first-aid committee of the Medical Society of Milwaukee County; and *Dr. D. W. Ovitt. Drs. E. R. Krumbiegel, S. C. Weisfelt, C. W. Eberbach, J. R. Dundon* and *L. H. Hirsch* were among those who spoke at later meetings of the school.

—△—

*Dr. H. A. Anderson,* Janesville, described methods of treatment and isolation of tuberculosis patients at Pinehurst Sanatorium, at a meeting of the Janesville Kiwanis Club, May 1.

—△—

*Dr. John Grab,* Madison, state medical director of selective service, spoke at a meeting of members of selective service examining boards and medical advisory boards of Outagamie County, May 9, in Appleton.

—△—

*Dr. Irene Stemper,* Oconomowoc, discussed "Women in Medicine," before the Waukesha County Nurses Group, May 6, in Waukesha. She mentioned the work of Dr. Margaret Caldwell, pioneer Wisconsin physician who died May 4, 1938, and her

role in the early activities of the Waukesha County Medical Society.

—△—

*Dr. Clarence A. Baer,* Milwaukee dermatologist, outlined the early medical history of Milwaukee at a dinner meeting of the Milwaukee County Historical Society, April 30.

—△—

"The health of a nation can be no better than the people who live in it." That was the message of *Dr. E. R. Krumbiegel,* Milwaukee health commissioner, to 150 graduates of a Red Cross home nursing course, in May.

—△—

*Dr. Ralph Sproule,* Milwaukee, president of the State Medical Society, was a guest speaker at a recent dinner meeting of the Milwaukee branch of the Order of the Purple Heart, a military organization of persons wounded in service. Other speakers were Capt. Herbert A. Church, Washington, D. C., national commander of the Order; Mayor Zeidler of Milwaukee; the Hon. F. Ryan Duffy, federal judge; Adjt. Gen. Ralph M. Immell, Madison; and Maj. William Doll, Milwaukee.

—△—

*Dr. Robert L. Dana* was reappointed city health officer of Fond du Lac, in April. His term will expire May 1, 1943.

—△—

*Dr. Herman F. Ohswaldt,* in whose honor the mayor of Oconto Falls recently dedicated an "Ohswaldt Day," celebrated his 84th birthday anniversary, April 17. The doctor has recovered from his illness of last winter and is engaged in active practice.

—△—

*Dr. Chester Echols,* Milwaukee, spoke before the Whitefish Bay Club, May 15, on "Hunting Wild Geese and Other Game in the South."

—△—

*Dr. Julius F. Wenn,* for the past twenty-nine years medical director of St. Mary's Hill Sanitarium, has resigned his connections with the Sanitarium; he plans on spending his retirement years in the City of Milwaukee.

Dr. Wenn graduated in 1902 from the Rush Medical College. From 1906 to 1910, he was a member of the staff of the Kankakee State Hospital, being the first civil service physician appointed to that hospital, and during those years served there as physician, chief-of-staff, and acting superintendent. In 1910, he resigned his Kankakee position to associate himself with the staff of the Sacred Heart Sanitarium of Milwaukee. In 1912, upon completion of the building of St. Mary's Hill, he transferred from the Sacred Heart Sanitarium to take charge of St. Mary's Hill as medical director, and has been medical director of that institution for the past twenty-nine years. During the World War he served as a captain in the neuropsychiatric service of the medical corps.

Dr. Wenn is a member of the Medical Society of Milwaukee County and the State Medical Society. He is a fellow of the American Medical Association, and a member of the American Psychiatric Association, the Central Psychiatric Association and the Milwaukee Neuro-Psychiatric Society.

—△—

On Friday, Saturday, and Sunday, May 9, 10, and 11, the Alpha Lambda Chapter of Sigma Chi had a special week-end celebration in honor of *Dr. Charles A. Armstrong,* Prairie du Chien, one of the three living founders of the Sigma Chi fraternity. Dr. Armstrong was graduated from the University of Wisconsin in 1886 and was one of those who formed the local chapter on April 5, 1884.

—△—

*Dr. C. A. Dawson* was named River Falls' distinguished citizen for 1941, at a banquet and program at the Hotel Gladstone, River Falls, in May. The selection of outstanding citizen, promoted by the Lions Club of the city, and to become an annual event, was based on suggestions from community organizations.

—△—

A program of entertainment replaced the customary scientific session at the staff meeting of the Wisconsin General Hospital, Madison, May 20, the last meeting of the 1941 school year. *Dr. Elmer L. Sevringhaus* presented colored motion pictures of South America and other members of the staff took part in musical and dramatic divertissements. *Dr. Herman Wirka* was master of ceremonies.

—△—

*Dr. W. E. Bayley,* La Crosse, conducted a round-table conference on laboratory procedures at the 6th annual convention of the Wisconsin Association of Medical Technologists, held in La Crosse, May 17. Dr. G. G. Stilwell of the Mayo Clinic, Rochester, Minnesota, presented a talk on "Examination of Cerebrospinal Fluid in the Diagnosis of Disease."

—△—

*Dr. J. V. Herzog,* Milwaukee, was a guest speaker at a meeting of the Fond du Lac Junior Chamber of Commerce, May 12. An oxygen tent was presented by the chamber of commerce, at the meeting, to city, county and hospital officials. *Dr. A. M. Hutter,* Fond du Lac, represented the Fond du Lac County Medical Society at the meeting.

## CENTENNIAL MEETING INVITATIONS

If you know any former Wisconsin physicians who might enjoy returning to the state for the centennial anniversary meeting of the State Medical Society, send their names and present addresses to the Society and special invitations will be extended to them to attend the centennial session.

*Dr. N. V. Sandin*, Ashland, has been elected Ashland county physician. He succeeds Dr. John M. Dodd, Jr., who is serving in the United States Navy.

—△—

"Famous Doctors at Johns Hopkins University School of Medicine," was the topic of a talk given by *Dr. W. G. Sexton*, Marshfield, to members of the National Honor Society of Marshfield's Senior High School, in May.

—△—

*Dr. George H. Ewell*, Madison, presented a paper on "Vesico-intestinal fistula," at the meeting of the American Urologic Association in Colorado Springs, Colorado, May 21.

—△—

*The American Association of Obstetricians, Gynecologists and Abdominal Surgeons* has announced, through Dr. J. R. Bloss, secretary, 418 Eleventh St., Huntington, W. Va., an award of $150 for a thesis not over 5,000 words in length.

—△—

"Relationship of Home Heating to Health," was the subject of a talk given by *Dr. E. R. Krumbeigel*, Milwaukee health commissioner, at a meeting of the Solid Fuel Institute of Milwaukee in May.

—△—

*Dr. O. F. Guenther*, Campbellsport, president of the Fond du Lac County Medical Society, took part in a meeting of the Fond du Lac Junior Chamber of Commerce, May 12. An oxygen tent was presented by the chamber of commerce, at the meeting, to city, county and hospital officials.

—△—

*Dr. J. S. Supernaw*, Madison, spoke on "Building Blocks of the Universe," at a meeting of the Madison Astronomical Society, May 14.

—△—

*Dr. W. J. Morgan* has been appointed health officer of Mineral Point.

—△—

*Major Stanley W. Hollenbeck* of Milwaukee, who is now in active military service at Camp Livingston, Louisiana, reports that during the month of May the following members of the Society attended the Medical Field Service Schools at Carlisle Barracks, Pennsylvania: *Captain L. W. Nowack, Lt. Col. G. J. Hathaway, Lt. Col. H. H. Heiden, Major Harold Nebel; Lt. F. A. Kretlow*, and *Lt. M. M. Guzzetta. Captain A. J. Schramel* will attend the school during the month of June.

## BIRTHS

A daughter, Marie Michelle, to Dr. and Mrs. L. Tennyson Pleyton, Milwaukee, March 31.

A daughter to Dr. and Mrs. Edward Zeiss, Appleton.

A son, Laurence Conway, to Dr. and Mrs. John Wilkinson, Oconomowoc, March 22.

## MARRIAGES

Dr. Robert L. Dana, Fond du Lac, and Miss Margaret Helen Batty, Portage, in May.

Dr. William Ground, Superior, and Mrs. Nellie Chase, Superior, April 19.

## DEATHS

### DR. PATRICK G. McGILL*

#### An Appreciation

By James W. McGill, M. D.
Superior

"Death, as it must to all men, came on April 23, 1941, to Dr. Patrick G. McGill of Superior. To the casual newspaper reader it meant only the death of another aged man; but to those who had come under the spell of his personality, it meant the passing of a truly beloved physician and one who, in every sense of the word, was a 'gentleman of the old school.'

"Divine providence seemed to fashion every step in the development of his character. One of a family of twelve children, his boyhood knew the rigors of life on a farm, and every achievement from that time forward was by virtue of hard work. His presence in the profession of medicine seems to have been by the special intervention of the Almighty, because he entered upon the course of study leading to the Catholic priesthood and had to abandon it because of a failure of his health; when he returned to school it was to the medical school.

"He entered upon his chosen profession at a time when everything was done the hard way. A natural liking for the specialty carried him into a practice that was predominantly obstetrical and at a time when most obstetrical cases were delivered in the home. And to the difficulties that regularly beset that type of medical work, were added those of the pioneer.

"The hardships which marked his early years—too much work, a frail physique, and repeated serious illness—seemed but to add new and gleaming facets to the brilliant jewel of his character. His generosity was prodigal; his sympathy, deep and all-inclusive; his honesty was outspoken and vigorous. His religious convictions were profound within him, but he respected the contrary opinions of his friends, whether of other beliefs or of no belief. It would be difficult, even for one who knew him so intimately, to do justice to the many aspects of his character by trying to recall incidents of his

* Born July 7, 1860. Settled in Superior, June 24, 1891. Graduated in 1890 from the Victoria University Medical Department, when the school was affiliated with the University of Montreal Faculty of Medicine, Canada. Served as health officer of Superior over fifteen years. Life member of the State Medical Society of Wisconsin and member of the Douglas County Medical Society, Inter-urban Academy of Medicine, and the American Medical Association.

life that would be truly illustrative of him. A recital of such anecdotes is so obviously incomplete; the extent of his charities, like those of the Unknown Soldier, is known only to God.

"His passing marked the completion of a full life; it is sad in only this particular,—that it removes from us of this generation of physicians, one more contact with a glorious period in the practice of medicine. In addition to his own sterling traits, his character was at least partially the outgrowth of the times in which, and the circumstances under which, he lived and worked. Those times and circumstances are no more; neither are there the physicians of this day who developed out of them, nor will there be in the future.

"It is melancholy to think that he shall meet no more with us. The profession of medicine in general, those societies of which he was specifically a member, in particular, will ever be deeply in the debt of 'P. G.,' and of his contemporaries. As a member of his family I would hesitate to speak so glowingly of him as a person, except that his was too big a personality to belong wholly to one family; he became a part of the life of everyone who knew him. In his time he disagreed heartily with many people, but I believe it can be truly said of him that he died beloved by many and hated by none.

"To those of us who are privileged to share with him the distinction of being practitioners of medicine, he has bequeathed a glorious heritage. As a physician, and not as his son, I can think of nothing finer that might be said of any of us than that we were doctors like Pat McGill."

**Dr. Philip Guzzetta**, Milwaukee, died on May 4 after an illness of several months. He was 71 years of age.

The doctor was graduated in 1896 from Regia Universita degli Studi di Parma. Facolta di Medicine e Chirurgia, Italy. He came to the United States in 1904 and, following a year of study in New York, settled in Milwaukee. After practicing for ten years in Milwaukee's third ward, he opened an office at 138 W. North Avenue, Milwaukee, where, about six months before his death, a modern clinic building was completed. His name heads those on a stone plaque on one side of the building; beneath it are the names of his physician-sons, Drs. Dennis, Vincent, Marcus and Philip C. Guzzetta, and that of his son-in-law, Dr. Fred Kretlow. A fifth son, Edward, is the clinic's laboratory technician. Other survivors are the widow and a daughter, Josephine (Mrs. Kretlow).

Drs. Marcus and Philip C. Guzzetta and Dr. Kretlow are in military service at the present time.

**Dr. Elah A. Lapham**, Phillips, died suddenly the night of March 24 from a heart attack. He was 57 years of age.

The doctor, who was born in Millett, South Dakota, was graduated in 1911 from the University of Illinois College of Medicine, Chicago. He began his practice in Rib Lake, Wisconsin, in 1913, and maintained his offices there until September, 1940, when he moved to Phillips.

He served with the American Expeditionary Forces in France during the World War and was retired after the war with the rank of major. Dr. Lapham retained an interest in army affairs up to the time of his death, and was prominent in American Legion activities. He was a member of the Price–Taylor County Medical Society and the State Medical Society of Wisconsin. He was a fellow of the American Medical Association.

Surviving the doctor are a sister, his widow and little son, Gerry.

**Dr. Louis M. Pearson**, Wausau, died on May 21 of a heart ailment. He was born in Madison, July 10, 1878, and was graduated in 1904 from Rush Medical College, Chicago. He acted as assistant to Dr. Joseph B. De Lee, Chicago, until 1907. He then moved to Tomahawk where he practiced continuously until 1926 except during the World War years when he was stationed at Fort Lewis, Tacoma, Washington, as a lieutenant in the medical corps. In 1926 he opened his Wausau office, where he practiced until his last illness.

He was a member of the Marathon County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. Survivors include his widow, a son and a daughter.

**Dr. A. B. Thompson**, chief medical officer of the Veterans Administration Facility, Milwaukee, since 1926, died suddenly of a heart attack, April 18, while in his office. He had planned to leave the following day for a southern vacation.

Dr. Thompson, who held the rank of major in the United States army, was graduated from the University of Louisville School of Medicine in 1914. He practiced in Spence County, Indiana, until the outbreak of the World War, when he entered military service. Following the war he accepted an appointment in the Veterans' Administration and served on the staffs of veterans' hospitals in Dayton, Ohio, and Danville, Illinois, before moving to Milwaukee.

Dr. Thompson was a member of the Indiana State Medical Association and a fellow of the American Medical Association. He is survived by two daughters.

**Dr. Lena Whitcomb**, 88 years of age, former Albany physician, died on May 2. She was graduated from the Hahnemann Medical College and Hospital, Chicago, in 1892.

She is survived by a son and a daughter.

**Dr. Gilbert E. Seaman**, eminent Wisconsin psychiatrist, who in recent years was acting director, Division of Mental Hygiene, Madison, died on May 24. His obituary will appear in the July issue.

# Coming Events

### Clinics of University of Wisconsin Medical School and Marquette School of Medicine

The regular Friday morning clinics of Marquette School of Medicine and the Saturday morning clinics of the University of Wisconsin Medical School will be resumed in October. Subjects of the clinics will be announced in The Journal at that time.

—△—

### Wisconsin State Board of Medical Examiners

The next regular meeting of the Board will be held at the Schroeder Hotel, Milwaukee, June 24, 25, 26, and 27, 1941. Examinations in medicine and surgery will be conducted and applications for reciprocity considered at this meeting. Applications, credentials and fees must be filed with the Board by June 15 at the latest, in order to receive favorable consideration. Communications should be addressed to: Dr. H. W. Shutter, secretary, Wisconsin State Board of Medical Examiners, 425 E. Wisconsin Ave., Milwaukee.

—△—

### Symposium on Respiratory Enzymes and Biological Action of Vitamins, September 11–13, Madison

The Wisconsin Alumni Research Foundation is sponsoring a symposium on respiratory enzymes and the biological action of vitamins at the University of Wisconsin Medical School, Madison, September 11–13. Leading biochemists and physicians of America and Europe will take part in the program and discussions. Wisconsin physicians may attend.

—△—

### Obstetrical Course, Chicago Lying-in Hospital

The Illinois State Department of Public Health and the Children's Bureau, U. S. Department of Labor, are sponsoring ten 4-week courses in obstetrics at the Chicago Lying-in Hospital during the fiscal year 1941–1942. Only a limited number of physicians will be accepted for each course. The only cost to the individual is for room and board and $25 ($10 of which is refunded at the completion of the course). Applications and inquiries should be addressed to: Post-graduate Course, Department of Obstetrics and Gynecology, 5848 Drexel Avenue, Chicago, Illinois.

—△—

### Continuation Study Courses, University of Minnesota

The Center for Continuation Study, University of Minnesota, announces the following courses:

| Subject | Date | Cost |
|---|---|---|
| Obstetric and Newborn Nursing | June 12–14 | $ 5 |
| Diseases of Heart | June 16–21 | 25 |
| Dermatology and Syphilology | June 23–28 | 25 |
| Health Problems in Industry. | August 4–6 | 5 |
| Impairment of Hearing..... | August or October (6 days) | 25 |

### Annual Golf Tournament

Medical Society of Milwaukee County

The annual golf tournament of the Medical Society of Milwaukee County will be held on June 26.

—△—

### Institutes on Chest Diseases

Because of the success of the plan last summer, ten one-day institutes on chest diseases will again be conducted in various Wisconsin communities this summer. They will all be held between July 21 and August 1.

This year's institutes are again being sponsored by the Wisconsin Anti-Tuberculosis association in cooperation with the State and County Medical Societies, the State Board of Health, and County Sanatoria. They were made possible through a fund left the W. A. T. A. by the late Dr. Hoyt E. Dearholt.

Dates and locations of the 1941 Institutes are as follows:

| | |
|---|---|
| Monday, July 21 | Kaukauna |
| Tuesday, July 22 | Rhinelander |
| Wednesday, July 23 | Superior |
| Thursday, July 24 | Rice Lake |
| Friday, July 25 | Stevens Point |
| Monday, July 28 | Kenosha |
| Tuesday, July 29 | Madison |
| Wednesday, July 30 | Platteville |
| Thursday, July 31 | Sparta |
| Friday, August 1 | Fond du Lac |

Each of the institutes will begin at 2:30 in the afternoon and continue on into the evening with time out from 6 to 7:30 for dinner.

The instructing staff the first week of the institutes will consist of Drs. Joseph W. Gale, Madison; George C. Owen, Oshkosh; R. H. Stiehm, Madison; and Oscar Lotz or A. A. Pleyte, W. A. T. A., Milwaukee.

During the second week, the physicians conducting the discussions will include Drs. H. M. Coon, Statesan; Wm. H. Oatway, Jr., Madison; John D. Steele, Milwaukee; and J. A. Carswell or E. K. Steinkopff, W. A. T. A., Milwaukee.

These institutes are open to all doctors in the state. There will be no registration fees or other charges in connection with them.

Last year, all of the institutes were held at county sanatoria. However, this year, in order to bring the meetings to communities not included last year, only four of them will be at the sanatoria. The others will be at hotels or other meeting places in the communities. Meeting places of each institute will be announced later.

Following is the preliminary program which will be presented at each of the ten institutes:

**PROGRAM**

**INSTITUTES ON CHEST DISEASES**

**First Week—July 21–25**

**Second Week—July 28–Aug. 1**

2:30 P. M. **Purposes of Institutes**
1st week—Dr. Oscar Lotz or Dr. A. A. Pleyte, W. A. T. A.
2nd week—Dr. J. A. Carswell or Dr. E. K. Steinkopff, W. A. T. A.

3:00 P. M. **Significance of Primary Tuberculosis**
1st week—Dr. R. H. Stiehm, Madison
Discussion—Dr. George C. Owen, Oshkosh
2nd week—Dr. Wm. H. Oatway, Jr., Madison
Discussion—Dr. H. M. Coon, Statesan

3:30 P. M. **Differential Diagnosis of Surgical Chest Diseases**
1st week—Dr. Joseph W. Gale, Madison
2nd week—Dr. John D. Steele, Milwaukee

4:15 P. M. **X-ray Symposium**

(1) **How to Read X-ray Films**
1st week—Dr. Oscar Lotz or Dr. A. A. Pleyte, W. A. T. A.
2nd week—Dr. J. A. Carswell or Dr. E. K. Steinkopff, W. A. T. A.

(2) **Interesting Films in the Diagnosis of Chest Diseases**
1st week—Dr. George C. Owen, Oshkosh
2nd week—Dr. H. M. Coon, Statesan

(3) **X-ray Films as an Aid in Prognosis and Treatment of Chest Diseases**
1st week—Dr. R. H. Stiehm, Madison
2nd week—Dr. Wm. H. Oatway, Jr., Madison

5:10 P. M. **Pulmonary Abscess (Diagnosis and Treatment)**
1st week—Dr. Joseph W. Gale, Madison
Discussion—Dr. George C. Owen, Oshkosh
2nd week—Dr. John D. Steele, Milwaukee
Discussion—Dr. Wm. H. Oatway, Jr., Madison

Dinner—6–7:30 P. M.

7:30 P. M. **Movie—"Artificial Pneumothorax in the Treatment of Pulmonary Tuberculosis."**

8:15 P. M. **Round Table—Sanatorium vs. Home Treatment of Tuberculosis.**

—△—

## Course in Geriatrics

The Committee on Postgraduate Education of the Medical Society of Milwaukee County has announced a course in geriatrics, increasingly important field in modern medical practice, to be held in November in the Auditorium of the Marquette University School of Medicine. Lecture dates and speakers have been announced as follows:

November 4:

Gastroenterology in the aged—Jacob Meyer, M. D., associate professor of medicine, University of Illinois, College of Medicine.

November 11:

Treatment of the aged from the surgical angle—O. T. Clagett, M. D., Mayo Clinic, Rochester, Minn.

November 18:

The problem of aging from the internist's angle—George M. Piersol, M. D., professor of medicine, The Medico-Chirurgical College, Graduate School of Medicine, University of Pennsylvania.

November 25:

The central nervous system in the aged—Hans H. Reese, M. D., professor of neuropsychiatry, University of Wisconsin Medical School, Madison.

—△—

## Examinations for Appointments in the Medical Corps of the U. S. Navy

Examinations will be conducted for appointments as assistant surgeon, August 11–15, inclusive, and for acting assistant surgeon, June 23–26, inclusive.

A circular listing physical and other requirements for appointment to these positions, and application forms may be obtained from the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.


# CENTENNIAL MEETING

## STATE MEDICAL SOCIETY OF WISCONSIN

## SEPTEMBER 10, 11 AND 12

## MADISON

## MEMBERS IN ACTIVE MILITARY SERVICE

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Baldwin, R. M., 1st Lt. | Beloit | Station Hospital, Fort Sill, Okla. |
| Baldwin, R. S., Captain | Marshfield | 4108 North Richards Street, Milwaukee |
| Becker, W. T., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| Benson, George B., 1st Lt. | Richland Center | Armored Forces, Fort Benning, Ga. |
| Bergstrom, L. V., 1st Lt. | Milltown | Co. 538, Camp Minidoka, Rupert, Ida. |
| Bitter, R. H., Captain | Oshkosh | 12th Cavalry, Fort Bliss, Tex. |
| Bleckwenn, W. J., Colonel | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Bolles, C. S., 1st Lt. | De Pere | Station Hospital, Fort Sam Houston, Tex. |
| Bristow, J. H., 1st Lt. | Monroe | 5th Medical Battalion, Fort Custer, Mich. |
| Cary, J. F., 1st Lt. | Sheboygan | First Medical Squadron, Fort Bliss, Tex. |
| Christianson, Herbert, 1st Lt. | Superior | Camp Livingston, La. |
| Dockry, L. E., Commander | Kewaunee | Commandant's Office, Naval Training Station, Great Lakes, Ill. |
| Dorr, R. H., 1st Lt. | Milwaukee | Woodbine, Kirkwood, Mo. |
| Feiman, L. H., 1st Lt. | Milwaukee | 46th Medical Battalion, Pine Camp, N. Y. |
| Filek, A. A., Captain | Green Bay | Armored Forces, Fort Benning, Ga. |
| Foley, M. E., 1st Lt. | St. Nazianz | 5th Division, Fort Custer, Mich. |
| Ford, W. A., Lt. Col. | Sheboygan | Station Hospital, Fort Sill, Okla. |
| Frackelton, W. H., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Goodman, P. P., 1st Lt. | Milwaukee | 326th Medical Regiment, 5th Medical Battalion, Fort Knox, Ky. |
| Grab, J. A., Major | Milwaukee | Selective Service Headquarters, Madison, Wis. |
| Greenstein, Carl, 1st Lt. | Sheboygan | Chanute Field, Rantoul, Ill. |
| Grossmann, E. E. Captain | Milwaukee | Station Hospital, Camp Hulen, Tex. |
| Gueldner, L. H., 1st Lt. | Fort Atkinson | Co. B, Student Officers Training Battalion, Carlisle Barracks, Pa. |
| Guzzetta, M. M., 1st Lt. | Milwaukee | Fort Sam Houston, Tex. |
| Hannan, K. D., 1st Lt. | Prairie du Chien | Co. H, 102nd Medical Regiment, 27th Division, Fort McClellan, Ala. |
| Hathaway, G. J., Lt. Col. | Superior | Medical Detachment, 128th Infantry, 32nd Division, Camp Livingston, La. |
| Heiden, H. H., Lt. Col. | Sheboygan | Camp Livingston, La. |
| Hollenbeck, S. W., Major | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Huth, M. F., 1st Lt. | Baraboo | Camp Grant, Ill. |
| James, W. D., 1st Lt. | Oconomowoc | Station Hospital, Fort Sill, Okla. |
| Jerome, Bourne, Captain | Superior | 4108 North Richards Street, Milwaukee |
| Johnson, H. C., Major | Madison | Camp McCoy, Wis. |
| Kaiser, L. F., 1st Lt. | Rhinelander | 5th Medical Supply Depot, Fort Sam Houston, Tex. |
| Keck, E. B., Lt. Commander | Madison | Post Hospital, Marine Barracks, Quantico, Va. |
| Kennedy, H. A., 1st Lt. | Winneconne | Field Hospital, Naval Air Station, Corpus Christi, Tex. |
| Kocovsky, E. C., 1st Lt. | Milwaukee | Reception Center, Camp Grant, Ill. |
| Kretlow, F. A., 1st Lt. | Milwaukee | 1st Medical Squadron, Fort Bliss, Tex. |
| Krueger, E. R., 1st Lt. | Hayward | 30th Division, Fort Jackson, S. C. |
| Kuehl, F. O., 1st Lt. | Green Bay | 53rd Medical Battalion, Camp Claiborne, La. |
| Lochen, E. L., Captain | Waukesha | Army Hospital, Honolulu, Hawaii |
| Ludwig, E. P., Captain | Wausau | Company G, 135th Medical Regiment, Camp Shelby, Miss. |
| Lustok, M. J., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Martini, H. F., 1st Lt. | Wausau | 5th Division, Fort Custer, Mich. |
| McBain, L. B., Captain | Appleton | 30th Division, Fort Jackson, S. Car. |
| McCormack, E. A., 1st Lt. | Niagara | 123rd Field Artillery, Monmouth, Ill. |
| McCormick, D. W., 1st Lt. | Madison | Station Hospital, Fort Custer, Mich. |
| Millard, A. L., Major | Marshfield | Second Infantry, Fort Custer, Mich. |
| Mitchell, M. T., 1st Lt. | Eau Claire | Medical Detachment, 38th Infantry, Fort Sam Houston, Tex. |
| Mokrohajsky, S. M., 1st Lt. | Green Bay | Station Hospital, Camp Grant, Ill. |
| Moland, O. G., 1st Lt. | Augusta | 14th Medical Regiment, Camp Bowie, Tex. |
| Montgomery, S. A., 1st Lt. | La Crosse | Station Hospital, Fort Sam Houston, Tex. |
| Moran, C. J., Captain | La Crosse | 120th Field Artillery, Camp Beauregard, La. |
| Nebel, Harold, Major | Milwaukee | 121st Field Artillery, 32nd Division, Camp Livingston, La. |
| Nelson, E. R., Lieutenant (j. g.) | Madison | % Asiatic Fleet, Naval Base, San Diego, Calif. |
| Nowack, L. W., Captain | Watertown | 32nd Division, Camp Livingston, La. |
| Olson, W. A., 1st Lt. | Greenwood | 128th Infantry, 32nd Division, Camp Livingston, La. |
| Pagel, H. F., 1st Lt. | Ladysmith | Station Hospital, Fort Sill, Okla. |
| Peterson, L. W., Lt. Col. | Sun Prairie | 135th Medical Regiment, Camp Shelby, Miss. |
| Pomeroy, R. K., 1st Lt. | Port Washington | Naval Training Station, Great Lakes, Ill. |
| Raine, Forrester, Major | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Rau, G. A., 1st Lt. | Two Rivers | Station Hospital, Fort Sam Houston, Tex. |
| Rechlitz, E. T., 1st Lt. | Milltown | Armored Force Replacement Center, Fort Knox, Ky. |

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Roth, J. A., Captain | Carlinville, Ill. | Camp Grant, Ill. |
| Sarfatty, I. J., Captain | West Allis | Randolph Field, Tex. |
| Schramel, A. J., Captain | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Schwade, E. D., Captain | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Shabart, E. J. | Milwaukee | Fort Sheridan, Ill. |
| Simenson, R. S., 1st Lt. | Valders | Station Hospital, Camp Grant, Ill. |
| Stern, Louis, Captain | Milwaukee | Fort Bliss, Tex. |
| Stone, G. C., 1st Lt. | Berlin | Reception Center, Camp Grant, Ill. |
| Sullivan, J. M., 1st Lt. | Milwaukee | Station Hospital, Fort Sam Houston, Tex. |
| Sverdlin, A. A., Captain | Milwaukee | 4108 North Richards Street, Milwaukee |
| Talbot, J. R., 1st Lt. | Marshfield | Fort Riley, Kan. |
| Tousignant, A. N., Captain | Oconto | % Supt. A. T. S., Manila, P. I. |
| Vetter, E. W., Captain | Randolph | Company E, 135th Medical Regiment, Camp Shelby, Miss. |
| Waffle, R. L., Captain | Fond du Lac | Station Hospital, Fort Sheridan, Ill. |
| Wagner, A. J., 1st Lt. | Brillion | Scott Field, Belleville, Ill. |
| Walske, B. R. | Independence | Station Hospital, Camp Grant, Ill. |
| Watry, T. D., 1st Lt. | Milwaukee | 4108 North Richards Street, Milwaukee |
| Weaver, D. F., 1st Lt. | Green Bay | Fort Sam Houston, Tex. |
| Weissmiller, L. L., Captain | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Wier, J. S., Major | Fond du Lac | Fort Benning, Ga. |
| Williamson, C. S., Major | Green Bay | Station Hospital, Ponce, Porto Rico |
| Winkler, R. J., 1st Lt. | Hilbert | Camp Beauregard, La. |
| Wyatt, T. E. | Marshfield | 128th Infantry, 32nd Division, Station Hospital, Camp Livingston, La. |
| Young, J. J., 1st Lt. | Appleton | Station Hospital, Camp Grant, Ill. |
| Zintek, S. S., Lt. Col. | Milwaukee | 127th Infantry, 32nd Division, Camp Livingston, La. |

## SOCIETY RECORDS

### New Members

R. A. Mullen, Burlington.

F. M. Schmidt, Eagle.

J. M. Fraser, 515 Ninth Street, Oshkosh.

S. E. Zawodny, 616 West Lincoln Avenue, Milwaukee.

W. P. Klopfer, 8604 West Schlinger Avenue, West Allis.

T. W. O'Donovan, 2450 West Wells Street, Milwaukee.

### Changes in Address

H. H. Heiden, Camp Beauregard, to Camp Livingston, La.

F. C. Jacobson, Madison, to Washburn.

W. A. Olson, Greenwood, to 128th Infantry, 32nd Division, Camp Livingston, La.

R. H. Bitter, Fort Brown, Tex., to 12th Cavalry, Fort Bliss, Tex.

R. C. Montgomery, Madison, to King.

R. A. Nimz, Wauwatosa, to 1327 South 113th Street, West Allis.

I. A. Ihrke, Oshkosh, to Statesan.

W. C. Verbrick, Neopit, to 113 East Main Street, Little Chute.

L. L. Fifrick, Milwaukee, to 7218 West North Avenue, Wauwatosa.

H. L. Herschensohn, Milwaukee, to General Delivery, Long Beach, Calif.

A. N. Tousignant, Fort Bliss, Tex., to % Supt. A. T. S., Manila, P. I.

G. C. Stone, Berlin, to Reception Center, Camp Grant, Ill.

E. W. Huth, Mishicot, to Valders.

R. W. Utendorfer, Prairie du Chien, to Calmar, Iowa

H. E. Van Riper, Madison, to 114 Pierce Drive, Woodmoor, Silver Spring, Md.

M. M. Guzzetta, Carlisle Barracks, Pa., to Fort Sam Houston, Tex.

G. W. Marbry, McFarland, also at 2609 University Avenue, Madison.

L. E. Dickelmann, Eau Claire, to Durand.

L. W. Nowack, Carlisle Barracks, Pa., to Special Troops, Medical Detachment, 32nd Division, Camp Livingston, La.

L. H. Gueldner, Fort Sill, Okla., to Co. B, Student Officers' Training Battalion, Carlisle Barracks, Pa.

R. S. Simenson, Valders, to Station Hospital, Camp Grant, Ill.

S. S. Salinko, Asbury Park, N. J., to 3258 South Forty-sixth Street, Milwaukee.

E. P. Huth, Philadelphia, to 2913 North Thirty-fifth Street, Milwaukee.

R. H. Dorr, Milwaukee, to 721 West Woodbine, Kirkwood, Mo.

L. G. Kindschi, Madison, to Monroe Clinic, Monroe.

R. R. Richards, Blair, to Durand.

V. S. Rogers, Bowler, to Fall River.

Sylba Adams, Hayward, to % Tacoma Indian San., Tacoma, Wash.

R. J. Winkler, Carlisle Barracks, Pa., to Camp Beauregard, La.

(See page 514 for complete list of men who have gone into service.)

# Medical Advisory Boards

**State Medical Officer**

Dr. O. R. Lillie, 208 E. Wisconsin Ave., Milwaukee

**Assistant State Medical Officer**

Major John A. Grab, Selective Service, State Capitol, Madison

## BOARD NO. 1

**Local boards served.**—*Milwaukee city, local boards nos. 1, 2, 3, 4, 6, 10, 15, 16, 19*

John E. Mulsow (chairman), 231 W. Wisconsin Ave.; John E. Habbe (secretary), 231 W. Wisconsin Ave.; Wm. M. Jermain, Herman C. Schumm, Curtis A. Evans, John L. Garvey, George H. Hansmann, and Joseph J. Tolan (dentist),—all of Milwaukee

## BOARD NO. 2

**Local boards served.**—*Milwaukee city, local boards nos. 7, 9, 13, 18, 20, 21, 22, 25, 26*

Wm. J. Egan (chairman), 720 N. Jefferson St., John B. Hitz (secretary), 411 E. Mason St., Walter P. Blount, Chester M. Echols, Robert E. Fitzgerald, Norbert Enzer, S. A. Morton and Robert Phelan (dentist),—all of Milwaukee

## BOARD NO. 3

**Local boards served.**—*Milwaukee city, local boards nos. 5, 8, 11, 12, 14, 17, 23, 24, 27*

Joseph J. Lettenberger (chairman), 161 W. Wisconsin Ave., Roman J. Stollenwerk (dentist, secretary), 2689 S. Kinnic Ave.; Walter Brussock, Fred Madison, Wm. E. Grove, John O. Dieterle, Urban A. Schlueter, Wm. L. Herner, Hobart K. B. Allebach, and Paul S. Epperson,—all of Milwaukee

## BOARD NO. 4

**Local boards served.**—*Milwaukee county, outside city limits of Milwaukee, Waukesha, Ozaukee*

Millard Tufts (chairman), 208 E. Wisconsin Ave., Milwaukee; Merle Q. Howard (secretary) % Milwaukee Sanitarium, Wauwatosa; Milton Borman, Urban J. Durner, Chester C. Schneider, Dexter H. Witte, Edward L. Tharinger, Hans W. Hefke, N. W. Bourne, Maurice J. Reuter, and A. T. Wiebrecht, (dentist) all of Milwaukee; and James F. Wilkinson, Oconomowoc

## BOARD NO. 5

**Local boards served.**—*Walworth, Racine, Kenosha*

Russell M. Kurten (chairman), Racine; Harold B. Keland (secretary), Racine; T. W. Ashley, Kenosha; Henry Beeson, Racine; L. E. Fazen, Racine; Stilwell G. Meany, East Troy; Charles E. Pechous, Kenosha; Irwin E. Bowing, Kenosha; Elmore W. Goelz, Whitewater; F. W. Peil (dentist), Racine; George C. Cabe (dentist), Kenosha

## BOARD NO. 6

**Local boards served.**—*Jefferson, Rock, Green, Lafayette*

Aubrey H. Pember (chairman), Janesville; Thomas J. Snodgrass (secretary), Janesville; Emmett W. Bowen, Watertown; W. A. Munn, Janesville; Nathan E. Bear, Monroe; Wm. J. Allen, Beloit; Russell F. Wilson, Beloit; C. T. Foote (dentist), Janesville

## BOARD NO. 7

**Local boards served.**—*Dane, Iowa, Grant, Columbia, Sauk, Richland*

Albert R. Tormey (chairman), Madison; Albert W. Bryan (secretary), Madison; Karver L. Puestow, Eugene E. Neff, Henry L. Greene, Wm. D. Stovall, Ivan Ellis, Garrett Cooper, Madison; James W. MacGregor, Portage; Albert R. Dipple (dentist), Baraboo

## BOARD NO. 8

**Local boards served.**—*Crawford, Vernon, Juneau, Monroe, La Crosse, Jackson, Trempealeau*

Frederick A. Douglas (chairman), La Crosse; Alf H. Gundersen (secretary), La Crosse; Robert L. McCornack, Whitehall; Brand Starnes, New Lisbon; Mathew A. McGarty, La Crosse; Wm. E. Bannen, La Crosse; James E. McLoone, La Crosse; Stephen F. Donovan, Tomah; P. E. Bartelt (dentist), La Crosse.

## BOARD NO. 9

**Local boards served.**—*Eau Claire, Buffalo, Pepin, Dunn, St. Croix, Pierce*

F. G. Anderson (chairman), Eau Claire; Joseph W. Livingstone, Hudson; Fred S. Cook, Eau Claire; Nels Werner, Eau Claire; Joseph C. Baird, Eau Claire; E. H. Parish (dentist), Durand.

## BOARD NO. 10

**Local boards served.**—*Chippewa, Rusk, Barron*

Francis T. McHugh (chairman), Chippewa Falls; Merton Field (secretary), Chippewa Falls; D. L. Dawson, Rice Lake; Walter F. O'Connor, Ladysmith; Edison O. McCarty, Chippewa Falls; S. E. Williams, Chippewa Falls

## BOARD NO. 11

**Local boards served.**—*Polk, Burnett, Washburn, Douglas, Sawyer*

Thomas J. O'Leary (chairman), Superior; Victor E. Ekblad (secretary), Superior; Elmer A. Myers, Superior; Raymond G. Arveson, Frederic; Clarence H. Christiansen, Superior; Lien O. Simenstad, Osceola; John R. McNutt, Superior; George L. Berdez, Duluth; Harry C. Grove (dentist), Hayward

BOARD NO. 12

**Local boards served.**—*Bayfield, Ashland, Iron, Vilas, Price*

John M. Dodd (chairman), Ashland; John W. Prentice (secretary), Ashland; R. O. Grigsby, Ashland; Wm. J. Tucker, Ashland; Fred G. Johnson, Iron River; Frank D. Weeks, Ashland; Justin D. Leahy, Park Falls; F. H. Simerson (dentist), Phillips

BOARD NO. 13

**Local boards served.**—*Lincoln, Taylor, Clark, Wood, Marathon, Portage*

Harold T. Fehland (chairman), Wausau; James K. Trumbo (secretary), Wausau; Edward P. Crosby, Stevens Point; Merritt L. Jones, Wausau; Kyrle A. Morris, Merrill; Eugene E. Flemming, Wausau; Wallace L. Nelson, Wisconsin Rapids; Glenn Bennett, Wisconsin Rapids; H. Schneiders, Wausau; L. P. Wahl (dentist), Wausau

BOARD NO. 14

**Local boards served.**—*Forest, Florence, Oneida, Langlade*

Clarence A. Richards (chairman), Rhinelander; Irving E. Schiek (secretary), Rhinelander; Joseph W. Lambert, Antigo; Alex F. S. Harter, Rhinelander; Wm. P. Curran, Antigo; Thomas G. Torpy, Minocqua; Ernest G. Ovitz, Laona; Orville H. Treweek (dentist), Rhinelander

BOARD NO. 15

**Local boards served.**—*Marinette, Oconto, Brown, Door, Kewaunee*

Arthur J. McCarey (chairman), Green Bay; John L. Ford (secretary), Green Bay; Maurice D. Bird, Marinette; Emil G. Nadeau, Green Bay; James V. May, Marinette; Ralph M. Carter, Green Bay; Lawrence D. Quigley, Green Bay; Dana B. Dana, Kewaunee; Roderick J. Gordon, Sturgeon Bay; Ralph L. Troup, Green Bay; Wm. W. Kelly, Green Bay; Elmer J. Teske (dentist), Green Bay

BOARD NO. 16

**Local boards served.**—*Shawano, Waupaca, Outagamie, Calumet, Manitowoc*

Albert E. Rector (chairman), Appleton; George T. Hegner (secretary), Appleton; Victor F. Marshall, Appleton; Leo J. Moriarty, Two Rivers; John B. MacLaren, Appleton; Nick J. Knauf, Chilton; Erwin C. Cary, Reedsville; Alex J. Zimmer (dentist), Manitowoc

BOARD NO. 17

**Local boards served.**—*Adams, Waushara, Winnebago, Marquette*

Jasper W. Lockhart (chairman), Oshkosh; Donald G. Hugo (secretary), Oshkosh; Frank G. Connell, Oshkosh; George V. Lynch, Oshkosh; John M. Conley, Oshkosh; Burton Clark, Oshkosh; Alvin G. Koehler, Oshkosh; George A. Stratton (dentist), Oshkosh; J. M. Donovan (dentist), Neenah

BOARD NO. 18

**Local boards served.**—*Green Lake, Dodge, Washington, Sheboygan, Fond du Lac*

Stephen E. Gavin (chairman), Fond du Lac; Henry C. Werner (secretary), Fond du Lac; A. H. Heidner, West Bend; Alexander G. Hough, Beaver Dam; Henry E. Twohig, Fond du Lac; Joseph C. Devine, Fond du Lac; Richard R. Dalrymple, Fond du Lac; Carl Felton (dentist), Sheboygan; G. O. Zoellner (dentist), Fond du Lac

# Physician-Members of District Appeal Boards

**First district.**—*Milwaukee county:* Robert W. Blumenthal, Milwaukee

**Second district.**—*Milwaukee county:* Francis D. Murphy, Wauwatosa

**Third district.**—*Walworth, Kenosha, Racine, Waukesha, Washington, Ozaukee and Dodge counties:* E. S. Elliott, Fox Lake

**Fourth district.**—*Rock, Green, Lafayette, Iowa, Adams, Sauk, Columbia, Dane, Grant, Jefferson, and Marquette counties:* James A. Jackson, Madison

**Fifth district.**—*La Crosse, Monroe, Juneau, Vernon, Crawford and Richland counties:* B. I. Pippin, Richland Center

**Sixth district.**—*Jackson, Pepin, Trempealeau, Buffalo, Pierce, St. Croix, Dunn, Eau Claire, Chippewa, Barron, Polk, Clark and Rusk counties:* F. E. Butler, Menomonie

**Seventh district.**—*Douglas, Burnett, Washburn, Bayfield, Sawyer, Ashland, Iron, Price and Vilas counties:* C. J. Smiles, Ashland

**Eighth district.**—*Oneida, Forest, Langlade, Lincoln, Taylor, Marathon, Wood, Portage, Waupaca, and Shawano counties:* F. H. Kelley, Merrill

**Ninth district.**—*Door, Kewaunee, Brown, Oconto, Outagamie, Marinette, and Florence counties:* F. C. Huff, Sturgeon Bay

**Tenth district.**—*Calumet, Green Lake, Winnebago, Fond du Lac, Waushara, Sheboygan, and Manitowoc counties:* Curtis L. MacCollum, Manitowoc

# Keep the Worker on the Job*

By PAUL A. BREHM, M. D.
*State Board of Health*
*Madison*

EXPOSURES to extremes of heat and humidity during the summer months may cause ill effects to a large number of individuals. Workers in industry, particularly, may experience discomfort ranging from fatigue, lassitude and decreased production to the more serious conditions of heat exhaustion and heat stroke.

The working conditions in some industries result in exposures to extreme heat throughout the year—the steel industry being a notable example. Our greatest concern, however, is the physiological response of the body mechanism to the high temperatures experienced by all of us during hot weather. The industrial worker is more apt to suffer disability due to heat and humidity because of the physical exertion necessary to his job, plus an exposure to a hot occupational environment in addition to the existing temperatures of summer weather.

The amount of heat generated by an individual will vary with the degree of exertion and the length of time necessary for a given job. The principal heat producers in the body are the muscles. Heat is produced by the oxidation of fats and carbohydrates. The human system possesses the ability to regulate body temperature in an effort to maintain it at a constant level. The balance between heat production and heat loss governs body temperature maintenance.

Several factors influence the loss of body heat, depending upon the severity of physical activity, the heat and humidity the individual is exposed to, and the adaptive response of the body to heat. According to Jones,[1] the mechanisms which are involved in body cooling are radiation, conduction, convection and evaporation. The loss of heat by radiation and conduction occurs only with the proper temperature differential—when body temperature exceeds atmospheric temperature. Heat loss by convection is influenced by the amount of air motion in the vicinity of the body surface, while cooling by evaporation depends upon the humidity variation or unsaturation of the atmosphere with moisture. The adaptive response of the body to heat exposures results in an increased blood flow to the skin to allow heat transfer, and an increased tendency to perspire, favoring loss of heat by evaporation.

Thus, under light physical activity an individual will lose heat mainly by radiation, a smaller amount by evaporation from the skin and some by vaporization from the lungs. Under severe exertion and exposure to high environmental temperature, heat loss is greater by evaporation of sweat and less by radiation. When the body is unable to adapt itself to excessive heat, the body temperature rises and heat stroke or heat exhaustion may occur. On the other hand, body adaptation may succeed in controlling temperature and dissipating heat, but heat cramps may occur from excessive loss of chlorides in the sweat.

Heat cramps are a very definite and common industrial disability resulting from the large amount of chlorides lost through profuse sweating. Sweat contains an average of 0.3 per cent sodium chloride, and when a large amount of sweat is produced during a day of extreme heat and strenuous work, as much as 30 gm. of salt may be lost. In addition, as much as 12 gm. of salt in twenty-four hours may be excreted in the urine so that the total amount of salt depletion is more than the compensatory mechanism of the body can withstand.

The obvious treatment of heat cramps or the more serious conditions of heat exhaustion or heat stroke is to replenish the body chlorides. The milder cases will respond to sodium chloride by mouth but in the more severe conditions sodium chloride must be

* This is the fourth of a series of articles to appear under this title in The Journal.

administered intravenously. Replacement of sodium chloride is a specific remedy—nothing can replace it.

Of greater importance than treatment of the disability is prevention. Salt may be dispensed throughout the working day in 5 or 10 grain tablets, according to the following suggestions:

1. Women—doing moderate work—30 to 50 grains per day.
2. Men—doing moderately heavy work—40 to 60 grains per day. Doing heavy work, 60 to 100 grains per day. Doing extra heavy work, 100 to 150 grains per day.

Individuals should be cautioned to drink plenty of water with each tablet—cold water is no longer considered dangerous. Large numbers of salt tablets should not be taken at one time—the dosage should be divided over the working day. Additional salt will be replaced in food, particularly by taking plenty of milk, since it contains 0.3 per cent sodium chloride. Men doing hard work should have a full diet with no restriction upon protein because this food element aids absorption and storage of sodium chloride.

The conditions resulting from exposures to excessive heat are common to our general population, but industry affords the best opportunity of preventing them. Aside from the more serious disabilities resulting from heat exposure, the workman may suffer minor ill effects which render him incapable of performing his duties efficiently. In addition to lowered vitality and fatigue, he is not alert to the prevention of accidents. Physicians are urged to discuss these conditions before foremen and workmen health conferences. Management should be convinced of the benefits to be derived from furnishing salt tablets to employes. Adequate dosage schedules should be posted near each salt dispenser.

### Material to Be Used Before Foremen Meetings

Physicians can briefly describe the effects upon the body due to excessive temperature exposures and depletion of chlorides. The amount of sodium chloride necessary to prevent heat sickness should be stressed in detail. Important, also, are other preventive measures and general health suggestions to be carried out during the hot weather season.

1. *General precautions.* Men doing hard work under extreme conditions of heat should be in good physical condition in order to best adapt themselves to this environment. New men must be watched closely until they become adjusted to the strain and exposure. The older worker wearing a sweaty cotton undershirt has a more effective evaporative or cooling surface through the porous surfaces of his shirt than an individual stripped to the waist. Alcohol and excesses of all kinds should be avoided.
2. *Diet.* A general diet is advisable, particularly for men doing heavy, hot work. Plenty of water is essential. Milk in quantities should be taken every day. The old fashioned drinks, barley and oatmeal water, are effective if well salted.
3. *Sleep.* A good night's rest is essential after a hot summer day. Some individuals use an electric fan during the night but they should be careful to avoid harmful direct drafts.
4. *Exercise.* Aside from the individuals getting sufficient physical exertion in the course of their work, there are others who exercise too strenuously during the hot days. Light exercise is preferable. Swimming is one of the best forms of hot weather exercise. Individuals whose jobs do not call for physical exertion should exercise moderately during hot weather in order to overcome lassitude, and physical and mental depression.
5. *Bathing.* Frequent baths help to keep the body cool and refreshed. Shower baths are recommended rather than a long weakening tub bath.
6. *Exposure to the sun.* Too often individuals become over-exposed to sunlight, and serious burns result. Brief exposures are recommended until the skin is tanned sufficiently to withstand longer periods. Exposure to a hot sun plus physical exertion has resulted in the serious condition of heat stroke. Older individuals, especially those with chronic disabilities, should be particularly careful.

Exposure to extreme heat causes very definite disabilities and should be prevented. The medical profession can influence industry and workmen to observe effective preventive measures. The disabilities, time and wage loss, decreased work capacity, and the costs to industry are far too great to neglect the responsibility for control. The problem during our national defense program is greater than ever—the workmen must be protected from heat sicknesses because of overcrowding, speed-up in production, overtime, lack of vigilance on the part of management to adequate ventilation, lack of physical examinations of workers and the employment of "green" and unseasoned labor.

#### REFERENCE

1. Jones, Benjamin F.: Physiology and Pathology of Environmental Conditions. Lecture, United States Public Health Service Seminar, May 28, 1937.

# Our Mental Health*

By FRANKLIN G. EBAUGH, M. D.
*Denver, Colo.*

WHEN some of you think of psychiatry you may have associations similar to those exhibited in the following episode. A psychiatrist appeared in a schoolroom and said to the pupils: "Now I am going to tell you a story and I want you to tell me what you think of it. I am interested in learning how you think and the most important thing to me will be not what you think, but how you arrive at it. The story is this: The United States is bounded on the north by the Gulf of Mexico, on the east by Canada, on the south by the Pacific Ocean and on the west by the Atlantic Ocean—now can you tell me how old I am?" When no one answered, he told the story again and encouraged anyone who might have an idea as to his age to speak up. Finally a small hand went up near the back of the room and Johnny said, "I'd guess you're 44 years old." The psychiatrist answered, "That's exactly right—what I want to know is how you could tell," to which the boy said, "Well, I have a brother at home. He's been a lot of trouble to the family ever since he was born. We've had him to about all the doctors around here, and they all say that he's half nuts." "That's interesting," said the psychiatrist, "but how can you tell how old I am from that?" The boy answered, "Well, mister, my brother is 22 years old."

## "Consider What We Mean . . ."

Before we can say much about our mental health we should first consider what we mean by this term. Some think it implies a number of complex impractical things; others think it is a polite term used in talking of advanced mental illness; and others that it is something abstract and academic.

Back in 1908 one of the main mental health objectives was the improvement of the quality of physical and medical care offered patients in psychiatric hospitals. There has been constant growth in the scope of mental hygiene concepts and objectives since then. It was once thought that activities effective in preventing increased incidence of mental illness requiring hospitalization represented another goal. Now we have arrived at a much more positive aspect of mental health, considering it not only the absence of mental illness, but the condition in which the individual attains a certain internal equilibrium and adequate self expression, utilizes the whole of his endowment, has a moderate feeling of well-being or joy and makes a contribution to the life of the community. Merely to go along in a way which attracts the attention of nobody and without any gross personal dissatisfactions is a poor standard of mental health. We are not content with the physical conditions of a listless and undernourished child because he has no recognized type of physical disease. Ideal mental health consists of a maximal ability to get along with people without the interference of inner conflicts or external frictions, in a manner that makes for full mutual satisfaction on a constant give-and-take basis. The mentally healthy person should lead to a wholesome, happy, well-balanced existence with the ability to forestall and face as many as possible of the difficulties that develop over the years.

The physician must remember that he too is an individual and that to be most effective in his profession and also enjoy a worthwhile existence he needs to give attention to his personal mental health. You may be interested in a summary of some of the conditions requisite to an effective normal life, as shown in table 1.

Mental health, like psychiatry, is concerned with people and their functioning. One's behavior, memories, attitudes, anticipations, energy output, ideas, temperament, ambitions, and capacities enter into this. So

* From the Colorado Psychopathic Hospital and University of Colorado School of Medicine. Rogers Memorial Lecture, presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, 1940

TABLE 1.—*Essential Conditions for Good Mental Health*

1. Maintenance of good physical health.
2. Objectivity; approach problems via facts, rather than desires.
3. Insight into one's own conduct.
4. A confidential relationship with some other person.
5. Attention to present problems, frustrations, etc.
6. A sense of the ridiculous.
7. Planned activity; do something about problems, emotional and recreational needs.
8. Satisfying work.
9. Rest and recreation.
10. Normal social participation.

much a part of one's functioning depends upon physical, physiological, and endocrine status that the management of personality illnesses has naturally become the concern of the physician. Of recent years psychiatry has gone beyond the walls of mental hospitals into general hospitals, the school, and the community. Mental health is now concerned with understanding and helping every individual who is not making the most of his resources and with those who are poorly adjusted—adults as well as children. The psychiatrist thinks of behavior—whether it be in the form of overt actions, ideas, moods, or physiological and emotional manifestations—as a reaction indicative of the individual's attempts to make an adjustment to the world as it presents itself to him.

Most of you know that at present far more than half of all the hospital beds in this country are occupied by individuals who have failed in this attempt at adjustment. Reliable estimates show that from 35 to 65 per cent of the patients seen by you in your daily work present complaints wholly or largely dependent upon difficulties in personal adjustment. So common are these reactions that out of twenty-five individuals reaching adulthood, one will be a chronic custodial problem; four will be severely neurotic; and eight will be handicapped through milder personality difficulties. In the United States over 750,000 individuals annually present difficulties diagnosed as "nervous breakdown" which deserve the attention of a physician conversant with ordinary mental health case management. Strecker feels that 75 per cent of the clientele of the general practitioner consists of neuroses, psychiatric complications of chronic organic disease, the mental aspects of convalescence, and partial or complete psychopathological problems in children. We know that from 12 to 30 per cent of all patients admitted to general hospitals present problems that are primarily psychiatric in nature.

## "Physicians Need Not Hesitate . . ."

We, as physicians, need not hesitate to accept the tremendous responsibility of caring for the great number of our citizens who come to us with problems in mental health. We have methods of classification and study that make etiologic and diagnostic aspects of these cases clear. We are possessed of common sense methods of therapy that yield excellent results in most of the early cases seen by the general practitioner. I like to think of the things we see in the manner indicated in table 2.

TABLE 2.—*Factors in Illness*

| Organic | Physiological | Personality |
|---|---|---|
| Agenesis | Endocrine | Endowment |
| Trauma | Infection | Energy balance |
| Sclerosis | Dietary | Habits |
| Scarring | Toxic | Attitudes |
| New Growths | Emotion | Memories |
| Emboli | Metabolic | Ambitions |
| Hemorrhages | Physiochemical | Frustrations |
| Thrombi | | Blunders |
| Mechanical (e. g. bowel obstruction) | | Minor reactions Psychoneuroses |
| Degenerative | | Major reactions Psychoses |

In this schematic way one can approach and understand any illness that may present itself to the physician. At times factors that I have not noted will be found under one or more of the three headings. The important thing to remember is that no matter what the difficulty some involvement will be found in all the spheres noted.

Research in recent years has helped to clarify our understanding of the host of physiological disturbances and resultant complaints that can accompany unsolved emotional problems. These include such phenomena as elevated blood pressure and pulse rate, fever, skin lesions, headache, visual difficulty, cardiospasm, pylorospasm, constipation or diarrhea, urinary frequency, menstrual disorders, easy fatigability, appetite and sleep disorders, pseudo-hyperthyroidism, and a number of other responses. The physician must constantly remember that no matter what organic or physiologic disturbance he may be confronted with he is also dealing with *the person* who happens to

have the illness. Much of his success will depend upon how aware he is of the make-up of the person he is dealing with and how competently he deals with him. We have long been concerned with the problem of losing patients to charlatans, cultists, chiropractors, and other irregular practitioners. It seems to me that one of the chief reasons these individuals succeed is that often they are quite adept at dealing with the person who has the illness though completely ignorant of the illness itself. Our medical schools are preparing most of us to deal with the organic and physiological aspects—the impersonal parts—of illness in a satisfactory way, but entirely too many of us do not take the time to attend to that most important person—the patient. Some of the responsibility for this lies at the door of psychiatrists for not presenting physicians with simple usable approaches to this problem. After all, the etiological and treatment aspects of most of the personality problems you see are not obscure or difficult to determine and manage. There has been a lot of talk to the effect that psychiatry is still too young a science to make definite statements regarding the etiology of many reactions. In most cases this is not true.

I have listed some of the known etiological factors in reactions commonly seen by the general practitioner in table 3.

Many of us are confronted so constantly with obvious physical and physiological problems that we may come to assume that a healthy person is one who is well in these ways. Happiness, mental health, and well-being do not in any sense automatically result from physical fitness alone. We all have social and personality needs which must be satisfied in one manner or another in order to secure individual mental health. When we see physiological or personal behavior not explicable by ordinary approaches we must ask, "What unsatisfied personality needs does this person have? Could the disturbance present be a reaction to unsatisfied needs, situational or personality conflicts or problems?" Some of the individual needs which must be fulfilled in a manner satisfactory to the person and his culture to insure physical and mental health are listed in table 4.

TABLE 3.—*Common Etiological Factors in Personality Illnesses*

I. Predisposing:
- A. Heredity (overemphasized)
- B. Life period
- C. Environmental strain
- D. Occupation
- E. Race
- F. Previous attacks

II. Exciting:
- A. Physical
  1. Infection
  2. Toxicity
  3. Exhaustion
  4. Endocrine disorders
  5. Metabolic deficiencies
  6. Chronic infections
  7. Chronic somatic disease
  8. Organic central nervous system disease
- B. Personality
  1. Unhealthy reaction habits
  2. Discrepancy in ambition and capacity
  3. Emotional immaturity
  4. Narrow interests
  5. Inadequate outlets
  6. Inability to give and take
  7. Rigidity
  8. Poorly utilized assets
- C. Situational
  1. Reaction to physical handicap
  2. Competition and insecurity
  3. Chronic exposure to poorly adjusted persons
  4. Religious problems
  5. Marital problems
     a. Incompatibility
     b. Sex difficulties
     c. Unwanted children
     d. Sterility
     e. Contraceptive problem
     f. Wife working
     g. Mother-in-law
     h. No affection
     i. Divergent interests
  6. Conflicts
     a. Juvenile vs. adult tendencies
     b. Egoistic vs. altruistic
     c. Imaginary vs. realistic
     d. One loyalty vs. another
     e. Behavior vs. standards

III. Childhood Factors:
- A. Overprotection
- B. Rejection
- C. Sibling rivalry
- D. Insecurity
- E. Broken home—divided loyalty

## Points in Treatment

By such methods as I have indicated the average general practitioner is prepared to better understand and serve most of those who consult him. The great mass of problems in mental health make themselves known early when the factors involved are quite easily accessible and therapeutic possibilities are excellent. We cannot hope to have all these early problems cared for by psychiatrists because not only are there far too few psychiatrists available but in addition these patients rightly look to their family physician for care. It is evident, therefore, that a great portion of the responsibility for the mental health of the citizens of Wisconsin falls upon the general practitioner of medicine in his daily work. He need not shrink

TABLE 4.—*Personality Needs (adapted from Prescott)*

I. Physiological
- a. Air
- b. Food
- c. Liquids
- d. Clothing
- e. Shelter
- f. Proper temperature
- g. Adequate elimination
- h. Activity and rest—properly balanced
- i. Sex understanding

II. Social (interpersonal)
- a. Affection
- b. Attention
- c. Security
- d. Belonging in widening circles—approval (social, religious, school, physical ability, occupational, racial)
- e. Likeness—appearance, capacity, worth, temperament, intelligence, experience

III. Ego—belief in self
- a. Increasing self-direction—"psychological weaning."
- b. Balance between success and failure—adequacy feeling.
- c. Commingling personal and social goals.
- d. Contact with reality—rich and varied experience with social forces, institutions and process.
- e. Harmony with reality—laws governing authority beyond individual's control.
- f. Progressive symbolization—enables organization of experience with generalizations.

TABLE 5.—*Psychotherapeutic Procedures*

1. Supportive therapy
   - a. Medical
   - b. Hydrotherapeutic

2. Sublimatory therapy
   - a. Occupational
   - b. Recreational
   - c. Other interests

} Indirect Therapy

3. Suggestive therapy—symptomatic therapy
   - a. Reassurance
   - b. Direct suggestion (1) in waking state (2) in hypnosis (3) under sodium amytal (4) electricity, etc.
   - c. Indirect suggestion (implicit in all psychotherapeutic methods, as well as in purely supportive therapy).

4. Causal therapy on different levels of causation
   - a. Management of factors in external situations
   - b. Catharsis
   - c. Discussion of conscious conflicts and life experiences by means of aeration, desensitization, etc.
   - d. Distributive analysis (Meyer)
   - e. Psychoanalysis
   - f. Modified psychoanalytic techniques (Stekel–Rank)
   - g. Chemotherapeutic agents

} Direct Therapy

from this task for even a moment because understanding and treatment in most of these cases is within his grasp. The treatment procedures effective in early mental health problems are not highly technical, complex, or difficult of administration. Common sense, recognizing the patient as an individual with problems, the willingness to spend time and be a good listener, a sympathetic attitude and the evincing of a real interest are some fundamentals all should know.

In table 5 I have enumerated some aspects of the management of these problems.

Psychotherapy begins the moment the patient walks into the physician's office. There are many common sense aspects to the management of any patient which we learn through painful experience. Some day when I am old enough and have lots of free time I hope to write a book on "The Patients I Have Been a Menace To." It took me a long time to learn that psychiatric complaints, anxiety, tension and body overconcern cannot in any way be alleviated or influenced by telling the patient to go home and forget it or by giving him bromides or other sedatives. One of the common causes of toxic-delirious reactions in general practice is this custom of administering dangerous sedatives to patients with complaints of tension, nervousness and sleeplessness. The only effective therapy for these complaints is to study the person and situation in which they occur and to treat causative factors when they are discovered.

Dr. J. B. DeLee has prominently displayed in his department at the Chicago Lying-in-Hospital the dictum "Primum non nocere" which means "It is of first importance that we inflict no injury." Before those of us charged with the responsibility for surgical procedures operate on any patient we would do well to reflect on this. Surgery for pain and other symptoms of psychiatric origin leaves the patient sicker than he was in the beginning. The innocent organs most often suffering surgical assault are the appendix, the female pelvic contents and the gallbladder. The great incidence of pelvic complaints in women is probably a good functional indicator of how common problems connected with marital, sexual or reproductive life are. Few of you have not seen cases in which repeated operations failed to bring relief from complaints. These experiences only serve to emphasize the fact that a purely organic approach can never be effective in treating complaints and symptoms originating as a result of personality problems. Rest cures, vaccines, endocrine injections, ultra-violet and heat therapies in personality illnesses are excellent ways of losing patients to irregular practitioners and contributing to the

great number of chronic cases in this field. Telling patients they have only a certain time to live, that we have never seen a worse thyroid or appendix or giving some shocking diagnosis which serves as a cause of preoccupation and worry are always harmful to the patient, the physician, to medicine, and eventually to the community. Medical discussions in the presence of patients in the sick room, on the ward, and in medical meetings have given rise to many incorrect ideas and untold sleepless hours on the part of patients and their families.

I can tell you of something that happened to a friend of mine—an excellent surgeon. One day he was making his hospital rounds in a hurry. Near the end of his visit he stopped beside the bed of a new male patient. His case had been well worked up by the house staff and was presented. After a hurried verification of the findings he said to the patient, "We'll operate at eight in the morning," and dashed off. Just as he reached the end of the hall he heard a crash. Investigation showed that the patient had jumped from the sixth floor window.

None of us should be too busy to spend time explaining the need for medical and surgical procedures to a patient and doing this in a manner reassuring to him rather than traumatizing. I should like to read you a few direct quotations from physicians to illustrate the need to be as careful with words as with powerful drugs and the surgical knife:

"There's nothing wrong with your body—the trouble is nerves—go home and forget it—I'll give you a sedative."

"I don't see how you carry on in your terrible condition—I'll give a series of shots and some light treatments—maybe you ought to go to bed."

"You have syphilis and when it gets to the brain it will kill you."

"Your blood pressure is over 200 and you might have a stroke any minute."

"If I'd waited another hour you'd never have gotten by—that appendix was the worst I ever saw."

"You've got a disease that will kill you in three weeks."

"Your child was born full of bad and criminal tendencies."

"Your condition is hopeless and it's your own fault."

"It's all in your head—I can't help you."

I am sure that all of us can see the obvious opportunities touched upon as well as the implications of my last few remarks. If these common sense approaches alone were generally observed the medical profession would be contributing far more to the mental health of our people. I hope and believe that physicians in Wisconsin are far ahead of those in some areas in this respect.

### Responsibility of the State

The physician of today is so busy a person and he is expected to be adept at so many things that some may feel that he is entitled to assistance with mental health problems. This I believe to be true. No problem of the great proportions of this one can be solved by the efforts of one group alone. In table 6 I have listed some of the facilities and assistance which any progressive state should provide its physicians and citizens in dealing with mental health problems.

TABLE 6—*The States' Responsibility in Mental Health*

1. Maintain highest level of care in state hospital; lowest per diem cost is not cheapest. Modernize commitment laws.
2. Assist discharged state hospital patients with community adjustments. Follow-up.
3. Include adequate and competent psychiatric instruction in medical school curriculum; include psychiatric questions in licensing examinations.
4. Offer profession and citizens early care by:
   a. Modern psychopathic hospital facilities.
   b. Organization of outpatient and community clinics.
   c. Including psychiatric units in all public general hospitals.
5. Establishing active division of mental health in state department for preventive purposes.
6. Encourage emphasis on behavior of child. School psychiatrists.
7. Offer mental hygiene courses in university, teachers' colleges and law schools.
8. Offer postgraduate and refresher courses in psychiatry to physicians in university medical school.
9. Encourage lay mental hygiene education. Utilize state mental hygiene society.

Through his county and state organizations the physician can do much to further a satisfactory mental health program. I regret the necessity of mentioning the fact to you that in some states the mental health of the populace has and is suffering because politicians have placed false economy, political obligations and personal power above the needs of the people. A state program may look good on paper and be completely negated by appointing as commissioner of mental hygiene an older state hospital physician untrained in modern psychiatry and by burdening him with an advisory board of unin-

formed, uninterested political friends. Physicians individually and through their organized units should and can work to acquaint legislators and citizens with the state's mental health needs and how they are being fulfilled. You are all well aware of the great opportunity for service in this direction in Wisconsin.

### Summary

Something concerning the nature of mental health with emphasis on its positive aspects has been discussed. Conditions and personality needs requiring attention to secure mental health have been presented. The great incidence of morbidity in this field has been pointed out as well as common etiological factors involved. I have emphasized the physician's part in preserving and securing mental health by common sense methods in his everyday work and by approaching illnesses through modern psychotherapeutic methods. Attention has been especially directed to the things your university and state can do to promote the mental health of the citizenry of Wisconsin. The obligation of the physician and organized medicine to do all possible to secure an adequate mental health program in Wisconsin has been emphasized.

Great opportunity for improvement exists. I am sure that in this work the medical men of Wisconsin will be found as ready and willing as they have been in the past in securing high standards of public health and medical practice.

## SPECIAL RESOLUTION ON MILITARY SERVICE

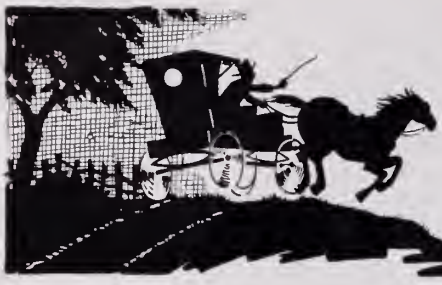
WHEREAS, Our national government has found it expedient to conscript all men between the ages of twenty-one and thirty-five; and

WHEREAS, Cognizant of the existing emergency and in full accord with our government, and realizing that the sacrifices of all mobilized men will necessarily extend into the economic field; and

WHEREAS, A great number of the members of our profession will unquestionably be inducted into service; be it

*Resolved,* That we as members of the State Medical Society of Wisconsin in a spirit of patriotic duty, here and now give to each colleague, who may be conscripted or who may volunteer, our solemn assurance that we will do everything within our power to protect his practice and preserve it for him during his absence from the community.

*—Introduced at the 1940 meeting of the House of Delegates, State Medical Society of Wisconsin by Dr. R. E. Fitzgerald, Milwaukee, as chairman of the Society's M-Day Committee, and adopted by the House.*



# CENTENNIAL ANNIVERSARY SECTION

*In this section of The Journal in 1941 will appear special historical articles, and items relating to the 100th anniversary of the State Medical Society of Wisconsin, which was organized under the provisions of a bill enacted by the Wisconsin Territorial Legislature in 1841.*

The following three histories of pioneer physicians of Wisconsin were contributed by the Brown–Kewaunee–Door, Columbia–Marquette–Adams, and Fond du Lac Auxiliaries. They are the fourth installment of such material in the Centennial Anniversary Section. This material was collected by the Woman's Auxiliary in connection with a project of research in the field of medical history.

Name: **Henry Rhode, M. D.**
Address: Washington Street, Green Bay, Wisconsin
Church affiliation: Catholic
Outstanding events in medical career: County physician for three years and a member of Pension Board
Date of death: March 16, 1910
Place of burial: Allouez Cemetery, Green Bay, Wisconsin

The following information was contained in a letter from Dr. Rhode's son, Dr. H. P. Rhode, dated July 16, 1938:

"Extracts from Commemorative Biographical Record of the Fox River Valley Counties of Brown, Outagamie, and Winnebago, published in 1895.

"Henry Rhode, one of the oldest and most experienced physicians and surgeons of Green Bay, was born in Hanover, Germany in 1829, a son of Henry and Catherine (Beil) Rhode. He was educated at the Gymnasium at Heiligenstadt, Prussia, and studied medicine at the University of Goettingen, Hanover, from which he was graduated in 1850 and then entered the Prussian army as surgeon, serving until 1854. In that year he and his wife came to America and located at Toledo, Ohio, where his father and mother and two sisters died of cholera in the same year; they had emigrated to America in 1849. After a brief practice in Toledo, the doctor moved to Chilton, Wisconsin in 1856; then to Manitowoc and in 1859 came to Green Bay where he practiced until 1878. He located at Port Washington in that year and practiced there one and a half years, returning to Green Bay, and practiced there until 1910 where he died at the age of eighty-one. He achieved a fine reputation professionally. He was a member of the Fox River Medical Society and the Brown County Medical Society.

"He was married twice, the first time in Germany in 1852 to Christina Engelhardt, who died in Toledo, Ohio in 1856. His second marriage took place in Green Bay in 1860 to Mary Eva Becker, a native of Prussia, whose parents were early settlers of Milwaukee.

"To the doctor and his wife were born eight children of whom six are living at the present time, 1938. Kunigunda, widow of Felix Joannes; Caroline Matilda, widow of E. H. Bacon, Jr.; Katie, now Mrs. E. A. Beaumont (grandson of the famous Dr. Beaumont); Ottilia, widow of Winford Abrams; Ida, Mrs. Henry Vanden Henvel; Dr. Henry P. Rhode, who graduated from the College of Physicians and Surgeons in Chicago in 1894 and located at Forest Junction, Wisconsin from 1894 to 1904 and then located in the practice of surgery in Green Bay. Another son, Richard A., died in Madison, Wisconsin in 1935."

—Mrs. L. D. Quigley, Green Bay.

## George W. Jenkins, M. D.

Dr. Jenkins was born in Duanesburg, New York, September 19, 1824, and was a graduate of the medical department of New York State University. In 1851 he came to Milwaukee, and from there by team to Delton. In that village he established an office and began the practice of medicine.

The beginning of his career in the new land was marked by a siege of typhoid fever, his recovery for some time being highly improbable. In the same year he and other pioneers joined in establishing the village of Newport, on the banks of the Wisconsin River. A large village soon grew up on both sides of the river, near where the Kerfoot place now stands. For a short time his office was on this side of the river, but he later moved back to the other side where he erected a home in the more populous section.

Among the builders of that village, in a land yet owned by the government and inhabited by Indians, were men from the cultured, refined families of the East, in whom strong intellectuality, high moral integrity, and genteel refinement were combined with courage, ambition, and energy. From that group of intrepid spirits later emerged men who won national fame and filled places of the highest honor.

Dr. Jenkins was a notable instance of that spirit and of those exalted qualities. Farmers had settled at remote distances around him, and he was called to visit the sick miles away. With the true spirit of the loyal hearts of that day he never failed to answer a call, without regard for the distance, the weather, or the uncertainty of remuneration. On horseback and on foot he went through the forests, in deep snow, rain, and mud, answering the call of suffering, known and loved by the families for miles around in this newly settled country.

In 1856 he married Miss Mary Markham, the daughter of one of the leading families of Newport, and their home was one of the refining influences of the new settlement until the village was abandoned and the people moved their homes to the present site of Kilbourn, now Wisconsin Dells. He located in this village in 1862 and in 1863 he became associated with Dr. H. C. Markham in the drug business. After a few years he bought his partner's interest and for about thirty years, Jenkins' drugstore was one of the most noted and reliable in this section of the state.

During a period of fifty years, Dr. Jenkins continued to fill the place of family physician to the families of this and joining counties, the most responsible, the most honored, the most intimate relation man can hold to his fellowman. His great heart of human sympathy, along with the healing of his profession, made the name of Dr. Jenkins revered in almost every home within miles of Kilbourn. No other person, no other human influence, has been so intimate a part of the lives of Kilbourn, from the cradle to the grave. His name was a household word of affection through several generations, and his memory will be cherished by generations to come.

Dr. Jenkins was eminent in counsel with other physicians not only in Kilbourn but in other sections of the state, and his conclusions and advice were valued by the profession. He was a member of the Columbia–Marquette–Adams County Medical Society, State Medical Society of Wisconsin, American Medical Association, the National Association of Railway Surgeons, and the American Academy of Political and Social Science.

Dr. Jenkins died on November 3, 1913, and is survived by his widow and daughter, Miss Kate Jenkins.

—Mrs. C. J. Radl, Wisconsin Dells.

## William Wiley, M. D., and Son, Frank S. Wiley, M. D.

In March, 1850, Dr. William Wiley left his Vermont home and came to Wisconsin to hang out his shingle as physician and surgeon. This was the beginning of a tradition of medical service which has continued in Fond du Lac County for over ninety years, and is still continuing in the person of his son, Dr. Frank S. Wiley.

Dr. William Wiley was born in Amagh, Ireland, and was educated at Randolph Academy in Vermont. He received his medical degree from Castleton Medical College in Northfield, Vermont, in 1848, two years before his westward journey to Fond du Lac. During these early years, the doctor spent long hours in the saddle, often riding from daylight to midnight. His circuit covered a radius of twenty miles around the city, and left little time for ease, yet he was never too busy to answer a call.

He married Sarah Henning, daughter of a pioneer merchant. On April 6, 1861, Frank Wiley was born in Ripon, Wisconsin, one of three sons. He followed in his father's footsteps and, after going through the Fond du Lac public schools, was graduated from Rush Medical College in Chicago in 1883.

After completing work at the Milwaukee Hospital, young Dr. Frank came back to Fond du Lac to join his father in his work. One of the elder doctor's chief interests was having a hospital built in Fond du Lac, and as early as 1880 he was trying to interest the mother superior of St. Agnes Convent in this project. The plan was considered a good one, but was too ambitious for the then small sisterhood to undertake.

Dr. William Wiley died during the succeeding years, but Dr. Frank took up the work and had much to do with the actual building of the hospital in 1895. St. Agnes Hospital is a splendid monument to the devotion of the Drs. Wiley, where Dr. Frank was for many years chief of staff. Both the Wileys have been family practitioners in the finest sense, and both have held the devoted loyalty of many families for years.

—Mrs. H. C. Werner, Fond du Lac.

CENTENNIAL MEETING
STATE MEDICAL SOCIETY OF WISCONSIN
SEPTEMBER 10, 11 AND 12
MADISON

# Epitomized Record of Progress of Medicine, 1840-1940*

**Editor's Note.**—The years 1840–1860 were covered in the first installment of the "Epitomized Record" in the March Journal, pp. 246 et seq.

**1860**—Pasteur demonstrates presence of bacteria in air.
Lemaire points out antiseptic properties of carbolic acid.
Czermak introduces rhinoscopy.
Donders introduces cylindrical and prismatic spectacles for astigmatism.
Kenker describes trichinosis.
Bouchut publishes Du nervosisme.
G. J. Symonds publishes British Rainfall (Vol. I).
Berliner medicinische Gesallschaft founded.
Institute of Veterinary Medicine at Turin.
Adulteration of Food Act (England).
England and Massachusetts enact first laws against adulteration of milk.
Parkes becomes professor of military hygiene at Army Medical School (Chatham).
National Sanitary Convention at Baltimore.
Duchenne describes bulbar paralysis.
Schultze introduces method of resuscitating asphyxiated infants.
University of California founded.
Sir William Thompson discovers the electrometer.

**1860–92**—Canalization of Munich for sewage disposal (Pettenkofer).

**1861**—Ernest Brand introduces hydrotherapy in typhoid fever.
Pasteur discovers anaerobic bacteria.
Pettenkofer and Voit construct calorimeter (basal metabolism).
E. B. Wollcott (Milwaukee) first excises renal tumor.
Thure Brandt introduces massage in gynecology.
Ménière describes labyrinthine vertigo.
Max Schultze defines protoplasm and cell.
Broca discovers speech center in the brain.
Buckminster Brown establishes Samaritan Hospital (New York).
Massachusetts Institute of Technology (Boston) founded.
Society of Psychiatrists (St. Petersburg) organized.
Semmelweiss (Vienna) shows cleanliness as preventive of puerperal fever.

**1861–65**—Civil War in the United States.
National Sanitary Commission (United States).

**1862**—University of Urbino opened (1671).
Raynaud describes symmetrical gangrene.
Phoebus summarized knowledge of "early summer catarrh" (hay fever).
Donders publishes studies on astigmatism and presbiopia.
Spencer Wells operates for tubercular peritonitis.
Krassovsky performs first ovariotomy in Russia.
Victor von Bruns performs first laryngeal operation with laryngoscope.
Florence Nightingale establishes training school for nurses at St. Thomas' Hospital.
Winternitz and Oppolzer found first hydropathic establishment at Vienna.
University of Warsaw reopened as a High School (closed 1869).
Entomological Society (Iris) at Dresden.

**1863**—Helmholtz's Tonempfindungen published.
Deiters discovers glia cells (astrocytes).
Virchow investigates tumors.
Davaine produces anthrax experimentally.
William Banting publishes Letter on Corpulence.
Kahlbaum classifies insanity and defines paraphemia as age-linked insanity (neophrenia, hebephrenia, presbyophrenia).
Setchenoff's work on cerebral reflexes published.
Pasteur investigates silkworm disease.
Army Medical School (England) transferred to Royal Victoria Hospital (Netley).
Old Cook County Hospital (Chicago) started.
American Veterinary Medical Association (Detroit) founded.
Biological station at Areachon (Gironde).
National Academy of Sciences (Washington) founded.
Universtiy of Belgrade (Jugoslavia) founded.
Systematic nursing first established (in the United States).

**1863–65**—Pandemic cholera.

**1863–82**—Ismail Pasha (first Khedive of Egypt).

**1864**—Donders publishes treatise on anomalies of accommodation and refraction.
Traube investigates pathology of fever.
Hlasiwetz and Barth obtain resorcin.
Conheim elucidates mechanism of inflammation (diapedesis of leucocytes).
Parkes' Manual of Practical Hygiene published.
Geneva Convention.
LeVerrier founds Association française pour l'avancement des sciences.
Weit describes causalgia.
Gray Herbarium (Harvard University) founded (Cambridge, Massachusetts).
German Psychiatric Society (Berlin).
Chicago Medical College incorporated.
St. Louis College of Pharmacy founded.
University of Bucharest (Roumania) founded.
Berliner klinische Wochenschrift founded.
Max Schultze founds Archiv für mikroskopische Anatomie (Bonn).
Use of milk from diseased cows prohibited in Boston.
St. Luke's Hospital (Chicago) opened.
Council of Hygiene (New York City).
K. F. W. Ludwig and L. Thiry discover the important vasomotor center which regulates the circulatory system.

**1865**—Gregor Mendel publishes memoir on plant hybridity.
Zander introduces mechanotherapy.
University of Odessa founded.
Cornell University founded at Ithaca.
St. Louis Public Library founded.
Yellow fever and Russian cattle-plague in England.
Report of Citizens' Association on sanitary conditions of New York City.
Billings founds American Medical Library (Surgeon General's Office, Washington).
First Roumanian Medical Society at Galatz.
Rivers Pollution Commission (Great Britain).
Chicago Hospital for Women founded.
Herman Sprengel devises the mercury air pump.

**1865–66**—Asiatic cholera in Europe.
Villemin demonstrates transmissibility of tuberculosis by inoculation (Klencke, 1843).

**1866**—Seven Weeks' (Austro-Prussian) War.
Voit establishes first hygienic laboratory in Munich.
Ludwig and Cyon investigate the vasomotor nerve.
Marion Sims publishes Clinical Notes on Uterine Surgery.
Graefe describes sympathetic ophthalmia.
Liébault publishes treatise on hypnotism.

# RESEARCH

that must provide its own endowment is an elemental incentive toward excellence. Large-scale production methods and a thorough distribution of the products of research are indispensable if discoveries are to be conveniently and promptly applied everywhere.

## HYPNOTICS
### with Established Reputation

'Amytal' (Iso-amyl Ethyl Barbituric Acid, Lilly) and 'Sodium Amytal' (Sodium Iso-amyl Ethyl Barbiturate, Lilly), through long usage, are known to have a favorable margin of therapeutic safety, moderate duration of action, and comparative freedom from after-depression.

'AMYTAL' is supplied in 1/8, 1/4, 3/4, and 1 1/2-grain tablets in bottles of 40 and 500.

'SODIUM AMYTAL' is supplied in 1 and 3-grain pulvules (filled capsules) in bottles of 40 and 500.

*ELI LILLY AND COMPANY*

*Principal Offices and Laboratories, Indianapolis, Indiana, U. S. A.*

A. J. Angström introduces Angström units.
P. H. Watson (Edinburg) performs first excision of larynx.
Academy of National Sciences at Agram.
Society of Physicians at Cracow.
Pukinje founds Society of Czech Physicians at Prague.
Metropolitan Health Board (New York City) established (April 21).
Local anesthesia by means of ether spray.
Alexian Brothers Hospital (Chicago) established.

**1867**—Lister introduces antiseptic surgery.
Helmholtz publishes treatise on physiological optics.
Kussmaul introduces intubation of the stomach.
Moritz Taube devises semi-permeable membranes.
English Sanitary Act.
Charles Liernur introduces pneumatic system of disposal of sewage.
Bobbs performs cholecystotomy.
Percy Frankland introduces combustion process for measuring organic matter in water.
A. W. von Hoffman discovers formaldehyde.
First International Medical Congress at Paris.
Siemens Brothers introduce dynamo.
Dominion of Canada established (July 1).
Opening of Suez Canal and of Pacific Railway.
First tunnels for Chicago water supply completed.
Clinical Society (London) founded.
Canadian Medical Association organized.
W. H. Draper lectures on dermatology (College of Physicians, New York).
Metropolitan Poor Law Act (England).
Chicago Board of Health organized.
Tenement House Law (New York City).
K. F. W. Ludwig and Albert von Bezold discover the accelatory nerves of the heart.
Dr. R. A. Kinloch performs first laparotomy for resecting the intestine and restoring its continuity.

**1868**—University of Tokyo (Tokyo Teikoku Daigaku) founded (Library, 1872).
Haeckel's Natürlich Shöpfungsgeschichte published.
Darwin publishes treatise on Variation in Animals and Plants.
Heidenhain investigates salivary secretion.
Meyer (Copenhagen) describes adenoid vegetations.
Meyer operates on adenoids.
Pelechin introduces antisepsis in Russia.
Kahlbaum defines katatonia.
Boettcher discovers spermine.
Herling and Breuer discover self-regulation of respiration (role of vagus).
Schwender investigates symbiosis in lichens.
James Lenox founds Presbyterian Hospital (New York).
American Otological Society (Boston) founded.
East London Nursing Society founded.
Jewish Hospital (Chicago) founded.
Society of Czechoslovakian Physicians (Prague).
Société de médecine légale (Paris) founded.
English Pharmacy Act against unlicensed sale of poisons.
Pflüger founds Achiv für die gesamte physiologie (Bonn).

**1869**—University of Warsaw founded (moved to Rostov, 1915).
Esmarch introduces first-aid bandage.
Brown-Sequard introduces doctrine of internal secretions.
Wunderlich publishes treatise on clinical thermometry.
Virchow urges medical inspection of schools.
Goltz investigates nerve centers in the frog.
Gustav Simon excises kidney.
Oscar Liebreich demonstrates hypnotic effect of chloral hydrate.
Beyan Lewis investigates localization of function in the brain (histological).
J. P. Kirkwood publishes report on filtration of river water.
Mendeléjeff and Lothar Meyer discover periodicity of elements.
American Journal of Obstetrics founded.
Torture abolished in Canton of Zug (Switzerland).
Faculté de Médecine (Nancy) founded.
Ceylon Medical College (Colombo) founded.
American Museum of Natural History (New York City) founded.
Chicago Medical College becomes Medical Department of Northwestern University.
American Editors Association (New York) founded.
First inspection of milk in Chicago.
G. V. Black, D. D. S., demonstrates physical properties of gold as applied to dental fillings.
Hospital at Osaka (Japan).
Massachusetts State Board of Health created.
Ontario (Canada) Act of Registration of Vital Statistics.
Tenement House Law (New York State).

**1869–70**—Pius IX restores Marcian Aqueduct (Rome) as Aquea Pia.

**1869–71**—Royal Sanitary Commission (Great Britain).

**1869–1919**—Mercy Hospital (Chicago) enlarged.

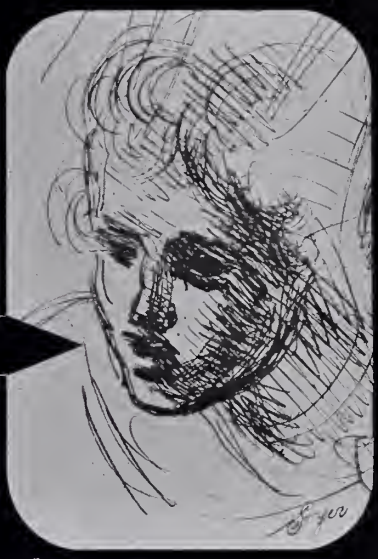
**1870**—Fritsch and Hitzig investigate localization of function of brain.
Thomas performs vaginal ovariotomy.
Saemisch describes serpiginous ulcer of the cornea.
Linoleum invented.
Beginnings of general central-heating in Germany.
Daremberg appointed to chair of medical history in Paris Medical Faculty.
Metropolitan Asylum Board (England).
Board of Health, District of Columbia, organized.
Women's Medical College (Chicago) organized (August 2), closed (1902).
Universities of Syracuse (New York) and Cincinnati (Ohio) founded.
Wisconsin Academy of Sciences founded.
Metropolitan Fever Hospitals (London) established.
Ural Scientific Society at Sverdlovsk.
Anthropological Society of Vienna founded.
Volkmann founds Sammlung Klinischer Vorträge (Leipzig).
First milk ordinance in Chicago.

**1870–71**—Franco-Prussian War (test of vaccination).

**1870–74**—Anton Dohrn establishes marine zoological laboratory at Naples.

**1870–88**—Medical and Surgical History of the War of the Rebellion published.

**1871**—Establishment of German Empire and French Republic.
Darwin's Descent of Man published.
Weigert stains bacteria with carmine.
Hammarsten discovers role of fibrinogen, in coagulation of blood.
Hoppe-Seyler discovers nuclein in the blood corpuscles.
English Local Government Board created.
Biological Station (University of Odessa) at Sebastopol (Crimea).
Boards of Health in California and Virginia.
Royal Anthropological Institute (London) founded.
Munich Society of Anthropology founded.
Italian Society of Anthropology (Florence) founded.
New York Orthopedic Hospital founded.
American Public Health Association established.
G. V. Black, D. D. S., brought out first dental engine.



SCHERING

ONE SINGLE TABLET

Progynon-DH

(0.5 mg.) taken by mouth is equivalent in effect to an injection of 6000 International Units of estrone or theelin. PROGYNON-DH Tablets are potent, inexpensive—the most economical form of oral female sex hormone therapy.

THE SCHERING CORPORATION • BLOOMFIELD • NEW JERSEY

**1871—72**—First American filter for water supply at Poughkeepsie, New York.
**1871–80**—General widespread adulteration of food in the United States.
**1871–1919**—Local Government Board (England).
**1872**—University of Strassburg reopened.
University of Klausenburg (Kolozsvar) founded.
University of Adelaide (Australia) founded.
Billroth resects the esophagus.
H. C. Wood investigates heat-stroke.
Abbe introduces oil immersion lenses.
Merck introduces pyoctanin (methyl violet).
Battey performs normal ovariotomy.
Noeggerath describes effects of latent gonorrhea in women.
Typhoid fever epidemic from polluted water in Lausen (Switzerland).
Metropolitan Water Act (piping of water in London).
Milk station established by Diet Kitchen Association (New York).
American Public Health Association holds first meeting (September 12).
Presbyterian Hospital (New York) opened.
Lacaze-Duthiers founds Biological Station at Roscoff.
Tokyo Library (Ugeno Park).
Infant Life Protection Act passed in England.
German Surgical Association (Berlin) founded.
Chicago Public Library founded.
Sociedad Cientifica Argentina at Buenos Aires.
Society of Chersonese Physicians at Cherson (Ukraine).
Introduction of Crédé's silver nitrate installation for infantile conjunctivitis.
Society of Physicians at Ekaterinoslav (Ukraine).
Medical Society at Stuttgart.
**1873**—Academy of Geneva (1559) becomes University.
Obermeier discovers spirillum of relapsing fever.
Nussbaum introduces nerve-stretching.
Esmarch introduces hemostatic bandage.
Gull describes myxedema.
Billroth excises the larynx.
Schwartze and Eysell devise mastoid operation.
Cuignet introduces retinoscopy.
Cerk Maxwell publishes treatise on electricity and magnetism.
Cantani describes lathyrism.
Laryngological Society of New York organized.
Revaccination compulsory in Germany.
German Public Health Association (Berlin) founded.
League of Germna Medical Societies (Berlin).
Boards of Health in 134 American cities.
Institute of Municipal and County Engineers (Great Britain).
Ingalls removes renal calculus successfully.
Golgi discovers staining method for studying nervous system.
**1873–83**—James Hobrecht constructs canalization system for sewage of Berlin.
**1874**—Cholera conference in Vienna.
International postal service.
Fiedler stresses danger of morphine habit.
Loi Roussel enacted for the protection of infants (France).
Ehrlich introduces dried blood smears and improves stain methods.
Kahlbaum publishes monograph on katatonia.
Miescher investigates nucleoproteids.
Willy Kühne discovers trypsin.
Sappey Investigates the lymphatic system.
N. Pringsheim investigates chlorophyll.
Fryer builds furnace incinerator for refuse at Nottingham (England).
Imperial Hygienic Laboratory at Tokyo.
Veterinary Institute at Kazan.
Illinois law regulating food supply.
Society of Croatian Physicians at Agram.
Alfieri Institute of Social Sciences at Florence.
Sir Joshua Mason founds University of Birmingham as Mason College.
Salicylic acid isolated by Kolbe.
Pilocarpine first recommended as a remedial agent.
Hansen discovers the bacillus of leprosy.
T. A. Emmett repairs lacerated cervix.
First application of galvanism to uterine myomata.
**1875**—Universities of Lemberg and Czernowitz founded.
École d'Anthropologie (Paris) founded.
Faculté de Médecine et Pharmacie (Lille) founded.
Landois discovers hemolysis from transfusion of alien blood.
Sir Thomas Barlow describes infantile scurvy.
Hardy and Gerard introduce pilocarpine.
Kühne and Nencki discover indole.
Lösch observes parasitic amebae in dysentery.
Weir Mitchell introduces rest cure.
Corfield establishes first public health laboratory in England.
Imperial Hygienic Laboratory (Osaka).
Chesebrough obtains vaseline.
Meat inspection compulsory in Germany.
English Public Health Act.
Paul Börner founds Deutsche medicinische Wochenschrift (Berlin).
English Sale of Food and Drugs Act.
Boston Medical Library founded (opened October 18).
**1875–76**—Cold storage meats sent overseas.
**1875–77**—Pandemic cholera.
**1875–82**—Artisan's Dwellings Improvement Acts (England).
**1875–1902**—Gegenbaur edits Morphologisches Jahrbuch.
**1876**—Imperial Board of Health founded at Berlin (April 30).
Royal Sanitary Institute founded (London).
Johns Hopkins University founded.
Athenaeum illustre (1632) becomes University of Amsterdam.
University of Bristol founded.
Royal Acadamy of Medicine founded at Rome.
Physiological Society of London founded.
Centennial Exposition, Philadelphia (July 4).
International Hygienic Congress at Brussels.
Sayre introduces gypsum corset for spinal deformities.
Kolbe isolates salicylic acid.
Eulenburg publishes handbook of industrial hygiene.
Lombroso publishes treatise on criminal man.
Fechner investigates synesthesia.
Paquelin cautery introduced.
Porro introduces Cesarean section with excision of adnexa.
Koch obtains pure cultures of anthrax bacilli on artificial media.
Pictet invents artificial manufacture of ice.
Max Nitze introduces cystoscope.
Société française d'hygiene (Paris) founded.
Library, Medico-Chirurgical Faculty of Maryland, opened.
Establishment of Department of Health (Chicago).
Discovery of the resistant anthrax spores by Koch.
First application to treatment of uterine myomata of Batey's operation of oblation of appendages by Trenholme.
Museo Kircheriano (Rome) becomes Pigorini Museum of Prehistory and Ethnography.
Public baths and portable bathtubs (England).
Jablochkoff keolin arc-lamp invented.
Peter Dettweiler treats consumptives at Falkenstein (rest cure in open air).

# Are the Neuritic Symptoms of Pregnancy *due to a deficiency of vitamin $B_1$ (thiamine)?*

SUCH common neuritic symptoms of pregnancy as pains in arms and legs, muscle weakness, and (less frequent but more serious) paralysis of the extremities may result from a shortage of antineuritic vitamins, recent investigations appear to show. Although neuronitis of pregnancy has long been considered a toxemia, no toxins have ever been identified.

Clinical observations of Strauss and McDonald lead to the conclusion that the condition is a dietary deficiency disorder similar to beriberi, caused by lack of vitamin $B_1$. They report recovery in their cases receiving this therapy, including dried brewers' yeast.

## *Hyperemesis as Cause of Avitaminosis*

Wechsler observes that all cases of polyneuritis of pregnancy recorded in the literature were preceded by long periods of severe vomiting. "It would seem," he adds, "that because of actual starvation these patients suffered from avitaminosis and consequent neuritis," a view likewise held by Hirst, Luikart, and Gustafson. Plass and Mengert observe that the practice of giving high carbohydrate feedings for hyperemesis gravidarum is still more likely to cause avitaminosis.

Dried brewers' yeast, as it is far richer than any other food in vitamin $B_1$ (thiamine), is being used with benefit both in the prevention and treatment of polyneuritic symptoms of pregnancy. Lewy found that additions of yeast to the diet reduced electric irritability of the peripheral nerves and brought clinical improvement. Vorhaus states that he and his associates, after administering large amounts of vitamin $B_1$ (thiamine) to 250 patients having various types of neuritis, including that of pregnancy, observed in about 90% of cases "varying degrees of improvement, i.e., from partial relief of pain to complete disappearance of all symptoms."

## *Need for Vitamin $B_1$ (thiamine) in Lactation*

Evans and Burr, Hartwell, Sure and co-workers, and Macy *et al* are among numerous authorities who find that the nursing mother also needs a supplement of vitamin $B_1$ (thiamine) from 3 to 5 times the normal requirement. It is accepted that during pregnancy and lactation the requirement for vitamin G (riboflavin) is increased.

Consisting of nonviable yeast, Mead's Brewers Yeast Tablets offer not less than 50 International vitamin $B_1$ (thiamine) units and 50 Sherman vitamin G (riboflavin) units per gram (20 International units of vitamin $B_1$ and 20 Sherman units of vitamin G per tablet).

**Supplied in bottles of 250 and 1,000 tablets, also in 6-oz. bottles of powder.**

*Please enclose professional card when requesting samples of Mead Johnson products to co-operate in preventing their reaching unauthorized persons*

*Mead Johnson & Company, Evansville, Indiana, U. S. A.*

Prescribe Journal-advertised products and you prescribe the best.

American Dermatological Association (Boston) founded.
Bell telephone introduced.
American Chemical Society (Washington, D. C.) founded.
American Library Association (Chicago) founded.

**1876–77**—Raoult-Bunte burette for gas analysis.

**1876–78**—Friedrich Siemens establishes crematory (Gotha).

**1876–1909**—New Cook County Hospital (Chicago) begun and completed.

**1877**—T. J. Burrill (Illinois) discovers organism of pear-blight.
Pasteur discovers bacillus of malignant edema.
Esmarch introduces aseptic bandage.
Ernst von Bergmann introduces corrosive sublimate antisepsis.
Bezold describes mastoiditis.
Paget describes osteitis deformans.
Pictet and Cailletet liquefy gasses.
Stricker treats articular rheumatism with salicylic acid.
Winternitz publishes treatise on hydrotherapy.
Faculé de Médecine (Lyons) founded.
Illinois State Board of Health requires license for practice of medicine.

**1877–78**—Russo-Turkish War.
Bollinger and Israel describe actinomycosis.

**1877–1907**—Progressive factory legislation in Massachusetts.

**1878**—Koch discovers causes of traumatic infection.
Von Basch measures blood pressure with Sphygmomanometer.
W. A. Freund excises cancerous uterus.
Marine Hospital Service (United States) takes over national quarantine.
Downes and Blunt demonstrate bactericidal effects of light (Royal Society).

*(To be continued in subsequent issues of The Journal)*

# The Journal Bookshelf

## BOOK REVIEWS

**Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.**

**The Mask of Sanity**; an Attempt to Reinterpret the So-Called Psychopathic Personality. By Hervey Cleckley, B. S., B. A. (Oxon.), M. D., professor of neuropsychiatry, University of Georgia, School of Medicine, Augusta, Georgia. Cloth. Price, $3. Pp. 298. St. Louis: The C. V. Mosby Company, 1941.

This book is a detailed study of an ill defined but important syndrome in clinical psychiatry, the psychopathic personality. It contains many definitions of the terms, psychopathic personality, a statistical analysis of its incidence, a detailed clinical description of nine cases (covering 92 pages), a dynamic interpretation of some of the causes of this disorder, and some suggestions as to treatment.

A composite description of the psychopathic personality would include the following character traits in various combinations: (1) He may be an attractive person superficially and make a strong first impression, but one soon discovers that he has no sense of shame, cheats, lies, and is not dependable. (2) He has no commonly accepted symptoms of psychosis (insanity). (3) He is anti-social. (4) He has no sense of responsibility and refuses to accept blame for his misdeeds. (5) Although he has adequate intelligence, his judgment is defective and he does not profit by experience. (6) He is egocentric and has a poverty of emotions. (7) He is sexually maladjusted. (8) Alcoholic indulgence is prominent in the psychopath's life story. (9) He is unable to follow a life plan consistently.

The author acknowledges the difficulties and disappointments in treating psychopaths. He discusses institutional care, psychotherapy, alteration of environment, insulin therapy, and metrazol shock therapy. One gets the impression that the author recommends any form of treatment which may afford some chance of a better social and personal adjustment.

This book is primarily intended for trained psychiatrists and may be useful to the general practitioner in proportion to his understanding and training in psychiatry. J. P.

**Essentials of Applied Medical Laboratory Technic.** By J. M. Feder, M. D., director of laboratories and allergic service, Anderson County Hospital, Anderson, S. C., and John Elliott, Sc. D., pathologist Rowan General Hospital, Salisbury, N. C. Pp. 241, profusely illustrated (two plates are in color). Charlotte, N. C.: Charlotte Medical Press, 1940.

The small volume was published to aid the physician, small hospital, and small clinic in maintaining at minimum cost an efficient laboratory unit.

Pathologists working in larger hospitals would criticize some of the methods advocated and would claim that certain topics were inadequately discussed. They would also point out an occasional error in technique and a few errors in printing.

However, in fairness, it must be stressed that this manual was not written to compete with large laboratory manuals or books on clinical pathology.

The following topics are excellent and contain many valuable pointers for individuals interested in establishing a small laboratory unit: (1) "Essential Laboratory Equipment; Its Purchase, Care and Extemporization."(2) "Laboratory Records." (3) "The Problem of Blood Transfusion." This chapter was written by John Elliott, pathologist, Rowan County Hospital, Salisbury, N. C. W. H. J.

**Medical Clinics of North America.** Vol. 25. Baltimore Number. Philadelphia: W. B. Saunders Company, 1941.

The March, 1941, number of the "Medical Clinics of North America" is almost equally divided into two general parts, the first being a symposium on

Established 1865

ARTIFICIAL LIMBS
ORTHOPEDIC APPARATUS
TRUSSES—SUPPORTERS
ELASTIC STOCKINGS

Superior custom work.
Woman Attendant for Women.

DOERFLINGER'S
770 North Water St. Phone Daly 1461
MILWAUKEE, WIS.

BIDWELL BETTER LIMBS
Everyone Receives the Personal Attention of G. L. Bidwell the well-known Orthopedic Appliance Expert.

EXPERIENCED LADY ATTENDANT
Artificial Limbs, Braces, Trusses, Elastic Stockings, Crutches, Invalid Chairs, Abdominal Belts.

934 N. WATER ST.
PHONE BROADWAY 4369
MILWAUKEE, WISCONSIN

To Keep Abreast of Medical Literature

To Aid in Preparing Medical Talks, Papers

USE THE

MEDICAL LIBRARY SERVICE
Service Memorial Institutes Building
MADISON

All books reviewed in The Journal as well as current issues of medical periodicals are available for loan. References on any selected subject will be sent on request for a two weeks' period. Service for Members at the Cost of Postage.

In Most Cases

a man's income depends on his health. If he is disabled by sickness or accident so that he cannot report for work his income ceases. In the meantime he and his family must eat; his expenses for light, fuel and clothing continue—and he is incurring additional bills for doctor's care, medicines, and maybe hospital or nurse attention.

Our service is designed to take care of just such situations when they arise.

THE MASSACHUSETTS PROTECTIVE ASSOCIATION, Inc.
Worcester, Massachusetts

A. L. LYTTLE, State Manager
Wisconsin and Upper Peninsula of Michigan
5000–2–4 Plankinton Building
Milwaukee, Wisconsin
Marquette 0505

Branch offices at Green Bay and Wausau
Capable, trustworthy representatives soliciting regularly throughout the State.

USEFUL IN EVERY FIELD OF PRACTICE

DERMATOLOGY
UROLOGY
E.E.N.&T.
GYNECOLOGY
PROCTOLOGY
GENERAL PRACTICE

ONLY
$37.50
COMPLETE

The BIRTCHER-BUILT
HYFRECATOR

A compact and convenient high frequency unit for the treatment of a long list of common conditions benefited by electrodesiccation.

Write us for FREE BOOKLET outlining the uses of electrodesiccation in your practice.

ROEMER DRUG COMPANY
606 North Broadway Milwaukee, Wis.

legal and industrial medicine, and the second presenting nine clinics on a wide variety of subjects. As almost any physician may sometimes be called upon as a witness, such discussions from authoritative sources may well be read with benefit from time to time, as well as serving as a useful reference source in emergencies.

In the second section of the book the reviewer would choose the clinic by Dr. H. Halsey Barker, assistant dean of Johns Hopkins School of Medicine, as the one of outstanding interest. This is entitled "The Uses and Abuses of the Sulfonamide Drugs" and is an excellent twenty-four page resume of this very important and practical subject. The sulfonamide of choice in every infection is discussed, very definite tables of dosage are clearly given, and the possible prophylactic uses and toxic effects are excellently summarized. The importance of inquiring whether the patient has previously been treated with one of the sulfonamides and, if so, whether he suffered any toxic effect, with the use of a small test dose if such toxic effect has previously occurred, is a timely warning, not yet fully realized by many physicians. There is no discussion of the newest of the promising drugs of this group, sulfadiazine, but it is still a little too early for reliable evaluation. For those who have enjoyed these volumes in the past, the current Baltimore number can be recommended as one of the best in the series. M. L. C.

**Diseases of the Digestive System.** Edited by S. A. Portis, B.S., M.D., F.A.C.P. associate clinical professor of medicine, Rush Medical College of the University of Chicago; attending physician, Michael Reese Hospital, etc., Chicago. Cloth. Price, $10. Pp. 952 with 176 engravings. Philadelphia: Lea and Febiger, 1941.

To satisfy repeated requests for a single volume on gastroenterology, this book has been developed to meet the needs of students and general practitioners. As a reference book, gastroenterologists, too, should find it useful. In a large volume of 952 pages, one would anticipate the inclusion of considerable detail; but the field of gastroenterology has grown so much that only a summary of knowledge could be presented. Appreciating the necessity for brevity, DeGaris, in concluding his chapter on "The Anatomy of the Gastro-intestinal Tract" writes, "In striving for some measure of completeness I can have achieved little more than a bleak citation of facts; also from sheer necessity a great many facts have been omitted." For reference to more detailed literature, however, there is appended to each of the forty-three chapters an extensive bibliography.

The contributors to this book number fifty men whose names are well known as clinicians, clinical gastroenterologists, anatomists, physiologists, endoscopists, allergists, surgeons and parasitologists. The chapters are divided into five parts. Part I includes chapters on the history, anatomy and physiology of the gastrointestinal tract and interpretation of gastrointestinal pain. The second part deals with etiologic factors such as parasites, neuroses, secondary gastrointestinal manifestations and dietetic concepts. Diseases of the esophagus, stomach, and duodenum are grouped together next and include the inflammatory and neoplastic diseases, while the fourth part deals with diseases of the liver, pancreas, and small intestine. Finally, diseases of the colon and rectum are grouped together and include the functional disturbances, protozoal infections, the dysenteries, colitis, cancer and diverticulosis.

Although brevity and conciseness necessarily must characterize a book of this order there are places where it falls short of one's expectations. Portis, for example, on page 628, in his consideration of the albumin-globulin ratio in hepatic disease has been superficial. He also refers to a possible fall of albumin so that the albumin-globulin ratio may approach a 1:1 ratio whereas actually in cirrhosis of the liver, the ratio may drop to considerably below 1. Vinson likewise does not include pneumonia as an important cause of esophagitis, especially when the two conditions occur together postoperatively. In Smith's article on cancer of the rectum, the relative merits of various operative procedures are presented. If not out of place, and superfluous, the problem of surgical measures of choice, it would seem, should have been developed with more clarity. On the other hand, Schindler's chapter on gastroscopy is lucid and adequate for all but the gastroscopist.

I believe it is to the publishers that credit is due for the clarity of a large number of illustrations. Those of photomicrographs, gross specimens, gastroscopic drawings, diagrams, and x-ray films especially enrich and enhance the value of the book.

No other single textbook covers the field of gastroenterology and those contributory conditions causing gastrointestinal disturbances as does this publication. It should fill a great need as a textbook. It is in no sense a handbook or laboratory manual. K. L. P.

ZEMMER

PRESCRIBE OR DISPENSE ZEMMER

Pharmaceuticals, Tablets, Lozenges, Ampules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for general price list. W1 6-41

THE ZEMMER COMPANY

Chemists to the Medical Profession Oakland Station, Pittsburgh, Pa.

**Roentgen Interpretation.** By George W. Holmes, M.D., roentgenologist to the Massachusetts General Hospital and clinical professor of roentgenology, Harvard Medical School; and Howard E. Ruggles, M.D., late roentgenologist to the University of California Hospital and clinical professor of roentgenology, University of California Medical School. Ed. 6, thoroughly revised. Cloth. Price, $5. Pp. 364, illustrated with 246 engravings. Philadelphia: Lea & Febiger, 1941.

In the latest (the sixth) edition of this standard textbook on roentgen interpretation, sufficient new material has been added to bring it up to date. The book follows the general scheme of previous editions with only minor revisions and some new illustrations and new material covering some of the more recent advances.

It continues to be one of the best of the elementary texts on roentgen interpretation. The illustrations are well chosen but are printed with reverse shadow values of the original roentgenograms which may be a disadvantage to the beginner.

The book will continue to serve as an excellent text for students and others who wish a concise, ready reference covering the fundamentals of roentgen diagnosis.—L. W. P.

**Diseases Affecting the Vulva.** By Elizabeth Hunt, B.A., M.D., Ch.B. (Liverp.), honorary physician to the skin department, South London Hospital for Women; honorary dermatologist, New Sussex Hospital for Women and Children, Brighton; temporary honorary dermatologist, Royal Infirmary, Liverpool; formerly senior medical officer, Radium Institute and Hospital for Skin and Cancer Diseases, Liverpool. Cloth. Price, $4. Pp. 215, with 36 illustrations and 18 plates in color. St. Louis: The C. V. Mosby Company, 1940.

This book, written by a dermatologist, fills a long felt need in the field of gynecology. The text is based on the author's personal observations of over 1,000 cases of vulval affections. There are thirty-two chapters, covering completely all vulval conditions. The chapters are short but compact, each including an extensive discussion of treatment. It is well written with excellent illustrations, including eighteen colored photographic plates. This book should be in the library of every dermatologist and gynecologist.—M. J. T.

**Techniques of Conception Control.** By Robert L. Dickinson, M.D., former president, American Gynecological Society, and Woodbridge E. Morris, M.D., general medical director, Birth Control Federation of America. Paper. Price, 50 cents. Pp. 56, with 50 illustrations. Baltimore: The Williams & Wilkins Company, 1941.

"Techniques of Conception Control" is all inclusive in so far as this problem is concerned. It is without doubt the best material that has been written upon the subject and should be made a part of the library of every physician interested in this subject.—R. E. C.

Before you buy X-Ray Equipment

*Investigate* MATTERN

A complete line of Shock-Proof X-Ray Equipment, ranging from a 15 MA Portable Unit up to a Combination Unit for Radiography - Fluoroscopy - Therapy with a capacity of 200 MA-140 PKV.

**BARR X-RAY CO.**

Exclusive Wisconsin Distributors
F. Mattern Mfg. Co.

2540 W. Wells St. Milwaukee, Wis.
West 4344

We carry a complete stock of films and accessories.

PROFESSIONAL PROTECTION

A DOCTOR SAYS:
*"Knowing that there is such a competent organization prepared and ready to protect me against unscrupulous and designing persons gives me a feeling of confident assurance that adds greatly to my peace of mind."*

THE
MEDICAL PROTECTIVE COMPANY
OF
FORT WAYNE, INDIANA

Prescribe Journal-advertised products and you prescribe the best.

## HIRSCHBOECK—PITFALLS IN DIAGNOSIS

*(Continued from page 496)*

Much has been said in the past about the essentials in diagnosis, consisting in a good history, a thorough examination, and supportive laboratory data. Too little has been said of the other essential element, i.e. the physician himself. Observation, investigation and knowledge are important, but clinical judgment is, after all, more so.

Diagnosis has been defined as "the art of coming to a conclusion on insufficient evidence," so it is no surprise that errors of judgment inevitably or fortuitously arise. Judgment seems to be an inborn faculty. Hutchinson has said that what is sometimes called clinical instinct is in reality rapid, instinctive judgment. It is not so much a matter of intellect as it is the influence of experience on a facile, adaptable mind, which is allied, one might say, to what we call common sense, and even related to a sense of humor, or a sense of proportion.

I wish to quote Stephens, who said, "The one talent which is most worth all other talents put together in all human affairs is the talent of judging right upon imperfect material; the talent, if you please, of guessing right. It is a talent which no rules will ever teach, and which even experience does not always give. It often coexists with a good deal of slowness and dullness, and with a very slight power of expression. All that can be said about it is that to see things as they are, without exaggeration or passion, is essential to it. But how can we see things as they are? Simply by opening our eyes and looking with whatever power we may have. All really important matters are decided, not by a process of argument, worked out from adequate premises to a necessary conclusion, but by making a wise choice between several possible views.

### REFERENCES

1. Cabot, R. C.: Diagnostic pitfalls identified during a study of 3,000 autopsies. J.A.M.A. 59: 2295–2298 (Dec. 28) 1912.
2. Swartout, H. O.: Antemortem and postmortem diagnoses. New England J. Med. 211: 539–542 (Sept. 20) 1934.

*For the local Treatment of Acute Anterior* **Urethritis**
(DUE TO NEISSERIA GONORRHEAE)

**SILVER PICRATE*** *Wyeth*

*A complete technique of treatment and literature will be sent upon request*

*Silver Picrate is a definite crystalline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

Silver Picrate, Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by Neisseria gonorrheae.[1] An aqueous solution (0.5 percent) of silver picrate or water-soluble jelly (0.5 percent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," Am. J. Syph., Gon. & Ven. Dis., 23, 201 (March), 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA

When writing advertisers please mention the Journal.

# Wisconsin Pharmacists

*Have Anticipated Your Summer Months' Demand For Toxoids, Vaccines and Serums.*

Our complete stocks of immunological preparations are maintained in absolute "freshness" and are stored in constant refrigeration.

You may feel free to call upon us for the common and uncommon immunization preparations, biologicals and other pharmaceutical items.

**MATHER'S PHARMACY**
Prescription Experts
Most complete line of Biologicals and largest prescription store in Northern Wisconsin.
Trusses, Wheel Chairs, Crutches, Electric Pads, etc.
**SUPERIOR, WISCONSIN**

**McCUE & BUSS DRUG CO.**
Prescription Druggists
Physicians Supplies
Sick Room Needs
**14 So. Main St. JANESVILLE, WISCONSIN**

**BOCK DRUG STORES**
*Dependable Druggists Since 1876*
Complete Stock of Biologicals—Ampoules and Vaccines—Mail Orders Promptly Filled
Trusses—Supports—Crutches—Elastic Goods
**Phone 4100 SHEBOYGAN, WISCONSIN**

Distributors of
Dependable Pharmaceutical & Biological Products for Physicians, including Lederle, Lilly, Parke Davis, etc.
*The Hebberd Drug Store*
"EXPERT PRESCRIPTION SERVICE"
Phone 29 4th and Main LA CROSSE, WIS.

**RED CROSS DRUG CO.**
DOCTORS!! *Save on Office and Dispensing Supplies.*
Mail orders filled in all parts of Wisconsin. Many doctors save hundreds of dollars yearly by concentrating their purchases. Let us quote you on your requirements. Orders shipped the same day received. We pay all delivery charges.
**RED CROSS DRUG CO.**
**RACINE, WISCONSIN**

**CHILSON DRUG COMPANY**
*Benj. Chilson, Ph. G.*
Specializing in a complete stock of serums, vaccines and medical supplies. Carefully and accurately compounding prescriptions is the main feature of our drug store.
**BELOIT, WISCONSIN**

**BELLING'S DRUG STORE**
*The Prescription Drug Store*
**204 E. College Ave. Appleton, Wis.**
**Phone 131**
A complete stock of Ampoules, Biologicals, including Rabies Vaccine, always under proper refrigeration.

**MAYER DRUG**
Harry F. Mayer, Prop.
*A Complete Prescription Department*
Biologicals and Ampoules
**KENOSHA, WISCONSIN**

Prescribe Journal-advertised products and you prescribe the best.

# Capital City Doctors

## Note These Reliable Madison Firms Which Sell Dependable Products, Services

Prescription Service at

**RENNEBOHM**

Better Drug Stores

is always

100% Dependable

Biologicals—Chemicals—Drugs

**FIRST CENTRAL DISPENSARY**

602 First Central Bldg.

Madison, Wis.

Phone: Badger 7929

RELIABLE PRESCRIPTION SERVICE

**LORAINE HOTEL**

Fireproof

SCHROEDER HOTELS

*Sleep in Safety*

**CENTRAL GARAGE**

15 South Webster St.

Parking and General Service

MODERN — CONVENIENT

ALWAYS DEPENDABLE

Ampoules, Biologicals, Chemicals, Bacteriological Stains, Trusses, Camp Surgical Supports, "Leeches."

**THE PRESCRIPTION PHARMACY**

Samuel R. Chechik, Ph.D.

20 S. Carroll St. Phone: Badger 755

"The Park Hotel Building"

*For Lovely Flowers*

Phone

**RENTSCHLER'S**

Badger 177

230 State St. Madison

Office: Badger 787 Residence: Badger 2308

**AUTO SERVICE COMPANY, Inc.**

Dan Bilsie

"Private Ambulance Service"

750 East Washington Ave. Madison, Wis.

**Frautschi Funeral Home**

120 E. Wilson St.

Madison, Wis.

ARTHUR A. FRAUTSCHI, *Director*

Phone Badger 733

Phone Badger 5900 for All Kinds of

Office Supplies and Equipment

**BLIED PRINTERS AND STATIONERS**

114 E. Washington Ave., Madison

When writing advertisers please mention the Journal.

# INDEX TO ADVERTISERS IN THIS ISSUE


| | Page |
|---|---|
| American Can Co. | 466 |
| American Optical Co. | 472 |
| Audiphone | 541 |
| Auto Service Co., Inc. | 540 |
| Barr X-ray Co. | 537 |
| Belling's Drug Store | 539 |
| N. P. Benson Optical Co., Inc. | 549 |
| Bidwell Better Limbs | 535 |
| Blied Printers & Stationers | 540 |
| Bock Drug Co. | 539 |
| Borden Co. | 469 |
| S. H. Camp & Co. | 467 |
| Central Garage | 540 |
| Chilson Drug Co. | 539 |
| Coca Cola Co. | 544 |
| Cook County Graduate School of Medicine | 471 |
| Doerflinger's | 535 |
| First Central Dispensary | 540 |
| Frautschi Funeral Home | 540 |
| Hebberd Drug Store | 539 |
| Kennedy-Mansfield Dairy | 540 |
| Kremers-Urban Co. | 471 |
| Lakeside Laboratories | 462 |
| Loraine Hotel | 540 |
| Eli Lilly & Co. | 529 |
| Marquette University School of Medicine | 548 |
| Massachusetts Protective Ass'n, Inc. | 535 |
| Mather's Pharmacy | 539 |
| Mayer Drug | 539 |
| McCue & Buss Drug Co. | 539 |
| Mead Johnson & Co. | 533 |
| Medical Protective Co. | 537 |
| Merck & Co. | 468 |
| Milwaukee Optical Manufacturing Co. | 474 |
| Milwaukee Sanitarium | 552 |
| National Ass'n Chewing Gum Manufacturers | 544 |
| Nestle's Milk Products, Inc. | 473 |
| New York Polyclinic | 548 |
| Normandale | 548 |
| Orthopedic Appliance Co. | 541 |
| Parke, Davis & Co. | 470 |
| Petrolagar Laboratories, Inc. | 551 |
| Philip Morris & Co., Ltd. | 547 |
| Physicians Casualty Ass'n | 472 |
| Physicians Radium Ass'n | 472 |
| Mary E. Pogue School | 548 |
| Prescription Pharmacy | 540 |
| Radiation Therapy Institute | 465 |
| Radium & Radon Corp. | 541 |
| Red Cross Drug Co. | 539 |
| Rennebohm Drug Stores | 540 |
| Rentschler Floral Co. | 540 |
| Roemer Drug Co. | 535 |
| Rogers Memorial Sanitarium | 552 |
| Sacred Heart Sanitarium | 464 |
| St. Croixdale Sanitarium | 465 |
| Schering Corp. | 531 |
| Schroeder Hotel | 471 |
| Shorewood Hospital Sanitarium | 474 |
| SMA Corp. | 545 |
| Summit Hospital | 549 |
| Uhlemann Optical Co. | 543 |
| Upjohn Co. | 463 |
| Waukesha Springs Sanitarium | 462 |
| Wyeth & Brother, Inc. | 538 |
| Zemmer Co. | 536 |



**Western Electric HEARING AID**

Air and Bone Conduction

There's a Western Electric Ortho-Technic Audiphone designed by Bell Telephone Laboratories—embodying new principles, exclusive features, to meet the individual needs of your patients.

Small, Inconspicuous, High Fidelity

AUDIOMETERS — ELECTRICAL STETHOSCOPE

**AUDIPHONE UTILITIES**

Suite 205 739 N. Broadway Daly 2505

MILWAUKEE

**Orthopedic Appliances**

Abdominal Belts Elastic Stockings
Whitman Arch Plates Trusses
Braces of all Descriptions

**Artificial Limbs**

Trained Mechanics and Fitters Only

**THE ORTHOPEDIC APPLIANCE CO.**

123 East Wells St.

Tel. Daly 3021 Milwaukee, Wis.

**RADIUM**

**RENTED**
for the individual case at lowest rates. Instruments loaned.

**LEASED**
in any quantity of 50 milligrams or more, on a yearly basis. Continuous possession. No investment.

**SOLD**
in any quantity in latest platinum containers.

RADON in all-gold Implants at $2.50 per millicurie.

*For details, address*

**RADIUM AND RADON CORP.**

Marshall Field Annex • Randolph 8855

CHICAGO

# PHYSICIANS' EXCHANGE

**Advertisements for this column must be received by the 25th of the month preceding month of issue. A charge is made of $2.00 for the first appearance of copy occupying 1 inch or less of space and $1.00 for each succeeding insertion of the same copy. Kindly accompany copy with remittance to cover number of insertions desired. Advertisements from members of the State Medical Society will be accepted without charge. Such copy will be taken out after its second publication unless otherwise requested. Where numbers follow advertisements replies should be addressed care Wisconsin Medical Journal.**

FOR SALE—Allison, quarter-sawed oak, solid wood, examining table, and instrument cabinet, in good condition. Address replies to Mrs. E. L. Tompach, 920 Kewaunee Street, Racine, Wisconsin.

FOR SALE—Complete office equipment and instruments; also furnishings for small hospital. Address replies to No. 81 in care of Journal.

FOR SALE—Practice for price of equipment. Transferable appointments netting $1,800 yearly. Should be investigated. Will consider any reasonable offer. Address replies to No. 82 in care of Journal.

FOR SALE—The eye, ear, nose, and throat instruments and miscellaneous items of the late Dr. I. M. Addleman. Reasonable. Address replies to Erna M. Krenz, 515 Third Street, Wausau, Wisconsin.

FOR SALE—Active practice near Milwaukee. Collected $7,000 last year. Good price. Easy terms for reliable purchaser. Low overhead. Address replies to No. 90 in care of Journal.

FOR SALE—Office equipment and very desirable location in prosperous industrial community of 11,000. Excellent hospital facilities. Will introduce before leaving for army. Terms cash only. Address replies to No. 2 in care of Journal.

FOR SALE—A Copeland refractoscope. Practically new. $20 cash. Address replies to Dr. R. H. Slater, Granton, Wisconsin.

FOR SALE—Physician retiring on account of ill health wishes to sell office furniture, fittings, instruments, and other equipment. This location is in thriving town in southern Wisconsin, population 3,000. Good hospital, factories, and business opportunities. Address replies to No. 10 in care of Journal.

FOR SALE—Office equipment of the late Dr. C. M. O'Hora, including drugs, books, and instruments. Address replies to No. 8 in care of Journal.

FOR SALE OR RENT—Excellent, long-established, unopposed practice with modern home and office. Prefer young married man of good habits, Protestant, and not of draft age. Good hospital facilities. Reason for selling: ill health. Address replies to No. 80 in care of Journal.

FOR SALE—Office equipment of the late Dr. L. M. Pearson, including instruments and books, new Tycos sphygmomanometer, steel safe for records, etc. Address replies to Mrs. L. M. Pearson, 704 Franklin Street, Wausau, Wisconsin.

FOR SALE—Mattern S. R. F. 30 milliampere 95 K. V. complete x-ray and fluoroscopic unit with bucky table and magnetic release, wall cassette holder and all necessary dark room and accessory equipment. Will take $800 for quick sale. This unit would cost $1,400 to duplicate at today's prices. Machine and equipment are a little over one year old and are perfect in every way. Prefer to sell rather than store for period of government service. Dr. R. J. Rogers, Oconto, Wisconsin.

FOR SALE—Fischer portable diathermy—Type "G"—catalog No. 1250, cost $265; also Fischer hospital cart for same, catalog No. 1255, cost $35. Suitable for doctor's office or hospital use. Little used. Price complete for quick sale $75. Also Janette rotary converter, type CB-12 for using diathermy where direct current only is available, price $25. Address A. A. Walters, Stone Lake, Wisconsin.

FOR RENT—Suite of offices of late Dr. J. T. Corr. Located in business district. Equipped for eye, ear, nose, and throat practice. Address replies to Mrs. J. T. Corr, 928 Hayes Avenue, Racine, Wisconsin.

WANTED—A young physician at once. Address replies to No. 70 in care of Journal.

WANTED—Young physician to take over practice in town of 400 in central Wisconsin. Free office privileges in local ten-bed hospital and work as resident physician on fee basis. Address replies to No. 91 in care of Journal.

WANTED—One or two additional specialists to share an excellently equipped and furnished suite in a Milwaukee downtown office building. Secretarial, x-ray, and laboratory facilities provided. Address replies to No. 59 in care of Journal.

WANTED—An assistant in small town in northern Wisconsin. Good salary. Address replies to No. 1 in care of Journal.

WANTED—Young physician already in practice in north end of Milwaukee County to give part-time assistance to physician in general practice. State qualifications. Address replies to No. 6 in care of Journal.

WANTED—In the Milwaukee area, physician desires part-time position in industrial medicine. Six years experience in industrial surgery and x-ray. Details and references on request. Address replies to No. 25 in care of Journal.

WANTED—Position in Madison as doctor's assistant by undergraduate nurse with eleven years of experience. Blanche Bakke, 540 West Washington Avenue, Madison.

WANTED—Locum tenens work. Available for three weeks this summer. Address replies to No. 63 in care of the Journal.

WANTED—Position as g-u surgeon and urologist. Eligible for certification. Willing to assist in general surgery, medicine, and laboratory. Gentile. No military commitments. Wisconsin license. Address replies to No. 65 in care of Journal.

LOCUM TENENS — Physician available from July 15 to September 15 for locum tenens work. Finishing two-year internship on July 1. Excellent references. Address replies to No. 61 in care of Journal.

LOCATION—Position for young physician to assist physician in general practice in Milwaukee County. State qualifications. Beginning salary $150 per month. Address replies to No. 7 in care of Journal.

LOCATION—In town of 350 population with large outlying dairying area. Seven miles from one hospital and twelve miles from another. Willing to sell complete office equipment and drugs if desired. Excellent clinical records. Address replies to No. 15 in care of Journal.

LOCATION—Opening in established practice with possibilities of a future partnership. Agricultural community; 1,300 population; sixty miles from Twin Cities. Must have Minnesota and Wisconsin license. Salary, office, and residence to start. Hospital facilities. Address replies to No. 60 in care of Journal.

● There's no word more abused than that valuable word, Quality.

Every buyer wants good quality. Every seller claims it. No product admits a lack of it—yet plenty of inferior merchandise is sold every day.

It suggests the remark by some wit—"One trouble with the English language is that it doesn't care who uses it." The important thing is—who uses the word, and what is meant by it?

We use it. We refer to glasses of Uhlemann Physicians' Quality—symbolized by U. P. Q.

Uhlemann Physicians' Quality identifies glasses of the quality you want associated with your name and reputation. It identifies glasses of the quality you would insist on, were you to make them yourself. It identifies glasses of the quality any sincere craftsman would require of his own handiwork.

*A pair of glasses can bear no higher indorsement than this seal—U. P. Q.*

**UHLEMANN OPTICAL COMPANY**

ESTABLISHED 1907

*Exclusive Opticians for Eye Physicians*

PITTSFIELD BUILDING • CHICAGO, ILLINOIS

*OFFICES:* CHICAGO • DETROIT • TOLEDO • SPRINGFIELD
EVANSTON • DAYTON • PORT HURON • APPLETON • OAK PARK

Prescribe Journal-advertised products and you prescribe the best.

Drink Coca-Cola Delicious and Refreshing 5¢

# Refresh yourself

Pause at the familiar red cooler for ice-cold Coca-Cola. Its life, sparkle and delicious taste will give you the real meaning of *refreshment.*

*NATIONAL ASSOCIATION OF CHEWING GUM MANUFACTURERS, STATEN ISLAND, NEW YORK*

A friendly suggestion:
Your "littlest" patients aren't the only ones, Doctor, who enjoy wholesome **CHEWING GUM**

The enjoyment of delicious chewing gum is a real American custom—probably because chewing is such a basic, natural pleasure.

Enjoy chewing gum yourself. See how the chewing helps relieve tension by giving it a try during your busy days.

Have some gum in your pocket or bag and in the office. Your patients—children and adults—appreciate your friendliness when you offer them some. Try this for a month—you'll be pleased with the results.

# GROWING COMFORTABLY ON S-M-A

Pretty soft life! Nothing to do but eat, sleep and grow in comfort on S-M-A. It's a happy, healthy first year for the S-M-A fed infant because S-M-A promotes normal, comfortable growth.

In addition to fat, carbohydrate and protein of physiological characteristics and proportions, each feeding of S-M-A provides standardized quantities of iron and vitamin A, $B_1$ and D. Only vitamin C need be supplemented.

Prescribing S-M-A makes life more pleasant for the doctor and the mother, too, because excellent results are obtained simply and quickly.

" " "

***Normal infants relish S-M-A . . . digest it easily and thrive on it.***

" " "

*S-M-A, a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods

**FOR TREATMENT OF FOOD ALLERGY DUE TO SENSITIVITY TO MILK PROTEIN**

**A Special Product**

## HYPO-ALLERGIC MILK

Hypo-Allergic Milk is thermally processed cows' whole milk in which the sensitizing properties of the protein are altered without affecting the caloric value of the protein or whole milk itself.

It may be used the same as cows' whole milk, as a beverage, or in infant feeding formulae where a sensitivity to milk protein is known to exist.

*Complete information upon request.*

S.M.A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

*---and so I said to them, "Let's settle the problem by going to the*

# INSTITUTE ON CHEST DISEASES"

That's right. They're going to be held again this summer, during the last two weeks in July.

## WHAT?

The Institutes on Chest Diseases sponsored by the Wisconsin Anti-Tuberculosis Association in cooperation with the State and County Medical Societies, the State Board of Health and County Sanatoria. Subjects to be discussed include: "Significance of Primary Tuberculosis," "Differential Diagnosis of Surgical Chest Diseases," "How to Read X-Ray Films," "X-Ray Films as an Aid in Prognosis and Treatment of Chest Diseases," "Pulmonary Abscess," and others.

## WHERE AND WHEN?

Here's the schedule:

| FIRST WEEK | | SECOND WEEK | |
|---|---|---|---|
| Monday, July 21 | Kaukauna | Monday, July 28 | Kenosha |
| Tuesday, July 22 | Rhinelander | Tuesday, July 29 | Madison |
| Wednesday, July 23 | Superior | Wednesday, July 30 | Platteville |
| Thursday, July 24 | Rice Lake | Thursday, July 31 | Sparta |
| Friday, July 25 | Stevens Point | Friday, August 1 | Fond du Lac |

***Sessions will be held during the afternoon and evening***

## WHY AND HOW?

The purpose of these meetings is to give doctors throughout the state an opportunity to do a little postgraduate study on chest conditions. The institutes are made possible by a fund left to the W.A.T.A. by the late Dr. Hoyt E. Dearholt.

## WHO?

The meetings are for all doctors. The subject matter will be presented by a group of physicians who have devoted their professional lives to diseases of the chest. The instruction staff will include Drs. H. M. Coon, Statesan; Joseph W. Gale, Wm. H. Oatway, Jr., and R. H. Stiehm, Madison; George C. Owen, Oshkosh; John D. Steele, Milwaukee; and W.A.T.A. staff physicians.

**PLAN NOW TO ATTEND ONE OF THESE INSTITUTES**

# For smokers who inhale...

## (and *all* smokers inhale *some* of the time)

Observe this difference between Philip Morris and other cigarettes*:—

**"ON COMPARING — THE IRRITANT QUALITY IN THE SMOKE OF THE FOUR OTHER LEADING BRANDS WAS FOUND BY RECOGNIZED LABORATORY TESTS TO AVERAGE MORE THAN THREE TIMES THAT OF THE STRIKINGLY CONTRASTED PHILIP MORRIS! FURTHER — THE IRRITANT EFFECT OF SUCH CIGARETTES WAS OBSERVED TO LAST MORE THAN FIVE TIMES AS LONG!"**

# PHILIP MORRIS

*Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York*

**Facts from:* Proc. Soc. Exp. Biol. & Med., 1934, 32, 241-245; N. Y. State Jrl. of Med. Vol. 35, No. 11,590; Arch. of Otolaryngology, Mar. 1936, Vol. 23, No. 3.306

# THE NEW YORK POLYCLINIC

## MEDICAL SCHOOL AND HOSPITAL

*(The Pioneer Post-Graduate Medical Institution in America, Organized in 1881)*

**OBSTETRICS AND GYNECOLOGY**

A full time course. In Obstetrics: Lectures, prenatal clinics, witnessing normal and operative deliveries; operative obstetrics (manikin). Gynecology: Lectures; touch clinics; witnessing operations; examination of patients, pre-operatively; follow-up in wards post-operatively. Obstetrical and Gynecological pathology. Regional anesthesia (cadaver). Attendance at conferences in Obstetrics and Gynecology. Operative Gynecology on the Cadaver.

FOR INFORMATION ADDRESS

MEDICAL EXECUTIVE OFFICER

**EYE, EAR, NOSE and THROAT**

A combined full-time course covering an academic year (9 months), consisting of attendance at clinics, witnessing operations, lectures, demonstration of cases and cadaver demonstrations; operative eye, ear, nose and throat on the cadaver; head and neck dissection (cadaver); clinical and cadaver demonstrations in bronchoscopy and facial palsy; refraction; roentgenology; pathology, bacteriology and embryology; physiology; neuro-anatomy; anesthesia; physical therapy; allergy; examination of patients pre-operatively and follow-up post-operatively in the wards and clinics; work in the outpatient department as assistant.

*Special arrangements can be made for shorter courses.*

345 West 50th Street, New York City

# THE MARY E. POGUE SCHOOL

DOCTORS: You may continue to supervise the treatment and care of children you place in our school. Catalogue on request.

90 Geneva Road
Wheaton, Illinois

Telephone
Wheaton 66

## NORMANDALE SANITARIUM

Madison, Wisconsin

Normandale is a sanitarium for the care and treatment of nervous and mental disorders, inclusive of addictions. All of the modern methods of neuropsychiatric therapy are available. Special accommodations and rates are offered for the care of chronic cases.

Normandale is located on the outskirts of Madison, Wisconsin. This location affords the conveniences of the city and the restful environment of a rural setting.

Inquiries are invited. Telephone:
Fairchild 2486
Medical Director,
M. F. Greiber, M. D.

# MARQUETTE

## SCHOOL OF MEDICINE

**Requirements For Admission** The minimum requirements for admission are three years of such college work as is acceptable towards the Bachelor's degree in an approved college of liberal arts or in a recognized University. The following subjects must be included in these three years: zoology, general chemistry, organic chemistry, English, French or German, physics.

**Instruction** The duration of the course leading to the degree of Doctor of Medicine is five years, the fifth year of which is devoted to a hospital internship. The school year begins about the first of October and ends about the middle of June. The aim is constant coordination of the basic sciences with the clinical subjects applied to curative and preventive medicine.

**Clinical Facilities** Milwaukee County General Hospital, Milwaukee County Emergency Hospital and Dispensary, Milwaukee Children's Hospital and Dispensary, Milwaukee County Insane Hospitals, Acute and Chronic, South View Hospital for Contagious Diseases, Muirdale Sanatorium for tuberculosis, Mt. Sinai Hospital Dispensary, Marquette Eye Clinic, Public Health field work.

For further information address:

**DEAN, MARQUETTE UNIVERSITY SCHOOL OF MEDICINE**
**561 North Fifteenth Street**
**Milwaukee, Wisconsin**

There is no substitute for quality when prescribing lenses for the human eye. Our ORKON CORRECTED CURVE OPHTHALMIC LENSES represent the best produced by Optical Science.

**N. P. Benson Optical Co., Inc.**

Established 1913

MAIN OFFICE: MINNEAPOLIS, MINN.

DULUTH
ALBERT LEA
WINONA

EAU CLAIRE
LA CROSSE
WAUSAU
STEVENS POINT

BISMARCK
ABERDEEN
RAPID CITY

SH The SUMMIT HOSPITAL
OCONOMOWOC, WIS.

Here, in a cordial and homelike environment, we operate a hospital and sanatorium with facilities and personnel adequate to manage your

CHRONIC,
NERVOUS and
MENTAL
CASES

A natural Beauty Spot — Fireproof, Modern buildings, Moderate rates.

*For further information write or phone*

G. R. Love, M.D.
*Physician in Charge*
The Summit Hospital
Oconomowoc, Wis.

Chicago Office:
Loren W. Avery, M.D.
*Consulting Neuropsychiatrist*
122 So. Michigan Ave.

# THE STATE MEDICAL SOCIETY OF WISCONSIN

## ORGANIZED 1841

R. P. SPROULE, Milwaukee, President
GUNNAR GUNDERSEN, La Crosse, President-Elect
R. M. KURTEN, Racine, Speaker
CHARLES FIDLER, Milwaukee, Vice-Speaker
Mr. J. G. CROWNHART, Madison, Secretary
IRA R. SISK, Madison, Treasurer

## Councilors

TERM EXPIRES 1942

First District:
H. P. Bowen——Watertown

Second District:
C. E. Pechous——Kenosha

TERM EXPIRES 1943

Third District:
W. T. Clark——Janesville

Fourth District:
B. I. Pippin——Richland Center

TERM EXPIRES 1943

Fifth District:
A. H. Heidner——West Bend
Sixth District:
S. E. Gavin——Fond du Lac

TERM EXPIRES 1941

Seventh District:
H. A. Jegi——Galesville
Eighth District:
G. W. Krahn——Oconto Falls
Ninth District:
H. H. Christofferson——Colby
Tenth District:
F. E. Butler——Menomonie

TERM EXPIRES 1942

Eleventh District:
F. G. Johnson——Iron River
Twelfth District:
H. J. Gramling——Milwaukee
R. E. Fitzgerald——Milwaukee

TERM EXPIRES 1943

Robert W. Blumenthal
——Milwaukee

TERM EXPIRES 1941

Thirteenth District:
J. W. Lambert——Antigo

TERM EXPIRES 1941

R. G. Arveson——Frederic
(Past President)

## Delegates to American Medical Association

Stephen E. Gavin, Fond du Lac, 1942 James C. Sargent, Milwaukee, 1942 Joseph F. Smith, Wausau, 1941

## Alternates

S. J. Seeger, Milwaukee, 1942 F. E. Butler, Menomonie, 1942 C. W. Giesen, Superior, 1941

The Wisconsin Medical Journal, Official Publication
Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Illinois

## List of Executive Officers of County Medical Societies

| County | President | Secretary |
|---|---|---|
| Ashland–Bayfield–Iron | C. A. Grand, Ashland | A. H. Lamal, Ashland. |
| Barron–Washburn–Sawyer–Burnett | H. H. Ainsworth, Birchwood | R. W. Adams, Chetek. |
| Brown–Kewaunee–Door | L. D. Quigley, Green Bay | E. J. O'Brien, Green Bay. |
| Calumet | J. W. Goggins, Chilton | J. A. Knauf, Stockbridge. |
| Chippewa | F. B. Sazama, Chippewa Falls | L. W. Picotte, Chippewa Falls. |
| Clark | G. G. Shields, Abbotsford | M. V. Overman, Greenwood. |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | C. J. Radl, Wisconsin Dells. |
| Crawford | G. R. J. Hammes, Seneca | O. E. Satter, Prairie du Chien. |
| Dane | S. J. Briggs, Madison | D. L. Williams, Madison. |
| Dodge | A. J. Hebenstreit, Juneau | A. G. Hough, Beaver Dam. |
| Douglas | Rudolph Christiansen, Superior | Fred Johnson, Jr., Superior. |
| Eau Claire–Dunn–Pepin | J. C. Baird, Eau Claire | H. S. Fuson, Eau Claire. |
| Fond du Lac | O. F. Guenther, Campbellsport | S. A. Theisen, Fond du Lac. |
| Forest | G. W. Ison, Crandon | G. E. Carroll, Laona. |
| Grant | H. J. McLaughlin, Bloomington | H. L. Doeringsfeld, Platteville. |
| Green | W. G. Bear, Monroe | L. E. Creasy, Monroe. |
| Green Lake–Waushara | J. A. Kelly, Green Lake | D. M. Regan, Berlin. |
| Iowa | T. A. Hagerup, Dodgeville | H. M. Walker, Dodgeville. |
| Jefferson | J. C. Brewer, Jefferson | E. A. Schoenecker, Lake Mills. |
| Juneau | W. T. O'Brien, Mauston | Brand Starnes, New Lisbon. |
| Kenosha | E. F. Andre, Kenosha | L. M. Rauen, Kenosha. |
| La Crosse | M. W. Ward, Bangor | J. C. Fox, La Crosse. |
| Lafayette | S. A. J. Ennis, Shullsburg | E. D. McConnell, Darlington. |
| Langlade | R. J. Portman, Antigo | W. P. Curran, Antigo. |
| Lincoln | G. R. Baker, Tomahawk | L. J. Bayer, Merrill. |
| Manitowoc | T. H. Rees, Manitowoc | T. A. Teitgen, Manitowoc. |
| Marathon | M. L. Jones, Wausau | H. H. Fechtner, Wausau. |
| Marinette–Florence | J. V. May, Marinette | K. G. Pinegar, Marinette. |
| Milwaukee | T. J. Howard, Milwaukee | Mr. James O. Kelley, Ex. Sec., Milw. |
| Monroe | D. C. Beebe, Sparta | T. J. Sheehy, Tomah. |
| Oconto | W. R. Berg, Gillett | C. R. Kwapy, Oconto. |
| Oneida–Vilas | C. A. Richards, Rhinelander | H. J. Westgate, Rhinelander (acting) |
| Outagamie | W. H. Towne, Hortonville | D. M. Gallaher, Appleton. |
| Pierce–St. Croix | C. A. Dawson, River Falls | A. E. McMahon, Glenwood City. |
| Polk | W. B. Cornwall, Amery | G. B. Noyes, Centuria. |
| Portage | H. P. Benn, Stevens Point | T. L. Harrington, Stevens Point. |
| Price–Taylor | H. B. Norviel, Phillips | J. L. Rens, Phillips. |
| Racine | A. M. Lindner, Racine | Beatrice O. Jones, Racine. |
| Richland | R. E. Housner, Richland Center | G. H. Benson, Richland Center. |
| Rock | G. C. Waufle, Janesville | O. V. Overton, Janesville. |
| Rusk | W. F. O'Connor, Ladysmith | M. L. Whalen, Bruce. |
| Sauk | J. F. Moon, Baraboo | C. B. Pope, Baraboo. |
| Shawano | F. L. Litzen Gresham | E. E. Evenson, Wittenberg. |
| Sheboygan | Anthony Voskuil, Cedar Grove | W. G. Huibregtse, Sheboygan. |
| Trempealeau–Jackson–Buffalo | E. A. Meili, Cochrane | R. R. Richards, Blair. |
| Vernon | W. H. Remer, Chaseburg | R. S. Hirsch, Viroqua. |
| Walworth | H. J. Kenney, Delavan | L. H. Donath, Lake Geneva. |
| Washington–Ozaukee | F. W. Lehmann, Hartford | R. S. Fisher, Allenton. |
| Waukesha | G. S. Jones, Genesee Depot | J. F. Wilkinson, Oconomowoc. |
| Waupaca | A. M. Christofferson, Waupaca | J. W. Monsted, New London. |
| Winnebago | F. G. Jensen, Menasha | E. F. Cummings, Oshkosh. |
| Wood | L. A. Copps, Marshfield | R. W. Mason, Marshfield. |

# Petrolagar*.. *Helps Start the Day Right*

• When "Habit Time" is neglected and the patient tends to become constipated, consider the use of Petrolagar as an aid to regular comfortable bowel movement. One to two tablespoonfuls daily (see directions on package) provide bland fluid to help soften the feces and bring about an easily passed, well-formed stool. As soon as a regular "Habit Time" has been re-established, the daily dosage of Petrolagar may be gradually diminished until treatment is no longer required.

*Have you prescribed* Petrolagar *recently?*

SAMPLES ARE AVAILABLE TO PHYSICIANS ON REQUEST

**Petrolagar—The trademark of Petrolagar Laboratories, Inc., brand emulsion of mineral oil . . . Liquid petrolatum 65 cc. emulsified with 0.4 gm. agar in a menstruum to make 100 cc.*

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

Prescribe Journal-advertised products and you prescribe the best.

# Rogers Memorial Sanitarium

OCONOMOWOC, WIS.
**Telephone 448**

A PRIVATE sanitarium
(incorporated not-for-profit)
for the treatment of
**DISEASES OF THE NERVOUS SYSTEM**
All approved methods of therapy are used

**Fireproof Building**
**Booklet on Request**

*RESIDENT PHYSICIANS*

**JAMES C. HASSALL, M.D.**
**Medical Director**

**OWEN C. CLARK, M.D.**

**DONALD A. R. MORRISON, M.D.**

*BOARD OF TRUSTEES*

**JAMES C. HASSALL, M.D.**
**FREDERICK PABST**
**Oconomowoc, Wis.**

**T. H. SPENCE**
**MITCHELL MACKIE**
**MACKEY WELLS**
**O. R. LILLIE, M.D.**
**Milwaukee, Wis.**

**PETER BASSOE, M.D.**
**RALPH C. HAMILL, M.D.**
**JOHN FAVILL, M.D.**
**Chicago, Ill.**

**W. S. MIDDLETON, M.D.**
**Madison, Wis.**

**SCOTT LOWRY**
**Waukesha, Wis.**

Milwaukee Office:
**By Appointment**

**1330 Wells Building**
**Telephone Daly 1441**

# MILWAUKEE SANITARIUM

Wauwatosa, Wisconsin

## FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

(Chicago office—1117 Marshall Field Annex
Wednesdays, 1–3 P. M.)

Staff
Rock Sleyster, M.D.
Lloyd H. Ziegler, M.D.
William T. Kradwell, M.D.
Merle Q. Howard, M.D.
Carroll W. Osgood, M.D.
Benjamin A. Ruskin, M.D.
Arthur J. Patek, M.D.

One of the Fourteen Units in "Cottage Plan"
COLONIAL HALL

DEMOCRAT PRINTING COMPANY
MADISON, WISCONSIN

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

## RED LETTER DAYS

1941 **SEPTEMBER** 1941

| SUN | MON | TUE | WED | THU | FRI | SAT |
|---|---|---|---|---|---|---|
| P.M. 5 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |

**CENTENNIAL MEETING PROGRAM**
Pages 614–618

# The Wisconsin Medical Journal

## IN THIS ISSUE

ARTIFICIAL RESPIRATION
By M. C. Rosekrans, M. D.

TRAUMATIC SHOCK
By Carl S. Williamson, M. D.

INJURIES TO THE SPINE
By Merritt L. Jones, M. D.

INFLUENZAL MENINGITIS
By M. M. Baumgartner, M. D. and Thomas O. Nuzum, M. D.

COLLEGE OF PHYSICIANS
LIBRARY
JUL 14 1941
OF PHILADELPHIA

COMPLETE TABLE OF CONTENTS, PAGE 556

· 40, Number 7
7 ney Building

MADISON, WISCONSIN, JULY, 1941
Copyright, 1941, by The State Medical Society of Wisconsin
Per Year $3.50
Single Copy 50 Cents

# So That You May Be Sure

. . . of the potency and purity of Lakeside medications, numerous precautionary measures are included in laboratory manufacturing routine.

Toxicity studies, pharmacological investigations, photo-electric colorimetric assays, aseptic filtrations are only a few of the procedures which are consistently used by Lakeside in providing medications of the finest quality for the medical profession.

Analyses are made in triplicate to avoid any possible error and samples are taken for culture and assay from each lot of medications to assure high standards.

The LAKESIDE Laboratories Inc.
MILWAUKEE WISCONSIN

# Waukesha Springs Sanitarium

## FOR NERVOUS DISEASES

*BUILDING ABSOLUTELY FIRE-PROOF*

BYRON M. CAPLES, M. D. Medical Director. FLOYD W. APLIN, M. D.

**WAUKESHA, WISCONSIN**

## *New • Feminine • Smart • Venturous*

with individuality in design, *Kismet* offers a new appeal in vivacious eyewear style for the fastidious.

The new lens shape of *Kismet* is destined to bring high patient-to-patient recommendation from all those who want the attractiveness of this new and alluring design in rimless glasses.

Yet, with all its air of distinctiveness *Kismet* is in good taste anywhere, practical for business and all social activities.

*Kismet* will reflect your progressiveness in your community if you are the first to suggest this new adventure in style to your prominent feminine patients.

**Kismet**
THE UNUSUAL

—***unusual*** because it commands, like all other "style" items in the fashion world, a plus value for every prescription.

—***unusual*** because its wider field gives an even greater unobstructed vision.

—***unusual*** because of its delicate black-enamel silhouette edge.

—***unusual*** because its distinct styling flatters the most demure brow and gives new interest to the most commonplace of features.

**RIGGS OPTICAL COMPANY**
***Distributors of Bausch & Lomb Products***
GENERAL OFFICES, CHICAGO, SAN FRANCISCO; BRANCHES IN PRINCIPAL WESTERN AND MID-WESTERN CITIES

# THE WISCONSIN MEDICAL JOURNAL

Volume 40
Number 7

MADISON, WISCONSIN, JULY, 1941

Per Year $3.50
Single Copy 50 Cents

## TABLE OF CONTENTS

SCIENTIFIC ARTICLES

Page

Rowing Method of Artificial Respiration by M. C. Rosekrans, M. D., Neillsville ---------- 567

Laboratory Aids of Value in the Diagnosis of Traumatic Shock and Internal Hemorrhage with a Brief Reference to the Use of Blood Plasma as a Therapeutic Agent by Carl S. Williamson, M. D., Green Bay ---------- 570

Congenital, Developmental and Acquired Characteristics of the Spine and Their Relation to Injury by Merritt L. Jones, M. D., Wausau ---------- 574

Influenzal Meningitis Treated With Sulfanilamide and Spinal Drainage; Recovery by M. M. Baumgartner, M. D., and Thomas O. Nuzum, M. D., Janesville ---------- 579

Comments on Treatment: Prevention of Bleeding in the Newborn by Armand J. Quick, M. D., Milwaukee ---------- 581

SPECIAL ARTICLES

Looking at Sickness Insurance Abroad by J. G. Crownhart, Madison ---------- 621

Centennial Anniversary Section: Biographies of Pioneer Wisconsin Physicians (continued) ---------- 628

EDITORIAL

Page

In Memoriam: Jesse George Crownhart ---------- 582

MISCELLANY

President's Page ---------- 589
Woman's Auxiliary ---------- 590
Society Proceedings ---------- 598
News Items and Personals ---------- 601
Births, Marriages, Deaths ---------- 602
Coming Events ---------- 603
Members in Active Military Service ---------- 605
Medical Advisory Boards; Physician-Members of District Appeal Boards ---------- 606
Council Minutes—January Meeting (continued) 609
Society Records ---------- 610
Correspondence ---------- 611
Physicians Offered a "Deal" ---------- 611
Cleveland Session, American Medical Association 612
Centennial Meeting Preparations Near Completion ---------- 614
Preliminary Program, 1941 Meeting, State Medical Society ---------- 614
Members—1941 House of Delegates ---------- 620
Book Reviews ---------- 630
Index to Advertisers ---------- 641
Physicians' Exchange Page ---------- 642

[Entered as second class matter, June 30th, 1903, at the Post Office at Milwaukee, Wis., under Act of Congress March 3rd, 1879. Transferred to Madison, Aug. 1st, 1929.]

"Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized Aug. 7, 1918."

SACRED HEART SANITARIUM

MILWAUKEE, WISCONSIN

An institution conducted for the diagnosis and treatment of mild nervous disorders and non-infectious diseases; also for rest and recuperation under medical supervision. Equipped with every modern facility for diagnostic purposes. Scientific dietetics, physiomechanotherapy, hydrotherapy, supervised occupational and recreational activities. Literature and rates sent on request.

MEDICAL STAFF

William L. Herner, M.D., Medical Director
Delparde W. Roberts, M.D. — J. Frampton Wyman, M.D.
William F. Ragan, M.D. — Hubert H. Blanchard, M.D.
Frank W. Mackoy, M.D. — L. Tennyson Peyton, M.D.
Ray C. Johnston, M.D.

When writing advertisers please mention the Journal.

## ST. CROIXDALE ON LAKE ST. CROIX

**PRESCOTT, WISCONSIN**

**MAIN BUILDING—One of the 5 Units in "Cottage Plan."**

A Modern Private Sanitarium for the Diagnosis, Care and Treatment of Nervous, Mental and Medical Cases.

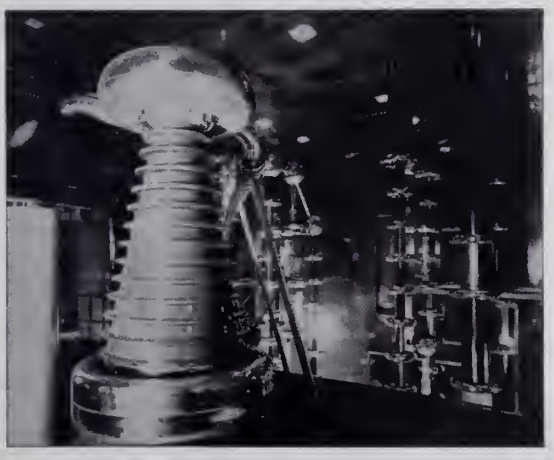
Located on beautiful Lake St. Croix, eighteen miles from the Twin Cities, it has the advantages of both City and Country. Every facility for treatment provided, including recreational activities and occupational-therapy under trained personnel. Milk, cream and butter from our own herd of Tuberculin-tested Registered Guernsey Cows. Inspection and co-operation by reputable physicians invited. Rates very reasonable. Illustrated folder on request.

CONSULTING NEURO-PSYCHIATRISTS
Hewitt B. Hannah, M. D.
Joel C. Hultkrans, M. D.
511 Medical Arts Building
Minneapolis, Minnesota
Tel. MAin 4672

RESIDENT PHYSICIAN
Howard J. Laney, M. D.
Prescott, Wisconsin
Tel. 39

SUPERINTENDENT
Frieda C. Beyrer, R. N.
Prescott, Wisconsin
Tel. 69

# Radiation Therapy Institute



Upper End of Tube and Million Volt Generator

of Saint Paul

## CHARLES T. MILLER HOSPITAL

Facilities for Radium and Roentgen Therapy, Including 1,200,000 Volt Constant Potential Installation of Most Advanced Design.

*You are cordially invited to visit the Radiation Therapy Institute and inspect its facilities.*

**Edward Schons, M.D., *Director*** **J. P. Medelman, M.D., *Associate Director***

# INDIVIDUALIZED FORMULAS FOR THE NEWBORN

**NORMAL INFANTS**

Whole milk ..... 10 ozs.
Water, boiled ..... 10 ozs.
Karo syrup ..... 2 tbs.

Evaporated milk ..... 6 ozs.
Water, boiled ..... 12 ozs.
Karo syrup ..... 2 tbs.

Powdered milk ..... 5 tbs.
Water, boiled ..... 20 ozs.
Karo syrup ..... 2 tbs.

**ALLERGIC INFANTS**

Evaporated goat's milk.. 6 ozs.
Water, boiled ..... 12 ozs.
Karo syrup ..... 2 tbs.

Hypoallergic milk ..... 10 ozs.
Water, boiled ..... 10 ozs.
Karo syrup ..... 2 tbs.

Sobee ..... 8 tbs.
Water, boiled ..... 18 ozs.
Karo syrup ..... 2 tbs.

**NEUROPATHIC INFANTS**

Evaporated milk ..... 7 ozs.
Water, boiled ..... 13 ozs.
Barley flour ..... 3 tbs.
Karo syrup ..... 1 tbs.
(cooked ten minutes until thick)

Whole milk ..... 12 ozs.
Water, boiled ..... 6 ozs.
25% Lactic acid ..... 2 tsp.
Karo syrup ..... 2 tbs.

2% Lactic-acid milk .... 18 ozs.
Karo syrup ..... 2 tbs.

*"Infants Thrive on Karo Formulas"*

"Newborns tolerate a simple formula consisting of 10 ounces of boiled fresh cow's milk, 8 ounces of sterile water and 1 ounce of mixed sugar. Added carbohydrate in the form of corn syrup is usually better tolerated than the simple sugars, lactose or sucrose. At first, about one ounce of the formula will be taken at a time although the infant is allowed all he will take of the three ounces and the remainder discarded. The allergic newborn may be given evaporated cow's-milk or goat's-milk formulas; the hypertonic newborn thick feeding; the hypotonic newborn, evaporated or lactic-acid milk formulas."

KUGELMASS: "*Newer Nutrition in Pediatric Practice.*"

**THE CHEMICAL COMPOSITION OF KARO IN GLASS AND IN TINS IS IDENTICAL**

| | | | |
|---|---|---|---|
| Dextrins | 37.4% | 1 oz. volume | 40 grams 120 cals. |
| Maltose | 18% | | |
| Dextrose | 12% | | |
| Sucrose | 4% | 1 oz. wt. | 28 grams 90 cals. |
| Invert Sugar | 3% | | |
| Minerals | 0.6% | 1 teaspoon | 20 cals. |
| Moisture | 25% | 1 tablespoon | 60 cals. |

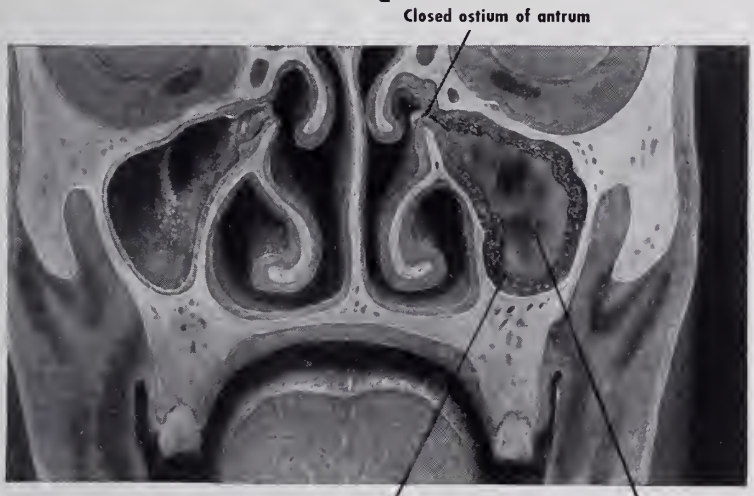
(Karo—Blue Label)

**CORN PRODUCTS SALES COMPANY**

***17 Battery Place, New York City***

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

# PATHOLOGY OF THE UPPER RESPIRATORY TRACT: 2




INFECTION OF THE ANTRUM OF HIGHMORE

SOLUTION

EMULSION

JELLY

CARDINAL principle of treatment of such infections is establishment of free drainage. To do this without surgery the mucous membranes must be shrunk thoroughly—for long periods, yet without local toxic effects.

## NEO-SYNEPHRIN HYDROCHLORIDE

(laevo-alpha-hydroxy-beta-methyl-amino-3 hydroxy ethylbenzene hydrochloride)

The synthetic vasoconstrictor which shrinks mucous membranes rapidly, without "sting", with more prolonged effect than ephedrine, and with lower toxicity in therapeutic dosage. Unpleasant side reactions are almost never encountered.

**DOSAGE FORMS:**

**Solution** —¼% and 1% in saline solution (1-oz. bottles)
¼% in Ringer's solution with Aromatics (1-oz. bottles)
**Emulsion**—¼% (1-oz. bottle with dropper)
**Jelly** —½% (in collapsible tubes with nasal applicator)

**FREDERICK STEARNS & COMPANY, Detroit, Michigan**

New York Kansas City San Francisco Windsor, Ontario Sydney, Australia

Prescribe Journal-advertised products and you prescribe the best.

*palatable · nutritious*
*. . . easily assimilated—*

# *Lederle's* CEREVIM

CEREVIM IS A CEREAL FOOD, formulated by pediatricians to provide suitable nutritive values for babies and children. It is distinctly appetizing, easily digested and non-irritating.

AIDS IN PROMOTING GROWTH: In comparative clinical studies* it was shown that Cerevim-fed babies gained more weight and height than the control babies on their usual cereal.

HELPFUL IN ANOREXIA AND CONSTIPATION: Cerevim was observed in the study* to stimulate the appetite in anorexia and relieve constipation in children suffering from these two common childhood complaints.

FOR INVALIDS AND CONVALESCENTS: Gastro-enterologists prescribe Cerevim for peptic ulcer patients or those in need of a bland diet of low fibre content. Obstetricians prescribe Cerevim during pregnancy and lactation; surgeons order it for pre-operative and post-operative diets.

COMPREHENSIVE FORMULA: Cerevim's comprehensive formula provides proteins, carbohydrates and fats in a suitable ratio; calcium, phosphorus, iron and copper in easily assimilated form: and the B vitamins in generous amounts—all derived from natural sources only.

*Advertised only to the medical profession. Council-Accepted.*
*Sold only through drug stores.*
*Pre-cooked and ready for instant use.*

Packages: Cerevim is sold in ½ and 1 lb. packages.

*JOSLIN, C. L. and HELMS, S. T., Arch. Ped., 54:533 (Sept.) 1937

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA · NEW YORK, N. Y.

**Q.** I've noticed that some cans are golden-colored on the inside. Why is that?

**A.** You've probably noticed that kind of lining on cans for colored products. It's put there to protect their quality principally from a color standpoint. You'll also notice it on certain vegetables and meats. For other products, a plain tin lining is entirely suitable. The lining of the can is adjusted to the needs of the individual food. These can linings are special inert enamels baked onto the tin plate at high temperatures. (1)

---

(1) 1941. Canner 92, No. 12, Pt. 2, pages 78-81. 1936 Canner 82, No. 11, Pt. 2, pages 104-105.

**The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.**

## For Comforting Relief in Asthma and Hay Fever

# Racephedrine Hydrochloride

(UPJOHN)

Racephedrine Hydrochloride produces dilation of the bronchi after local or systemic administration. It is therefore employed in the treatment of asthma, and is useful to prevent the attacks. It is also used in the treatment of hay fever and urticaria.

On local application to mucous membranes, Racephedrine contracts the capillaries to a moderate degree and thus diminishes hyperemia and reduces swelling. It is used in the nostrils to shrink the congested mucosa in rhinitis and sinusitis.

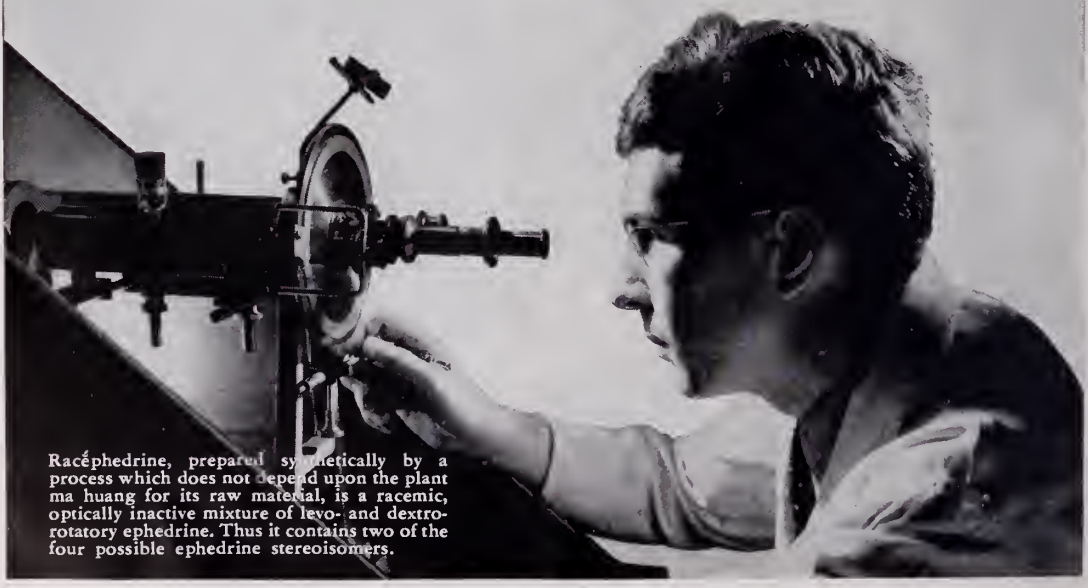
Solution Racephedrine Hydrochloride consists of 1% of the drug in a modified Ringer's solution containing sodium chloride 0.85%, potassium chloride 0.03%, calcium chloride 0.025%, magnesium chloride 0.01%, and chlorobutanol 0.5% (for stabilization purposes).

*Solution Racephedrine Hydrochloride 1% is available in one ounce dropper bottles for prescriptions, in pint bottles for office use. Capsules Racephedrine Hydrochloride, 3/8 grain, are packaged in bottles of 40 and 250.*

FINE PHARMACEUTICALS SINCE 1886

**Upjohn**

KALAMAZOO, MICHIGAN

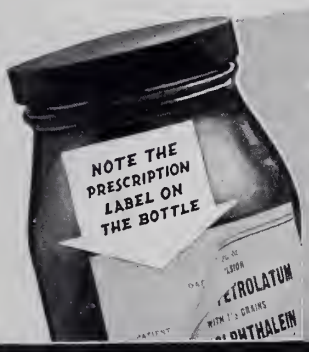


Racephedrine, prepared synthetically by a process which does not depend upon the plant ma huang for its raw material, is a racemic, optically inactive mixture of levo- and dextrorotatory ephedrine. Thus it contains two of the four possible ephedrine stereoisomers.

# PATIENTS LIKE IT!

## CHOCOLATE FLAVORED EMULSION OF LIQUID PETROLATUM

Contains 60% liquid petrolatum U.S.P. and 1% agar agar
With Phenolphthalein or Plain




NO OILY "AFTER-TASTE"
TASTES LIKE THE CHOCOLATE IN A DELICIOUS DESSERT
WINS COOPERATION

COUNCIL ACCEPTED

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

THE
**SMITH-DORSEY CO.**
LINCOLN, NEBRASKA
Manufacturers of
Pharmaceuticals to the Medical
Profession Since 1908

**MAKE IT A TASTY PRESCRIPTION! • WRITE FOR SAMPLE**

## Cook County Graduate School of Medicine

**(IN AFFILIATION WITH COOK COUNTY HOSPITAL)**
Incorporated not for profit

*Announces Continuous Courses*

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue, starting every two weeks. General Courses One, Two, Three and Six Months; Clinical Courses; Special Courses. Rectal Surgery every week.

MEDICINE—Two Weeks Intensive Course starting October 6th. Two Weeks Course in Gastro-Enterology starting October 20th. Four Weeks Course in Internal Medicine starting August 4th. Two Weeks Intensive Course in Electrocardiography & Heart Disease starting August 4th.

FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course starting September 22nd. Informal Course every week.

GYNECOLOGY—Two Weeks Intensive Course starting October 20th. One Month Personal Course starting August 25th. Clinical Course every week.

OBSTETRICS—Three Weeks Personal Course starting August 4th. Two Weeks Intensive Course starting October 6th. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Intensive Course starting September 8th. Informal Course every week.

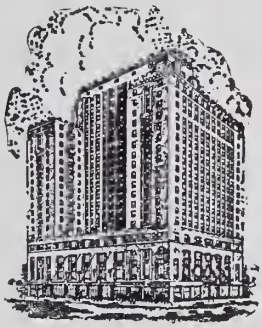
OPHTHALMOLOGY—Two Weeks Intensive Course starting September 22nd. Informal Course every week.

ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

Teaching Faculty—Attending Staff of Cook County Hospital

**Address: Registrar, 427 South Honore Street, Chicago, Illinois**



## Your Visit to Milwaukee

Is Made More Enjoyable by Stopping at the SCHROEDER

*Metropolitan atmosphere . . .*
*Cocktail Lounge and Circular Bar*
*Coffee Shop with popular prices*

•

The Beautiful EMPIRE Dining Room

**Music and Dancing—At Lunch, Dinner, After Theatre**

**Music By America's Leading Bands**
**Air Conditioned**

## HOTEL SCHROEDER

MILWAUKEE
WALTER SCHROEDER, President

Prescribe Journal-advertised products and you prescribe the best.

*86¢ out of each $1.00 gross income used for members benefit*

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness

INSURANCE

For ethical practitioners exclusively
(56,000 Policies in Force)

| | |
|---|---|
| LIBERAL HOSPITAL EXPENSE COVERAGE | For $10.00 per year |
| $5,000.00 ACCIDENTAL DEATH<br>$25.00 weekly indemnity, accident and sickness | For $32.00 per year |
| $10,000.00 ACCIDENTAL DEATH<br>$50.00 weekly indemnity, accident and sickness | For $64.00 per year |
| $15,000.00 ACCIDENTAL DEATH<br>$75.00 weekly indemnity, accident and sickness | For $96.00 per year |

*39 years under the same management*

$ 2,000,000 INVESTED ASSETS
$10,000,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

*Send for applications, Doctor, to*

400 First National Bank Bldg. Omaha, Nebraska

Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

The Physicians Radium Association

Room 1307—55 East Washington St., Pittsfield Bldg., CHICAGO, ILL.
Telephones: Central 2268–2269
Wm. L. Brown, M.D., Director

FOR ANGIOSCOTOMETRY

*USE THE*

STEREO CAMPIMETER

*BY AMERICAN*

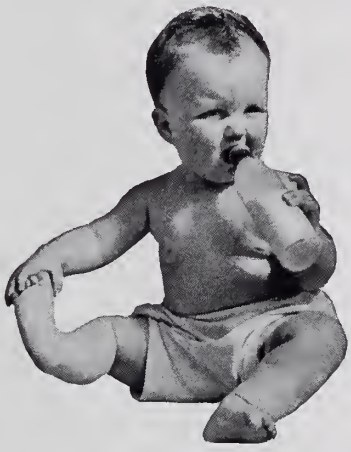
PATENTED

The study of central visual fields, including Angioscotometry, one of the most recent clinical developments, can be carried out under ideal conditions with the Lloyd Stereo Campimeter by American The requirements of steady fixation, stereoscopically maintained; accommodative compensation, by virtue of the collimating lens, and equalized illumination of the test field, are fulfilled as in no other instrument of its type. The AO Lloyd Stereo Campimeter is only one of the many outstanding ophthalmic instruments being produced by American Optical Company and Spencer Lens Company, its Scientific Instrument Division.

BY AMERICAN OPTICAL COMPANY

A Reminder from Borden about

# FORMULA FLEXIBILITY



● Dryco offers the physician maximum flexibility in adapting his formulas to the needs of individual infants.

Because of its low fat and high protein content, Dryco can be used alone, or with your preferred carbohydrate addition; or in combination with other milk sources--Klim, fluid milk, Evaporated milk—to give a desired balance of fat and protein.

Dryco is irradiated powdered milk, adjusted as to fat and protein balance to compensate for the difference between cow's milk and breast milk. It has been found successful in clinical experience for more than 20 years.

The Borden Company, 350 Madison Avenue, New York City

Borden's DRYCO

A BORDEN PRESCRIPTION PRODUCT

# WE OFFER YOU

Quality Merchandise

Skilled Workmanship

Intelligent Service

Complete Selection of Bifocals

## THE MILWAUKEE OPTICAL MFG. CO.

208 East Wisconsin Ave.
MILWAUKEE, WISCONSIN

## SHOREWOOD

HOSPITAL • SANITARIUM

2316 E. Edgewood Avenue — MILWAUKEE, WISCONSIN — Phone: EDgewood 0900

*For Nervous Disorders*

A fifty bed hospital and sanitarium. Separate buildings for neurotic and psychotic cases.

*Illustrated booklet sent on request.*

WM. H. STUDLEY, *M.D.*
*Medical Director*
JACK L. KINSEY, *M.D.*
HERBERT W. POWERS, *M.D.*

ESTABLISHED 1898

THE WISCONSIN MEDICAL JOURNAL

VOLUME 40, NO. 7 Copyright, 1941, by The State Medical Society of Wisconsin JULY, 1941

# Rowing Method of Artificial Respiration

By M. C. ROSEKRANS, M. D.
*Neillsville*

ON CHRISTMAS Eve., 1927, about 5:30 p.m., an emergency patient was brought to the hospital. She was of average weight and height, and about 35 years of age. She was in a state of coma. Pulse and respirations were about normal in rate. She had been picked up from a street in the residential district by an ambulance, after she was struck by a meat truck, which catapulted and skidded her for a distance of about forty-five feet over an icy, snowy pavement. A diagnosis of skull fracture was made, and a decompression operation was performed without desired result.

About 7:30 or 8 p.m., while being examined by consultants, the patient suddenly stopped breathing. Efforts were made to restore normal breathing, but without success. The patient was in a hospital bed at the time, and the old and now obsolete Sylvester method of artificial respiration was resorted to. Help was called to relieve the rapidly tiring crew on the job.

The patient was finally placed upon a wheel stretcher and taken to a spare operating room, where the work could be carried on with greater ease. The patient's condition remained fair, and there was no cyanosis. Excitement soon lessened and it was decided to call the internes from an adjoining hospital, to help form the necessary crews to carry on the work.

Some of us, who were idling in the room, noticed that there was an appreciable expiratory whistle through the upper respiratory tract, prior to pressure over the anterior chest, during the interval of lowering the arms from the extended position. It occurred to us that perhaps unnecessary work was being done. We obtained a hand mirror, and, when our turn came, dispensed with pressure over the anterior chest, using the mirror to determine if there was an appreciable expiration of air from the lungs. We soon decided that there was, and we dispensed entirely with pressure over the chest, still continuing, however, with an operator on each side. This method was further modified by using only one operator as follows:

The operator seated himself at the head of the table, upon a high stool, grasped the patient's arms at the wrists and, with a simple rowing technique, drew the arms in extension. He then allowed them to fall back in flexion over the chest, without any pressure. A stop watch was obtained and the respirations regulated, from 12 to 14 per minute. Under this technique, it was possible for one operator to carry on the work for as long as two hours at a time, without relief and without appreciable fatigue. This enabled us to cut the working force down to two or three and to continue administering artificial respiration for approximately forty-five hours, when the patient succumbed.

Autopsy revealed a basal skull fracture with dissection hemorrhage in the subdural space, laterally, into the region of the medulla. Apparently a lowering of the spinal pressure had enabled the hemorrhage to extend downward far enough to embarrass the respiratory center, without affecting the cardiac center until near the point of death.

After it had been established that the rowing technique was sufficient to maintain life, further observations were made:

First, short pauses were taken at two or three minute intervals when respirations were ceased. Later the pauses were lengthened enough to permit the operator to walk once around the stretcher. A respiratory rate of 14 to 16 per minute seemed to be more than adequate. The rate was then in-

creased to 18 or 20 per minute to obtain hyperaeration, after which a complete cessation of respirations was held for three minutes before there was appreciable cyanosis and change in the heart rate. Color and heart rate remained normal until the last two hours prior to termination, when the patient gradually became cyanotic and the pulse became thready and elevated to 112 to 116 per minute. Muscle tone became gradually less throughout during the last three or four hours of procedure. A rate of 10 to 14 respirations per minute seemed satisfactory.

It is obvious from this case report, as well as from the experience of many of us, that respiratory failure is very startling, to say the least. It requires immediate action if life is to be sustained. Perhaps few of us in our lifetime ever meet the need for rendering artificial respiration. The same may be said for any other emergency; yet we realize that knowing how to cope with an emergency, should it arise, marks the difference between utter frustration in ignorance and the knowledge that we did our best knowingly.

Any accident which causes the cessation of respiration without immediate death calls for artificial respiration at once! Some of these accidents may be caused by drowning, gas, smoke, electric shock, etc. The case recorded above illustrates that there may be other causes, although they are probably rare.

Whatever the cause for artificial respiration, once it is started do not cease until the patient resumes breathing or it is definitely established that he is dead. Especially important is this warning in the case of electric shock where the doctor may have pronounced the patient dead. Keep on! Even the doctor may have misjudged!

### Review of Methods

This brings us to a brief review of artificial respiration, in general. "Artificial respiration is that type of respiration maintained by artificial means." Following are some of the methods used:

*Marshall Hall method:* Place the body prone, gently press on the back, then removing back pressure, turn body on its side and press a little more, repeating this formula sixteen times per minute. This has also been called the prone or postural method of artificial respiration. So far as I know, the technique is not now used.

*Howard's method:* Place the body supine with a cushion under the back, so that the head is lower than the abdomen, with the arms held over the head. Forcible pressure is made with both hands, inward and upward, over the lower ribs about sixteen times per minute. I believe this method, modified, is still used occasionally in the operating room.

*Sylvester method:* Place the patient supine, pull the arms firmly over the head to raise the ribs and keep there until air ceases to enter the chest. The arms are then brought downward to the chest and pressed against it, and held there a second or two, after the air ceases to escape. Repeat sixteen times per minute. This method is still used, particularly in areas where modern first aid has not been taught.

*Schaefer method:* The patient is placed in the prone position with forehead on one arm. Straddle across the patient with knees on either side of his hips; press with both hands firmly upon the back, with hands over the lower ribs, then raise your body slowly at the same time releasing the pressure with your hands. This is known also as the prone pressure method and is quite universally taught and used at the present time.

It is apparent from the above descriptions that there has been a constant search for improvement in giving artificial respiration. The rowing method was discovered not by search for improvement, but wholly by chance.

*Rowing method*: With the patient supine, place yourself at the patient's head. Grasp the patient's arms at the wrists and firmly extend his arms above his head, to raise the chest, keeping them there long enough for air to enter the chest; then rapidly drop the arms back toward the patient's chest, leaving them there long enough for air to rush out of the chest. Repeat this rowing motion ten to twelve times per minute.

The rowing method depends solely for its success upon the fact that the arms are extended over the head and the accessory muscles of respiration are brought into play; they are the pectoralis major and minor, and subclavious muscles. The arms act as levers of the second class, the weight being lifted that of the chest suspended through the above named muscles. There is no pressure brought to bear upon the body at any point. With the patient in a comatose state, being relaxed as he is, the chest is raised with very little effort. As I said before in the above case report, one operator was able to carry on this rowing motion for two hours or more with perfect ease. The operator may even take time out to change position and to pause for a few seconds from his work!

It is evident from the history of artificial respiratory technique that all but one has become obsolete; and that one (prone pressure method) is now being taught quite universally. There are educational films available, together with first-aid teams, to teach the prone pressure method.

It is also evident to any of us who have had actual experience that this method is not entirely satisfactory for the following reasons:

1. It requires several persons to keep the operation going continuously.
2. It often produces trauma to the ribs and other tissues where the pressure is applied.
3. It cannot be used upon a patient supine on an operating table.
4. It does not readily adapt itself to convenient observation and care of the patient.
5. The procedure is that of an entirely negative phase of respiratory mechanism throughout, and admits only a minimum amount of aeration.
6. Mechanically, the prone pressure method is unsatisfactory:

   The mechanism depends upon pressure exerted against the abdominal viscera to force the diaphragm upward and thus produce a slight expiratory phase. The reverse, or inspiratory phase, depends upon the return of the viscera and diaphragm to as near normal position as the entirely relaxed body will permit. Thus the whole procedure allows for only a minimum of aeration.

The rowing technique of artificial respiration has definite advantages over the prone pressure method as follows:

1. It requires only one operator to keep the operation going.
2. Since there is no pressure applied, and the extension of the arms is within normal limits, there is no chance for trauma.
3. It adapts itself to use under any condition where artificial respiration is necessary.†
4. It also adapts itself to convenient observation and care of the patient.
5. The procedure is that of an entirely positive respiratory mechanism throughout, and admits a maximum amount of aeration.
6. Mechanically the rowing technique is satisfactory.

   a. The mechanism depends upon the expansion of the respiratory cage through the pull of the accessory muscles.

   b. The lungs are expanded in a positive phase.

   c. The weight of the anterior chest returning to rest causes the expiratory phase.

   d. Accessory muscle tone remains satisfactory so long as there is tone in other muscles.

   e. The respiratory rate is lower because of greater aeration.

## Summary

A case report of skull fracture needing artificial respiration is given. The Sylvester method was at first resorted to. This was modified to a simpler and easier rowing method, which is described.

The Schaefer and rowing methods are compared. The statement is made that the rowing method adapts itself to use under any condition where artificial respiration is necessary. An exception should have been noted in the case of removing an electric shock victim from a pole, where an anterior-basal-chest-squeeze is used while descending the pole. Drowning cases are no exception since the water should first be drained from the upper respiratory passages before starting respirations. There is also a question of the patient "swallowing" his tongue in the supine position.*

† See exception noted in the author's summary.

* Author's note.—Did anyone ever see a patient with respiratory failure so embarrassed?

See pages 614 to 618 for preliminary program of Centennial Meeting.

# Laboratory Aids of Value in the Diagnosis of Traumatic Shock and Internal Hemorrhage with a Brief Reference to the Use of Blood Plasma as a Therapeutic Agent

By CARL S. WILLIAMSON, M. D.*
*Green Bay*

THE present day order of high speed work and play often leaves an aftermath of industrial and highway accidents. These accidents, because of the terriffic amount of force involved in their production, produce a chain of traumatic insults to the human body rarely encountered in the days of the horse and buggy.

Traumatic shock and hemorrhage, either open or concealed, are important sequela of accidental violence. These two handmaidens of injury have assumed increasing importance to all of us in recent years; so much so that a brief review of the changing trends involved in the differential diagnosis between the two conditions in the light of recent developments is in order.

## Experimental Studies

Etiology of traumatic shock has been under discussion among physiologists and surgeons for years, but until the recent work of Phemister and Blalock the findings of most research workers were indefinite and inconclusive. The building blocks of the syndrome were recognized, but the task of explaining the steps involved in the production of traumatic shock were lacking. Phemister and Blalock, working independently, completed the puzzle; and, like so many intricate problems, when the answer was known the solution in retrospect was less complicated than we had thought.

Cannon, years ago, noted that the blood volume was decreased in experimental shock, and that there was also an associated increase in the solid elements of the blood. His explanation of how these events were brought about has been proven inconclusive. Many observers also noted that the blood-pressure changes in experimental and clinical shock, for the most part, were lowered; thus lowered blood pressure came to be regarded as a necessary accompaniment of traumatic shock. But the experimental work of Moon has proven conclusively that blood pressure changes were unreliable as a diagnostic aid in shock.

Both Phemister and Blalock confirmed the fact that the loss of fluids from the circulating blood occurs through the capillary bed of the injured part, and the additional fact that the fluids which escape through the capillary bed remain in part at the site of injury, producing the well-known edema of injury—and also that much of this fluid passes along the fascial planes to more distant areas. The effect of this plasma loss on the blood volume determines the degree of shock.

The possible clinical importance of these plasma losses on blood volume was alluded to by Moon and his associates from experimental data. These authors observed, as had others, that a hemoconcentration occurred in experimental and clinical shock. They were able to determine that a definite ratio between the degree of hemoconcentration and the degree of shock existed. These changes in hemoconcentration, as evidenced by an increase in hemoglobin, red cell count, and specific gravity of blood were compared with simultaneous blood pressure readings. Hemoconcentration was found to give an accurate index of the state of shock, while blood pressure findings were unreliable and inconstant except in terminal shock. Comparative studies on hemoconcentration in experimental traumatic shock and experimental hemorrhage by these same authors demonstrated that laboratory

* From the department of surgery, Green Bay Clinic. Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

procedures are important aids in differentiating between these two confusing conditions.

In both clinical and experimental traumatic shock, there is a decrease in the total blood volume. The decrease is due almost entirely to loss of blood plasma. This loss in turn results in an increase in the hemoglobin and red cell content of the remaining blood, and a marked increase in specific gravity in the remaining blood volume. This increase in the hemoglobin and red cell content of the blood has long been recognized as a consistent occurrence in traumatic shock, but the importance of the observation in the shock syndrome was not appreciated. In experimental hemorrhage, there is also a decrease in the blood volume, but in this condition all elements of the blood are lost in about equal amounts. In other words, in experimental hemorrhage we have a decrease in the blood volume, a decrease in hemoglobin and red cells, and little, if any, change in the specific gravity.

### Clinical Application

The clinical application of these experimental observations and the evaluation of their possible help at the bedside have been slow. However, the delay has not been because there was not a definite need for help in these seriously injured patients, but rather because there were difficulties in making them available. Many of the most serious highway industrial accidents occur along country roads or in the small village factory. The victim must be hospitalized at the nearest point, and, unfortunately, the small hospital often has neither the facilities nor the personnel required to make rapid and repeated blood examinations, especially specific gravity estimations. And while all surgeons appreciate the importance of early operation for the control of hemorrhage, both external and concealed, they not infrequently find themselves called upon to treat an injured individual who may be suffering from either traumatic shock, a concealed hemorrhage, or a combination of the two conditions. In these cases, they can and must depend upon the laboratory for help in the solution of the dilemma. Blood pressure findings are unreliable, but blood studies will demonstrate if there is or is not a hemoconcentration. In the absence of facilities for specific gravity determinations, a simple red blood cell count and hemoglobin estimation, repeated at short intervals, are often decisive. If the hemoglobin and red cell count of the blood are increased, the case is one of traumatic shock, and surgical intervention is not indicated; but if the hemoglobin content and the red cell count of the blood are reduced and continue to fall, concealed hemorrhage exists and operation must be undertaken without undue delay.

In both hemorrhage and shock, there is a loss of blood volume. The degree of the shock or hemorrhage is to a great extent dependent upon the amount of blood volume lost; a loss of one-fourth or more of the total blood volume is of serious moment. Treatment of both conditions would appear, upon superficial examination, to be the same, but upon investigation this is found not true. In hemorrhage, the indications are to control the loss of blood and to restore all elements lost in the depleted blood, while in traumatic shock the indication is only the restoration of the lost plasma volume. This, too, upon superficial examination, seems easy; but facts do not support the supposition, and, in the search for an ideal medium to restore lost blood volume in both shock and hemorrhage, a variety of solutions have been tried and abandoned as of little or no value, and some which are of value had to be abandoned because of inherent dangers in the solution. Such was the case in gum acacia.

From a theoretical standpoint, whole blood would seem to meet all the requirements as a medium for use in restoring blood volume in both traumatic shock and hemorrhage, but here again the research laboratory has pointed the finger of progress in an unsuspected direction. This is because fundamentally the physiological mechanism which controls the production of the syndrome known as traumatic shock, and that physiological state which comes from hemorrhage, are different in important respects. This explains why whole

blood is not ideal for the treatment of both traumatic shock and hemorrhage, although it contains the necessary elements for the treatment of both conditions.

In hemorrhage, whole blood transfusions are specific in that they serve to replenish both the blood volume and the cellular elements that are lost in the hemorrhage. By means of transfusions of whole blood, the volume of the circulating blood and its contained cellular elements can be restored to any desired level quickly and safely. But in traumatic shock, only the plasma element of the blood is lost. This liquid portion of the blood is important to the patient for several reasons: (a) it contains essential proteins, (b) it maintains a constant ratio between the solids and liquids of the blood, and (c) it is related in some manner to the permeability of the capillary bed.

In view of these facts, let us examine the events which occur when a transfusion of whole blood is used in the treatment of severe traumatic shock. The blood plasma, the essential element of whole blood needed to replace the lost fluid volume, meets all indications; but the blood in the vascular system, already thickened by the loss of its original plasma, is further thickened by the unneeded solids contained in the transfusion. This in turn places a further load on the already distressed circulatory mechanism, and the patient is actually made worse by what we have all in the past been taught to look upon as almost a specific for the treatment of shock. The blood plasma in the transfusion helps him, and the blood cells of this same transfusion injure his chances for recovery.

Mahoney, using the method of Folger and Mudd for the desiccation of human plasma, solved the problem of obtaining the desirable fraction of whole blood necessary for the treatment for traumatic shock. This desiccated plasma not only meets the requirements for restoring the depleted plasma volume in shock, but it has also the added advantage of stability and availability. The plasma may be kept desiccated and under refrigeration indefinitely, and needs only the addition of normal salt solution to restore it to normal volume. It is not necessary, when using desiccated plasma, to cross-match the plasma and the recipient before administration, a point of considerable moment in the large institutions and often next to an impossibility in small hospitals.

Desiccated plasma can also be used as a temporary measure in cases of severe hemorrhage. In these cases, it increases the blood volume and supports the circulation for a few hours or until such time as a satisfactory donor can be found. This product can now be had from the commercial laboratories; but like so many things necessary in the conservation of human life, it is expensive. The cost, however, is small in relation to the value of the product to the victim in the moment of his necessity.

I have attempted to review in part some of the important gains that have been made in our knowledge of the syndromes of traumatic shock and hemorrhage in the past decade. A resume such as this, of necessity, is limited; but it serves to emphasize that the syndrome which we call traumatic shock, while similar to the syndrome following hemorrhage, is different in important respects, and that this difference can be readily detected by laboratory studies which are usually available in all hospitals. If the underlying pathologic physiology in traumatic shock and hemorrhage is recognized early and the proper laboratory aids in the differentiation between the two conditions are employed, the patient in shock will often escape untimely surgery, and the patient with a concealed hemorrhage will be brought to surgery promptly. Furthermore, an understanding of the two conditions has done much to change our ideas in regard to the modern treatment of both shock and hemorrhage.

We have all been taught that whole blood transfusions meet the requirements for the treatment of either traumatic shock or hemorrhage, but here again our colleagues in the laboratory have proven that transfusions of whole blood are not the answer in the treatment of the traumatic shock syndrome. In fact, they may be actually dangerous in cases of severe hemoconcentration, such as occurs in shock, with

impending circulatory failure. Infusions of blood plasma, on the other hand, meet all restorative requirements in the syndrome of traumatic shock, and should be used whenever available for the treatment of this condition.

## Summary

Simple laboratory procedures are of great value in differentiating between shock and concealed hemorrhage. Recourse to frequent red blood cell counts and hemoglobin estimations will often save the patient in shock from being subjected to emergency surgery and afford the patient with a concealed hemorrhage an opportunity to live through early operative treatment. The depleted blood volume in shock is best restored by infusions of human blood plasma, while the lowered blood volume of hemorrhage is best treated by transfusions of whole blood.

## DISCUSSION

S. B. Gundersen, M. D., La Crosse: We are greatly indebted to Dr. Williamson for the excellent presentation of his subject in emphasizing the great importance of distinguishing between shock due to massive trauma and shock due to hemorrhage, concealed or otherwise. As prompt treatment is essential in either case and as the treatments are different, an immediate accurate diagnosis is of the utmost importance. For this, the proper laboratory facilities, though simple, are essential.

In traumatic shock the classical picture is usually one of severe trauma in which large masses of tissue are crushed, and a great percentage of these cases are associated with fractures of the long bones. No time can be wasted in instituting treatment if these patients are to survive. Desiccated plasma, as described in the treatment by Dr. Williamson, should be on hand ready for use. In the case of shock from hemorrhage there must be available blood by Wassermann-negative donors or from a blood bank plus saline and glucose solutions. In these days of automobile accidents, it is important for every hospital, large or small, to be prepared for cases of shock. To be so prepared every hospital must have the simple laboratory equipment necessary and the materials essential to prompt treatment, as mentioned above.

Dr. Williamson dealt with the treatment of shock due to accident. I should like to say a few words about the shock associated with operative procedures which every surgeon must consider carefully in preparing for elective or emergency operations. The patients in whom we anticipate trouble are usually ill and if they have been vomiting or have been sick for a long period of time, prevention of shock may be the decisive factor in success or failure. Preoperative treatment plays an important part, especially in the case of patients chronically ill with gallbladder disturbances, obstruction of the common duct, gastrointestinal diseases, ulcers, carcinoma, diseases of the brain, etc. This treatment should consist of establishing an adequate fluid balance by infusion, blood tranfusions, and supportive treatment. In prevention, during operative procedure, there are four predominant factors to be considered: dehydration, body heat, type of anesthesia, and as short an operative procedure as is consistent with good surgery. In considering dehydration we find that Maddock and Coller have pointed out that the fluid loss during long operations may reach anywhere from 3,000 to 5,000 cc. Of course, this must be replaced by supplying liquids at the time of operation and immediately following by means of whole blood, blood plasma, glucose, bicarbonate solution or saline. The normal body heat must be maintained during these extensive procedures. This can be done by well-known methods. Choosing the type of anesthetic is important. Local anesthetic should be used if possible as any general anesthetic intensifies shock. Spinal anesthetic must be used with caution, but in our experience it is the anesthetic of choice in abdominal and lower extremity surgery. Ether and chloroform are considered dangerous anesthetic agents. Ethylene gas and cyclopropane are probably the safest types of anesthetic. Unfortunately, these last two are not always available and there are not sufficiently well-trained anesthetists in all the smaller hospitals throughout the country for their practical use. Fortunately, the incidence of shock associated with operative procedures has declined markedly. This may be attributed in part to decided improvement in our diagnostic armamentarium, preoperative care, new types of anesthetic, and advancement in surgical technic, also the ability to supply fluid loss at a moment's notice.

The question of treatment of shock should probably be reviewed by all of us, especially in these days of uncertainty when we as physicians may be called upon at any time to take care of these cases on a large scale, and it is our duty to measure up to the standards necessary in taking proper care of these patients. Especially interesting and instructive to me was an article in the British Medical Journal of April 29, 1939, by Colonel E. M. Cowell on "War Wounds and Air Raid Casualties" in which the findings of the Shock Committee in 1917 are carefully reviewed. Dr. W. B. Cannon, of Harvard, one of the outstanding investigators in this field, was a member of this committee. I recommend this article highly.

Finally, in the management of shock we must be able to evaluate treatment. As shock has definitely been shown to be due to inadequate circulation, our results are dependent on restoring blood flow; only when the blood flow to the tissues has been reestablished is our treatment of shock effective.

REFERENCES

1. Blalock, A.: The probable cause for the reduction in the blood pressure following mild trauma to an extremity. Arch. Surg. 22: 598–609 (April) 1931. The importance of the local loss of fluid in the production of the low blood pressure after burns. Arch. Surg. 22: 610–616 (April) 1931.
2. Cannon, W. B.: Traumatic Shock. New York: D. Appleton and Company, 1923.
3. Cobbett, L.: Shock and collapse. Allbutt's System, Medicine III, 320, 1897.
4. Flosdorf, E. W., and Mudd, S.: Procedure and apparatus for preservation in "lyophile" form of serum and other biologic substances. J. Immunol. 29: 389–425 (Nov.) 1935.
5. Levinson, S. O., Neuwelt, F., and Necheles, H.: Human serum as a blood substitute. J.A.M.A. 114: 455–461 (Feb. 10) 1940.
6. Mann, F. C.: The peripheral origin of surgical shock. Bull. Johns Hopkins Hosp. 25: 2052, 1914.
7. Mahoney, E. B.: Study of experimental and clinical shock with special reference to its treatment by the intravenous injection of preserved plasma. Ann. Surg. 108: 178–193 (Aug.) 1938.
8. Moon, V. H.: Early recognition of shock and its differentiation from hemorrhage. Ann. Surg. 110: 260–272 (Aug.) 1939.
9. Parsons, E., and Phemister, D. B.: Haemorrhage and "shock" in traumatized limbs. Surg., Gynec. & Obst. 51: 196–207 (Aug.) 1930.
10. Strumia, M. M., Wagner, J. A., and Monagham, J.: The use of citrated plasma in the treatment of secondary shock. J.A.M.A. 114: 1337–1341 (April 6) 1940.
11. Underhill, F. P., Harris, B. R., and others: Blood concentration changes in extensive superficial burns. Arch. Int. Med. 32: 31–49 (July) 1923.
12. Vale, F. P.: Concentration of the blood. M. Rec. 66: 325, 1940.


# Congenital, Developmental and Acquired Characteristics of the Spine and Their Relation to Injury*


By MERRITT L. JONES, M. D.

*Wausau*


INJURIES to the spine and their evaluation from an industrial angle have always been a most difficult problem to the clinician. From an anatomical and developmental standpoint, the spine is such an exceedingly complicated structure that the average physician possesses only a limited knowledge as to the details of its architecture and mechanics. Anatomical textbooks devote too little attention to this important region. In cases where compensation is a factor, many patients present histories and allege symptoms which tend to be misleading and further obscure the picture.

Since abnormalities of the spine are so frequent and of so many varieties, it is of considerable importance that the physician be familiar with most of them in order properly to differentiate these conditions from old or recent injuries.

Adequate x-ray pictures and their correct interpretation cannot be overemphasized. Many patients require, in addition to the usual anteroposterior and lateral views, shallow and deep oblique exposures, before a diagnosis can be made. Frequently the difficulty is underestimated so that errors in interpretation are not uncommon.

* Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

## Normal Variations

Chronologic changes or normal variations peculiar to certain ages are important. In infancy and early childhood the contour of the vertebral body, as shown in the profile, is oval, and the intervertebral spaces wide. In adolescence the vertebrae are octagonal, and later become rectangular. In advanced years they frequently become demineralized and concave. In early life the anterior bodies of the vertebrae may be notched or segmented, with a horizontal line extending across their midportion. This represents the entrance of the nutrient vessels and the large venous sinuses. Not infrequently vestiges of this condition persist into adult life, and, when localized to one or more vertebrae, have been misinterpreted as being due to injury.

During adolescence the so-called secondary epiphyses appear. Those on the body of the vertebrae appear as separate triangular bone fragments at the anterior superior and anterior inferior angles. Seen on isolated vertebrae, and persisting beyond the normal time of fusion, they have frequently led to the diagnosis of fracture. Juvenile kyphosis, or Scheuermann's disease, results from an epiphysitis of either the primary or secondary centers. This

leads to wedging of the vertebrae and often fragmentation of the upper and lower epiphyseal plates. The end result of this condition has been wrongly diagnosed as a compression fracture, especially in cases in which the patient gives a history of recent trauma.

The changes incident to age, as well as to the stress and strain of life, are many and often confusing. Spurring, lipping and shifting of the vertebrae occur. Changes in the contour of the body are common, as well as marked changes in the intervertebral disks. The collapse of certain vertebrae, with nerve root pain, is not at all rare, and, in the presence of even a minor trauma, has been placed at the door of industry. Aggravation of such conditions due to trauma is also frequently vouched for by the attending physician. Not infrequently, calcification of certain ligaments of the spine takes place, which may assume importance in cases examined for injury.

### Developmental Anomalies

Developmental anomalies constitute one of the most difficult problems in x-ray interpretation. The first anlage of the spine is a longitudinal column of interdermal cells, called the notochord, on each side of which there are paraxial masses of mesodermal cells. These paraxial masses undergo segmentation to form about thirty-seven somites. From these the sclerotomes are formed. These are the anlage of the vertebrae and grow forward on each side to inclose the notochord. The sclerotomes of two adjacent somites eventually form an individual vertebra, which is located opposite an intersegmental septum with its vessels. Loose mesodermal tissue forms the intervertebral disk, while the notochord in the center of the disk persists as the nucleus pulposus. The vertebral body is first laid down in cartilage, and is divided into right and left halves by a septum. At a later date they become fused.

Ossification occurs through three primary centers located in the body and in each arch respectively. Secondary or accessory centers appear as early as the sixth and as late as the seventeenth year. There are usually five or more of these, which are located at the tips of the spinous processes, the tips of the transverse processes and in the epiphyseal plates. Frequently independent centers appear in the facets and also in the cervical and lumbar regions, where they constitute the costal elements.

### Congenital Malformations

Variations in ossification with incomplete and abnormal development lead to many congenital malformations. Any part of the vertebra may show these changes. The spinous processes are often irregular in size and outline, and may be bifid. This is particularly true of the second cervical spine, which may be long and irregular with what appears to be a deformed tip that is easily confused with an injury. In the neck and in the lumbar region we frequently find extra ribs. The latter occur in about 10 per cent of spines and may be confused with persistent epiphyses or fractures.

Persistent epiphyses and extra epiphyses are not at all rare, and are seen particularly at the tips of the spinous and transverse processes. Similar unfused centers occur about the articular facets. Here they give the appearance of fissures.

These various conditions are distinguished from bony injuries in that the lesions are often bilateral. There is a sharp cortical outline, the fragment is larger or shows an irregularity of shape not consistent with an injury. There is not any off-set of the fragment, nor are there signs of irritation or attempts at repair.

The articular facets are normally crescentic and slightly oblique. The superior facets are slightly hollowed out and cup-like, while the inferior facets are slightly convex. They may, however, face laterally or in a coronal or caudad-cephalad direction. These variations often appear in combinations. Such conditions frequently cause shadows in the region of the lamina, that are difficult to evaluate. This is particularly true in the inferior facets of the fifth lumbar vertebra.

Variations in segmentation, as well as supernumeration or irregulation of the ossification centers, lead to many deformities,

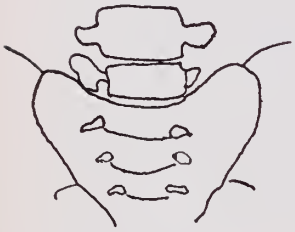
*(Continued on page 578)*

Open sacrum

Horizontal sacrum

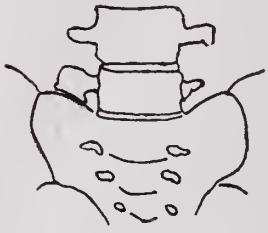
Spondylolisthesis, 5th on sacrum

Spondylolisthesis, 4th on 5th



Butterfly-type transverse process, 5th left

Impingement transverse process on sacrum, 5th left



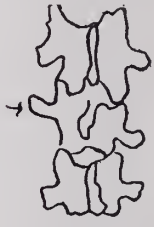
Articulation transverse process on sacrum, 5th left

Complete fusion transverse processes, 5th with sacrum

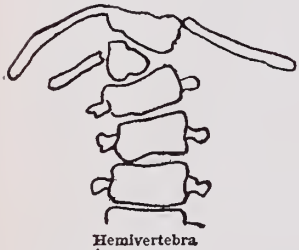
Six lumbar vertebrae

Four lumbar vertebrae

Juvenile kyphosis (Scheuermann's disease)



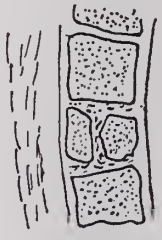
Wedge-shaped vertebra



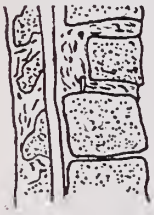
Hemivertebra

Fusion of vertebrae (Block vertebra)

Lumbarization of sacrum

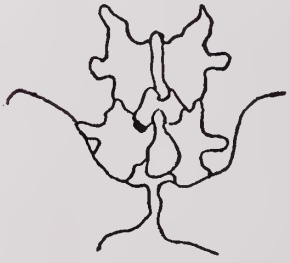


Tube of nuclear material joining two disks

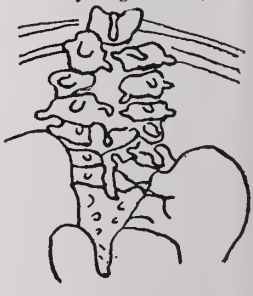


Band of chorda tissue bridging two disks

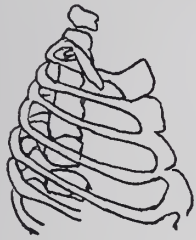
Absence lower part of sacrum



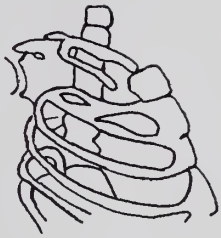
Absent sacrum



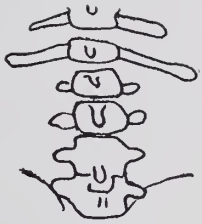
Double spine



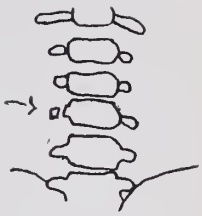
Cervical rib



Congenital malformation of ribs



Long lumbar ribs



Lumbar rib, 3rd lumbar, left

Notched or segmented vertebrae

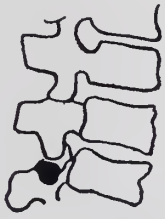
Secondary epiphysis on vertebral bodies

Various deformities—spines of cervical vertebrae

Persistent epiphysis, spines of cervical vertebrae

Massive fused spines, lumbar vertebrae

Persistent epiphysis, articular facet, 4th lumbar, left



Persistent epiphysis, articular facet, 4th lumbar, left

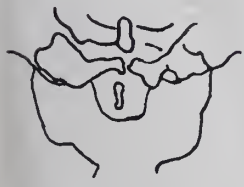
Sacrum showing normal crescentic facets

Normal facing of articular facets

Articular facets facing in coronal plane

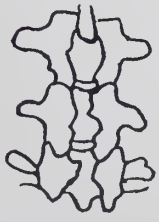
Articular facets facing caudad-cephalad

Combination of normal and caudad-cephalad articular facets



Lack of fusion of lamina, 5th lumbar vertebra, with displaced spinous process

Spina bifida at 5th lumbar



Spina bifida involving 3rd, 4th & 5th lumbar vertebrae

Floating lamina, 5th lumbar vertebra

such as transitional vertebrae, numerical variations, wedge-shaped vertebrae, hemivertebrae and fusion of one or more vertebrae (Block vertebra). The fifth lumbar vertebra may take on the characteristics of the sacrum, or the upper part of the sacrum undergo lumbarization. Double spine, marked deformities of the sacrum, and absence of the sacrum have been reported.

Failure of fusion of the spinal laminae is quite common. This often appears as a cleft, or the defect may be gross, resulting in a spina bifida occulta or vara.

The fifth lumbar vertebra shows more anomalies than any of the others. The most common ones have to do with the transverse processes or articulations. The former may be rudimentary, large and slender or broad and massive. They may impinge on, articulate with, or be fused to the top of the sacrum.

Congenital conditions at the lumbosacral joint vary from disturbances in the normal angle to spondylolisthesis. The sacrum may be of the horizontal type and marked enough to give the impression of a backward displacement of the fifth lumbar vertebra on the sacrum. Spondylolisthesis, or a subluxation of the vertebra, is usually associated with a failure of fusion of the lamina in the region of the isthmus.

---

Congenital, developmental and acquired characteristics of the spine are important to the clinician because a knowledge of them is essential to an accurate diagnosis. It is a frequent experience to hear testimony in court that such changes represent traumatic conditions. Many of them exist without the patient's knowledge, and are discovered incidental to other examinations. Even gross abnormalities can exist without symptoms and, in many patients with symptoms, there is no history of trauma. Those conditions which weaken the architecture of the spine, and create abnormal stress and strain, usually cause pain. Rarely trauma may bring to light an inherent weakness. Each individual case must be judged on its own merits. We should keep in mind that individuals with even gross abnormalities may suffer from the same injuries as do patients with normal spines, and should be treated in the same manner. To concentrate on the abnormality, and perhaps advise drastic surgery, is not only unfair to the patient, but to industry as a whole.

### REFERENCES


Bailey, W.: Anomalies and fractures of the vertebral articular processes. J.A.M.A. 108: 266–270 (Jan. 23) 1937.

Beadle, O. A.: The intervertebral discs. Med. Research Council of Great Britain, Special Report Series No. 161, October 23, 1931. London: His Majesty's Stationery Office, 1931.

Buchman, J.: Platyspondyly. Arch. Surg. 34: 23–81 (Jan.) 1937.

Clarkson, W., and Barker, A.: Lumbosacral anomalies as a cause of low backache. South. M. J. 31: 515–520 (May) 1938.

Le Cocq, E.: Anomalies of the lumbosacral spine. Am. J. Surg. 21: 118–126 (Oct.) 1933.

Dittrich, R. J.: Low back pain and spina bifida occulta. Am. J. Surg. 43: 739–745 (March) 1939.

Evans, W. A.: Abnormalities of the vertebral body. Am. J. Roentgenol. 27: 801–817 (June) 1932.

Goldthwait, J. E.: Variations in anatomic structure of lumbar spine. J. Orthop. Surg. 2: 416 (July) 1920.

Goodwyn, T. P.: The effect of trauma on the mechanically weak back. Am. J. Surg. 42: 577–581 (Dec.) 1938.

Grausman, R. I., and Sutro, C. J.: Comparative radiologic and anatomic study of vertebral columns. Am. J. Surg. 30: 551–554 (Dec.) 1935.

Haas, S. L.: Study of fusion of the spine with particular reference to articular facets. J. Bone & Joint Surg. 18: 717–723 (July) 1936.

Hipps, H. E.: Fissure formation in articular facets of the lumbar spine. J. Bone & Joint Surg. 21: 289–303 (April) 1939.

Hitchcock, H. H.: Spondylolisthesis. J. Bone & Joint Surg. 22: 1–16 (Jan.) 1940.

Kleinberg, S.: Spondylolisthesis. Am. J. Surg. 10: 521–529 (Dec.) 1930.

Lavelle, J.: Congenital malformation of the cervical spine. Brit. J. Radiol. 12: 96–98 (Feb.) 1939.

Mayer, Leo: Treatment of congenital scoliosis due to a hemivertebra. J. Bone & Joint Surg. 17: 671–678 (July) 1935.

Mensor, M. C.: Injuries to the accessory processes of the spinal vertebrae. J. Bone & Joint Surg. 19: 381–388 (April) 1937.

Meyerding, H. W.: Spondylolisthesis. Surg., Gynec. & Obst. 54: 371–377 (Feb. No. 2A), 1932; J.A.M.A. 111: 1971–1976 (Nov. 26) 1938; J. Bone & Joint Surg. 13: 39–48 (Jan.) 1931.

Mitchell, G. A. G.: Lumbosacral junction. J. Bone & Joint Surg. 16: 233–254 (April) 1934.

Nathan L., and Kuhns, J. G.: Epiphysitis of the spine. J. Bone & Joint Surg. 22: 55–62 (Jan.) 1940.

Oppenheimer, A.: Diseases of apophyseal articulations. J. Bone & Joint Surg. 20: 285–313 (April) 1938.

Stewart, T. D.: Spondylolisthesis without separate neural arch. J. Bone & Joint Surg. 17: 640–648 (July) 1935.

Taylor, R. G.: Anomalies of the lumbosacral articulations. J.A.M.A. 113: 463–465 (Aug.) 1939.
Wagner, L. C.: Congenital defects of the lumbosacral joints. Am. J. Surg. 27: 311–327 (Feb.) 1935.
Wagoner, G., and Pendergrass, E. P.: Intrinsic circulation of the vertebral body. Am. J. Roentgenol. 27: 818–826 (June) 1932.
Williams, P. C.: Lesions of the lumbosacral spine. J. Bone & Joint Surg. 14: 690–703 (July) 1937. Anomalies of the lumbosacral spine. Radiology 30: 361–369 (March) 1937.
Willis, T. A.: Low back pain; the anatomical structure of the lumbar region, including variations. J. Bone & Joint Surg. 19: 745–748 (July) 1937.

# Influenzal Meningitis Treated With Sulfanilamide and Spinal Drainage; Recovery*

By M. M. BAUMGARTNER, M. D., and THOMAS O. NUZUM, M. D.
*Janesville*

IN VIEW of the high mortality associated with influenzal meningitis, successful treatment of this disease by the use of any relatively new therapeutic method is of special importance. Only by accumulated reports on such cases can the methods of treatment be evaluated.

## Review of Literature

A review of the recent literature on the treatment of influenzal meningitis shows a gradual change in the methods employed, with a decreasing mortality which, however, still remains very high. Thus Jones[1] reports five cases in children treated with lumbar puncture without recovery, and one case of a child, 2 years and 10 months of age, with recovery. Treatment in this case was with antimeningococcal serum intrathecally, repeated lumbar puncture and sulphonamide P, one-half tablet twice daily from the second day of illness. He cites a report by Bloom (1931) who collected from the literature up to 1930 a total of 302 cases with a mortality rate of 92 per cent. Jones was able to find reported only fifty cases of recovery from this disease including his one case. He discussed the treatment recommended by Ward and Fothergill (1932) employing anti-influenzal horse serum, 15 cc. plus 6 to 8 cc. of normal human serum twice daily, once into the lumbar thecal space and once into the lateral ventricle, with intravenous injection of 50 cc. of serum if the blood culture is positive. This treatment in fifty cases reported by Ward and Wright (1932), Pittman (1933), Huntington and Wilkes–Weiss (1936), Ward and Fothergill (1932) resulted in only three recoveries.

Watson–Williams[2] reported recovery in one adult with influenzal meningitis following the use of frequent lumbar puncture, and colloidal silver (Collosol Argentum) intravenously.

Gordon[3] reported a recovery from influenzal meningitis in a 7-year-old male following complete mastoidectomy with wide decompression of the bone of the floor of the middle fossa, plus the use of prontylin in 5 to 10 grain doses every four hours, six doses of 5 cc. each of prontosil at four-hour intervals, and two blood transfusions.

Brown, Emswiler and Reck[4] reported recovery from influenzal meningitis following mastoidectomy. Treatment consisted of continuous spinal drainage, prontosil, 10 cc. intramuscularly twice daily for three days, followed by sulfanilamide, 2 grams in divided doses, daily for three days and then 20 grains daily for eleven days. Three blood transfusions were given. The authors felt that chemotherapy might have been of some benefit and that further clinical trial of this drug was indicated in the treatment of influenzal meningitis. They cited reports from several authors with recovery only in a case reported by Young and Moore in which anti-influenzal serum and sulfanilamide were used.

Young and Moore[5] reported a case of influenzal meningitis in a 5-year-old child with recovery following blood transfusions, anti-influenzal serum and sulfanilamide. They cited a report by Neal and associates in a series of 111 cases with a mortality rate of 96 per cent; a report of Silverthorne, Fraser and Snelling of a series of seventy cases with a mortality rate of 98 per cent prior to 1930 and another series of thirty-six cases since 1930 with a mortality rate of 72 per cent in which the improved results were attributed to the use of serum according to the method of Fothergill.

Teggart[6] reports a case of influenzal meningitis in a 60-year-old male with recovery following daily spinal puncture for four days and soluseptasine (May and Baker's preparation of the sulfanilamide series), 3 grams per dose every eight hours for seven days.

Folsom and Gerchow[7] reported a case of influenzal meningitis in a 10-year-old male with recovery following daily cisternal and lumbar punctures and drainage and irrigation with normal saline solution followed by instillation of 1 per cent sulfanilamide in normal saline solution into the cisterna magna, the amount of solution being 10 to 20 cc. less than the quantity of spinal fluid removed. In the evening lumbar puncture only was performed, followed by similar introduction of 1 per cent sulfanilamide solution in normal saline. Prontosil was given, 10 cc. intramuscularly daily, until the patient was able to retain sulfanilamide orally. Thereafter 5 grains of sulfanilamide were given every four hours until the spinal fluid became sterile on the sixth day of treatment. The dosage of drug used in this case was not large.

The Massachusetts General Hospital[8] reports a case with autopsy on an 8-month-old child treated with anti-influenzal and human serum according to the method of Fothergill, 15 grains of sulfanilamide daily for seven days, followed by prontylin, 7.5 to 15 grains daily for twenty-two days. Complications noted at autopsy consisted of bilateral otitis media, bilateral ethmoid sinusitis, thrombophlebitis of the superior longitudinal and right lateral sinuses and septicemia (pneumococcus, type 3).

Bachhuber[9] reports a fatal case of influenzal meningitis. Treatment consisted of prontosil orally and sulfanilamide orally, subcutaneously and intra-

* From the Pember–Nuzum Clinic.

spinally. The patient died on the thirty-sixth day of illness. The author believed that failure to sterilze the spinal fluid and effect a cure could be explained by insufficient concentration of the drug in the spinal fluid.

Neal[10] reported a series of eighteen patients with influenzal meningitis treated with specific serum intraspinally and intravenously, with prontosil intraspinally, and sulfanilamide by other routes. There were two recoveries.

In a discussion of this report, R. C. Eley[10] reported a series of ninety-six patients with influenzal meningitis treated with specific serum in which there were six recoveries; six additional patients were treated with combined serum and sulfanilamide without recovery; one other patient received sulfanilamide in an amount sufficient to produce a spinal fluid concentration of 25 mg. per cent and recovered. He suggests that better results might be obtained if larger amounts of the drug were used in the treatment of this disease. He suggests also that since it has been shown that spinal fluid concentration of the drug is nearly equal to that in the blood stream following oral administration there is no need for intraspinal administration. In cases in which the drug cannot be given orally, he uses 0.8 per cent solution of the basic salt in physiologic solution of sodium chloride.

Neal, Appelbaum and Jackson[11] report a series of ten patients receiving sulfanilamide in combination with specific serum therapy with one recovery. The authors expressed doubt as to the value of sulfanilamide in the treatment of influenzal meningitis.

Hamilton and Neff[12] report a case of influenzal meningitis in a 2-year-old female, with positive spinal fluid and blood culture, treated with sulfapyridine plus supportive therapy. The patient recovered. They cited a report of Barnett and Hartman who treated two cases of influenzal meningitis with sulfapyridine without recovery, Teggart who reported one case of influenzal meningitis with recovery treated with soluseptesine and lumbar puncture, and Silverthorne, Fraser and Snelling who from 1930 to 1937 reported a series of cases of influenzal meningitis with 72 per cent mortality, the treatment being anti-influenzal horse serum and guinea pig complement intrathecally.

## Case Report

During the night of December 5, 1939, Mrs. J. S., a white woman, aged 39 years, was admitted to the hospital in coma. Pain had begun in the right ear one week previously, following forceful blowing of the nose. She had been subject to recurrent pain in this ear for many years following an otitis media complicating scarlet fever. Two days before admission, paracentesis had been done and had been followed by severe occipital pain which was unrelieved by a hypodermic injection administered twelve hours previously. Coma developed several hours before admission.

The patient was extremely restless so that physical examination was done with difficulty. There were few positive findings. The temperature was 103.6 F., rectally, the pulse 78 and respiratory rate 40. There was rigidity of the neck muscles with some hyperextension. The eyes rolled aimlessly and the pinpoint pupils were equal, reacting sluggishly to light. Kernig's and Brudzinski's signs were negative. There was a suggestion of a Babinski reaction on the right. The deep tendon reflexes were slightly hyperactive.

There was a trace of albumin in the urine. The blood count showed 22,200 leukocytes, 30 per cent stab forms, 97 per cent neutrophiles, hemoglobin 82 per cent, and 4,300,000 erythrocytes per cm. The spinal fluid was very cloudy and under slightly increased pressure. The fluid was frankly pussy and an estimate of 80,000 cells per cm. was made. The smear showed some pleomorphic granular bacilli, many of which were intracellular and identified by culture as B. influenzae. The sedimentation rate was 60 per cent in one hour (Cooper's method).

She was immediately placed on oral sulfanilamide therapy in an attempt to keep the blood level at least at 15 mg. per cent and preferably at 20. The treatment is summarized in table 1. In addition to sulfanilamide, the spinal fluid was drained daily (table 2). On the fourth and fifth days the

TABLE 1.—*Sulfanilamide in Blood and in Spinal Fluid*

| | | Blood-Sulfanilamide | | Spinal Fluid-Sulfanilamide | |
|---|---|---|---|---|---|
| Hospital Day | Daily Dosage Gm. | Hour | No. of Mg. | Hour | No. of Mg. |
| 1st | 11.33 | | | | |
| 2nd | 4.67 | 8:00 a. m. | 25 | | |
| | | 4:00 p. m. | 18 | | |
| 3rd | 5.33 | 9:00 a. m. | 21.8 | | |
| | | 4:00 p. m. | 20.0 | | |
| 4th | 2.33 | 8:00 a. m. | 25 | | |
| | | 6:00 p. m. | 5 | | |
| 5th | 9.67 | 8:00 a. m. | 22 | 8:00 | |
| | | 6:00 p. m. | 18 | a. m | 20 |
| 6th | 5.33 | 8:00 a. m. | 15 | | |
| | | 6:00 p. m. | 18 | 6:00 | |
| 7th | 4.67 | 8:00 a. m. | 22 | p. m. | 15—#1 tube* |
| 8th | 3.0 | 8:00 a. m. | 14.9 | | 10—#2 tube |
| | | 6:00 p. m. | 17.5 | | |
| 9th | 4.33 | 8:00 a. m. | 14.0 | | |
| | | 6:00 p. m. | 12.0 | | |
| 10th | 2.0 | 8:00 a. m. | 20.0 | | |
| | | 6:00 p. m. | 21.0 | | |
| 11th | 1.33 | 8:00 a. m. | 9.9 | | |
| 12th | 2.0 | 2:00 p. m. | 1.9 | | |
| 13th | 2.0 | 8:00 a. m. | 7.7 | | |
| 14th | 1.33 | 8:30 a. m. | 3.2 | | |
| 15th | 2.0 | | | | |
| 16th | 1.33 | 8:00 a. m. | 6.6 | | |
| 17th | 1.0 | | | | |
| 18th | 2.0 | | | | |
| 19th | 2.0 | 8:00 a. m. | 7.5 | 8:00 | |
| 20th | 2.0 | | | a. m. | 3 |
| 21st | 2.0 | | | | |
| 22nd | 2.0 | 8:00 a. m. | 9 | | |
| 23rd | 0.67 | | | | |
| 24th | 0.0 | 8:00 a. m. | 3 | | |

* Order of collection during hypotonic venoclysis.

TABLE 2.—*Spinal Fluid Examination*

Dec. 5, 1939——Spinal fluid cloudy; cell count 80,000. Grams stain reveals pleomorphic gram—negative bacilli. The predominating type is a short bacillus at times in diplococcal form. Consider influenza and diptheroid bacilli.

Bacteriological report—cultures show B. influenza.

| | | |
|---|---|---|
| Dec. 6, 1939 | cell count | 2,500 |
| Dec. 8, 1939 | cell count | 8,192 |
| Dec. 9, 1939 | cell count | 2,000 |
| Dec. 10, 1939 | cell count | 2,600 |
| Dec. 15, 1939 | cell count | 8 |
| Dec. 23, 1939 | cell count | 11 |

*(Continued on page 634)*

# COMMENTS ON TREATMENT

EDITORS
A. J. Quick M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

### Prevention of Bleeding in the Newborn

In September, 1939, the writer summarized in this Journal the possible usefulness of vitamin K in the treatment of hemorrhagic disease of the newborn. He suggested that it should be used immediately at the slightest sign of bleeding, or if intracranial injury is suspected. He also recommended its use as a preoperative preparation if a surgical emergency arises in a young infant.

In the two years since the article was written the usefulness of vitamin K has been amply verified and much progress has been made in the development of potent preparations having vitamin K activity.

Vitamin K from natural sources has been largely replaced by synthetic compounds. Of these, 2 methyl 1,4 naphthoquinone is the one employed most extensively. It has recently been given the official name of "Menadione." It is available commercially as an oily solution enclosed in a soft gelatin capsule. Each contains 1 to 2 mg. of the active compound.

It is administered orally, but preparations are available for intramuscular injection. It is a general practice to give bile salts when the material is taken orally to facilitate absorption of the vitamin from the intestine. For parenteral administration bile salts are unnecessary.

A number of compounds can be given intravenously. Among these are: 2 methyl 1,4 naphthohydroquinone, 3 sodium sulfonate (Hykinone, Abbott Laboratories); 4 amino, 2 methyl naphthol hydrochloride (Synkamin, Parke Davis & Co.); 1,4 dihydroxy, 2 methyl 3 naphthol aldehyde (sodium salt); and 2 methyl 1,4 naphtho-hydroquinone disulfuric acid (sodium salt).

With the availability of active vitamin K at a moderate cost, the trend has been to use it prophylactically, rather than to wait until frank bleeding occurs. It will be recalled that the hemorrhagic diathesis is due to a low prothrombin level brought about by a vitamin K deficiency.

One of the most effective methods for preventing the hypoprothrombinemia of the newborn is by the administration of 2 methyl 1,4 naphthoquinone to the mother shortly before delivery. A good plan is to give orally one capsule (containing 1 mg.) during the first stage of labor, and to give a second capsule if delivery has not occurred in ten hours. While the oral method is by far the simplest, the administration of some form of vitamin K intravenously is preferable if the delivery is apt to occur quickly. A number of compounds already enumerated are suitable for this purpose. 4 amino 2 methyl 1 naphthol hydrochloride (Synkamin) has been found satisfactory. The dose is 1 mg. dissolved in 1 cc. of water.

The drop in prothrombin and therefore the liability of hemorrhage can also be prevented by early feeding of diluted cows' milk to infants shortly after birth. In a Norwegian clinic this routine has been found very effective, but it seems possible to improve it by giving a small amount of vitamin K with the milk. This can be done by emulsifying 0.5 cc. of an oil solution of menadione (containing 0.5 mg.) with a third of an ounce of diluted cows' milk (1 part of milk with 1 part of water). Two or three such feedings during the first twenty-four hours should be sufficient.

These preventive measures are recommended particularly for reducing the incidence of intracranial hemorrhage. Vitamin K is so effective and prompt in its action that other forms of hemorrhage are usually readily controlled, but the slow, insidious cerebral bleeding often has done its irreparable harm before its presence is recognized. In some clinics in which vitamin K is given routinely either to the mother or to the child shortly after birth, the incidence of intracranial hemorrhage appears to be on the decrease. Further statistical reports will be awaited with interest. — ARMAND J. QUICK, M. D., Milwaukee.

## J. George Crownhart

Born in Superior, Wisconsin, October 8, 1896; a son of the late Justice Charles H. and Jessie Elizabeth Evans Crownhart. University of Wisconsin, B. A., 1921. Married to Hildegarde Wooll, Janesville, 1926. Survivors: his widow and two children, Elizabeth Ann and George William, his mother, and a brother, Charles H.

Enlisted in U. S. A., February 21, 1918, Jefferson Barracks, Missouri; private, first class, 117th Ordnance Department Company, Camp Green, North Carolina; bayonet instructor, Ordnance Department; later attended Ordnance Training Camp, Camp Hancock, Georgia; discharged December 4, 1918, Camp Gordon, Georgia. Commissioned as second lieutenant in Wisconsin National Guard Reserves, September 19, 1919; resigned April 1, 1921. Commissioned as captain and aide-de-camp in Wisconsin National Guard, April 2, 1921; commissioned as major, Ordnance Department, December 1, 1921, headquarters 22nd Cavalry Division; resigned (honorable discharge) December 31, 1926.

Secretary, State Medical Society of Wisconsin, 1923–1941; managing editor, Wisconsin Medical Journal, 1923–1941; secretary, Wisconsin Hospital Association, 1930–1937; acting chairman, Subcommittee on Health and Disability of Governor's Citizens' Committee on Public Welfare, 1936–1937.

Author and co-author of "Who's Who at Wisconsin," 1920; "Medical Blue Book of Wisconsin," 1928 and 1929; "Sickness Insurance in Europe," 1938, and numerous papers.

Member, Wisconsin Historical Society, American Hospital Association, Wisconsin Press Association, National Collegiate Players, Phi Kappa Phi, Pi Epsilon Delta, Chi Phi, and White Spades. Republican and Rotarian.

# Jesse George Crownhart

George Crownhart is gone. I was with him almost constantly during the week in Cleveland and have never known him in a happier frame of mind.

In addition to his usual intense interest in the proceedings of the House of Delegates of the American Medical Association, he was ever watchful for word as to the Wisconsin legislature. On the afternoon of the last day that he was with us, he received a telegram from George Larson telling him that the legislature was about to adjourn. In his quiet way he showed his great joy and satisfaction that once again efforts, which he credited to the State Medical Society, were successful in preventing the enaction of any legislation detrimental to the health of the public.

The entire medical profession of Wisconsin and thousands of others, in and out of this state, mourn the untimely passing of this most outstanding figure. He did more to promote measures for the benefit of public health, and to oppose movements detrimental to the best interest of public health in this state, than any other individual that I have known.

The loss to the people of this state and the medical profession is inestimable. The loss to the bereaved family is greater, and to them the profession extends its deepest, most heartfelt sympathy.

Those of us who were close to the sad happening have had from the family a lesson in courage, fortitude and bravery. While our heads are bowed in sorrow, we cannot refrain from raising them in admiration of the splendid example of these qualities shown by the family during the trying hours.

And now, a tribute to George from the intimacy of a close family friendship from the Wisconsin lawyer, publicist and historian, who eighteen years ago told the profession of George's unusual abilities, is that of Fred L. Holmes who expresses for us that which is so close to our hearts.—STEPHEN E. GAVIN, *Chairman of Council.*

---

Not until Jesse George Crownhart had been called by death on June 5 did I fully comprehend his philosophy of life. Then a realization came that the tenor of his service was compassed by a meaning as comprehensive as charity itself. Often he would quote at the district meetings a phrase to the effect that the man who held the disc of the dollar too close to his eyes could see naught else.

Now that he has closed his secretaryship of eighteen years with the State Medical Society of Wisconsin, I have become conscious that this creed guided him in the acts and decisions he made in directing the work of that organization. Service to others was the prime consideration in the policies advocated by him and approved by the Society.

When I say that more progress was made in the past two decades of his service than in forty years before, I am casting no reflection on others. George Crownhart, and I shall always remember him as "George," gave to

the medical profession new goals for which to strive, not for the physician alone but for the state primarily.

Long before his coming there had been a conscientious movement to strengthen the health laws of the state; to rid the medical profession of all taints of quackery; to bring physicians into closer union that they might better serve their patients. Time and again the legislature adjourned without giving what I thought, at least, was a decent consideration of its proposals. Time and again quackery gained a foothold.

George Crownhart came with a new idea. The people must be educated. He proposed to spread light into dark places. To do this he established a weekly news service to the dailies of Wisconsin; he inaugurated a radio service; he sent the physicians of the state to public meetings to discuss health proposals. He offered his own brilliant talents to all audiences that would listen.

That policy of enlightenment helped to renovate the health laws of the state. And it placed the medical profession on a plane that gave back the highest ideals of its calling.

It was only when I paused to think of George Crownhart and my almost daily contacts with him that I became fully aware how ably equipped he was for the complete service he rendered. He had a home background that offered inspiration. He was a son of Justice and Mrs. Charles H. Crownhart, Sr. His university course was interrupted by the World War, but he returned to Madison and graduated with a B. A. Degree at the University of Wisconsin in 1921. After that, for two years he was a writer for the largest news service operating at the Capitol, serving over thirty papers, including the Milwaukee Sentinel, Capital Times and Superior Telegram. In 1923 he became secretary of the State Medical Society, and in 1930 accepted the added duties of secretary of the Wisconsin Hospital Association.

But his greatest service to his employers and the state came in the last five years. When the question of socialized medicine came into the political arena, the Society sent George Crownhart to Europe to study the problem. He was told that if socialized medicine was best for the people, then he was to find the way to set it up; if it appeared detrimental, he was asked to be equally frank in making his report. George Crownhart became convinced that socialized medicine as practiced in Europe would lower the health and medical standards in Wisconsin and the nation. He backed up his conclusions by writing the ablest report I have yet to read on the subject. He answered the inquiring call of Wisconsin people who wanted to hear the facts. That report and those addresses robbed socialized medicine of its socialized frenzy.

Perhaps as physicians we should frankly confess that the idealism which George Crownhart advocated exalted us also.

Light became to George Crownhart a symbol of truth. I think it was Plato who wrote that "light is the shadow of God." At least, I shall always believe that it was while acting as a messenger of light that George Crownhart was called home. Every patient and physician in Wisconsin has been blessed by his useful life.—Fred L. Holmes.

## J. George Crownhart*

THERE are so few indispensible men that when one who approaches indispensibility passes from the scene, the loss transcends the bonds of personal grief.

Whatever George Crownhart did he did well. He accepted a professional career of the sort which too often becomes a time-serving job, and became, instead, the outstanding man in his field in the United States. Whenever he assumed a community task for his city or his state, he did it just a little better than other men usually do. He brought a fine intelligence and idealism to the building of his home, and, as husband and father, he created a beautiful family life which friends salute with reverence.

There were so many facets to his life and they all sparkled so brilliantly that it is difficult to select just a few for comment. He leaves to his children an heritage of affection and decency, accomplishment and service and high ideals; to his profession, a standard and a competency that successors will find it difficult to equal.

* Wisconsin State Journal, June 7, 1941.

## Death of J. George Crownhart*

NEWS of the sudden death of J. George Crownhart, executive secretary of the State Medical Society of Wisconsin, will come as a shock not only to the members of the Society throughout the state, but to his many friends in the newspaper fraternity.

Mr. Crownhart had gone to Cleveland to attend a session of the American Medical Association and on arriving in his room at the hotel suffered a heart attack and died immediately.

Mr. Crownhart was born in Superior, the son of Justice Charles Crownhart who served in the supreme court until the time of his death in 1930. While his father resided in Madison, George attended the schools there and graduated from the University of Wisconsin in 1921. For the next few years he served as a free lance writer for several newspapers and in 1923 assumed the position that he held up to the time of his death.

We have known Mr. Crownhart for a great many years, and his untimely death is a loss to the State Medical Society. He had become an authority on medical subjects during his reign as secretary and repeatedly appeared on medical programs.

To us he was known as "George," and the whole press of Wisconsin mourns his death and extends sympathy to the surviving members of his family.

* Sheboygan Press, June 6, 1941.

"I feel very deeply the loss of a good friend whom I respected and loved." OLIN WEST, M. D., *secretary*, American Medical Association.

"I feel that his death is a loss to the state. He was such an outstanding, able, and thoroughly fine gentleman." SENATOR ALEXANDER WILEY, Washington, D. C.

"Among all those whom I came to know throughout the years of my service with the American Medical Association, there was no one whom I regarded more highly than I did George Crownhart, and in his passing I have lost a loved friend. His unfailing loyalty

to the cause of medicine and the public health, his understanding, honesty, and frankness, his eager cooperation with those with whom he worked, and his earnestness and self-sacrifice all endeared him to those whom he served, and won for him the respect of even his adversaries." W. C. WOODWARD, M. D., Washington, D. C.

"I know of no one in medical organization work who was responsible for so many sound and effective innovations." T. A. HENDRICKS, *secretary,* Indiana State Medical Association.

"He was one of my closest friends and to my mind the ablest man in his field." THEODORE WIPRUD, *secretary,* Medical Society of the District of Columbia.

"Since George was the first to teach me about this work we all do, it hits mighty hard. We have lost a mighty fine friend." HARVEY SETHMAN, *secretary,* Colorado State Medical Society.

"I always admired his ability and his utter sincerity of purpose. I felt that he always kept before him a single objective, to do what was best for the health of the people of his state. His good works will live a long, long time." J. W. HOLLOWAY, JR., *acting director,* Bureau of Legal Medicine and Legislation, American Medical Association.

"He needs no tribute that you and I can pay him. The fruits of his life are the best tribute that can be paid to that life." ALFRED P. HAAKE, *managing director,* National Association of Furniture Manufacturers.

"Our sympathy stems from a knowledge of his greatness of spirit and kindliness of character." H. V. CALDWELL, *secretary,* Academy of Medicine of Cleveland.

". . . and to the distressed officials of the State Medical Society of Wisconsin, expressions of my sincere sympathy in their great loss and my own keen realization that a valued friend and an ever ready source of invaluable help has been withdrawn with the passing of Secretary J. G. Crownhart." WALTER F. DONALDSON, *secretary,* Medical Society of the State of Pennsylvania.

"The Iowa State Medical Society mourns with Wisconsin in such a calamity." ROBERT L. PARKER, M. D., *secretary,* Iowa State Medical Society.

# THE PROFESSION MOURNS*

"Our lives are at your service, but our liberties—we received them from God; we will not resign them to man."

George Crownhart did not speak those words; he lived them. Lived them to the very fullest for he loved the medical profession. His life was engaged in the preservation of it; it will be immortalized by the high standard to which his efforts have raised it in this state. In a world noted for inconsistencies he was most consistent in his belief in a medical profession free from the travesties of state, in a nation enjoying the maximum in health.

His untimely death creates a real and deep loss among the members of The Medical Society of Milwaukee County. His inspiring leadership, his firm devotion to the high principles of the medical profession, and his personal idealism and unselfishness won the respect and admiration of all who knew him—our own Wisconsin doctors, national figures in the profession and men of medicine abroad.

He was not only a brilliant leader and an able executive but a philosophical man. A philosophical man because he was a simple man. He loved the simple things of life—his home, his family, his friends and above all, his work. His was the tireless brain that could anticipate and forestall; the generous heart that encompassed and comforted. No difficulty was too great for him to overcome; no trifle too small to merit his attention. What he was speaks so loudly that any words said of him would be but feeble echoes.

If one could paint a portrait of simplicity, greatness, loyalty, perseverence, generosity and a great soul, that portrait would of necessity be of George Crownhart.

---

* Milwaukee Medical Times, June, 1941.

# . . . . THE PRESIDENT'S PAGE . . . .

## "GEORGE"

Words cannot express adequately the loss suffered by the profession and the public of this state through the death of George Crownhart. He had a definite love for all that is worth while for which you and I and the people of this community stand.

George's capacity for work was tremendous. No matter how big the load, he always seemed able to assume more. During this last year of his life, the military and industrial programs added to the legislative work made tremendous demands upon him. If overwork and unselfish devotion to a cause ever called a man prematurely from this world, this was the case with George.

Let us all look to his past and be inspired by the memory of one who was a true friend of us all. May his philosophy guide us through the pitfalls which confront us as organized medicine marches on.

Ralph P. Sproule

# "THIS PERIOD OF TRANSITION"

In an editorial entitled, "The State Medical Society in 1923,"* I directed attention to the fact that:

> "The State Medical Society in 1923 will differ from that of past years in that its driving force, its secretary, Rock Sleyster, will not be acting in his usual capacity. . . .
>
> "Our new secretary, Mr. Crownhart, has a big pair of shoes to fill, but we feel sure of his best efforts and I would bespeak the earnest cooperation of each individual member during this period of transition."

How well the late lamented George Crownhart "carried on" is well known to you all.

Now, in 1941, it is necessary to direct attention to the fact that the State Medical Society in 1941 will differ from that of past years in that its secretary, "George," will not be with us. His forceful personality and indefatigable activity will be sadly missed.

Once before the Society was faced with, and successfully passed through, a period of transition. During this period and the years following, the officers and those who were then directing the Society's affairs were able to expand the Society's efforts, and this period of transition was followed by a broadening of the sphere of helpfulness and influence of the profession in the state. The aid and cooperation of each member of the Society were sought and secured. Now again we are faced with a similar period. We are fortunate in that through the years there has been a conscious effort by our secretary and the officers of the Society to be prepared to meet the most extreme emergencies. Our Council will continue to direct the efforts and activities of the Society, and as a result of their many years of careful planning of the public health and other activities, the work will go forward just as it did in 1923 when virtually an analogous problem confronted the officers. Pending further action, our Council has designated our assistant secretary as the acting secretary to execute the program of the Council and the House of Delegates. In this period of transition, our officers and our acting secretary will repeat the difficult task of "filling a big pair of shoes."

The Council of our Society, our acting secretary, and other personnel in our organization's offices, are intimately acquainted with the manifold activities of the Society and the aims, ideals and plans of our devoted secretary during his many years in office.

Again, success will be found in the Society's future in the many duties and activities that are necessary to accomplish the two chief aims of our Society, as they were stated in 1923, and as they apply today. These two aims, which appeared in the 1923 editorial, are:

1. To extend educational and other advantages to the individual physician by scientific meetings, publications, mutual cooperation and good fellowship.
2. To protect the health of the general public by spreading facts concerning health and hygiene and by aiding legislation beneficial to the physical well-being of the public.

These fundamental objectives have not changed in the interval between 1923 and 1941, and it is sincerely hoped that there will be no reason for change in the future.

F. Gregory Connell, M. D.

---

* *Editor's note:* The editorial quoted above appeared in the February, 1923, issue of *The Wisconsin Medical Journal*, over the signature of Dr. F. Gregory Connell, who was president of the Society at the time Mr. Crownhart first took over his duties as secretary of the Society.

# THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

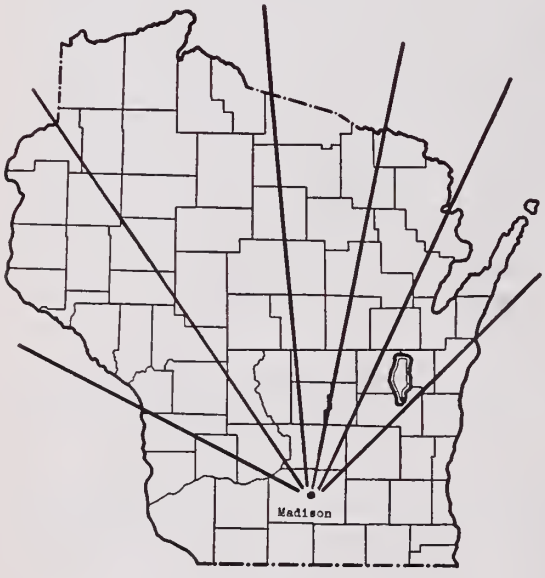
Mrs. Donne F. Gosin, Green Bay, President
Mrs. J. S. Supernaw, Madison, President-Elect
Mrs. Samuel A. Montgomery, LaCrosse, Vice-President
Mrs. Harry A. Keenan, Stoughton, Recording Secretary
Mrs. Robert W. Kispert, Green Bay, Corresponding Secretary
Mrs. Edwin P. Bickler, Milwaukee, Treasurer

COMMITTEE CHAIRMEN

Archives—
Mrs. D. B. Dana, Kewaunee
Convention—
Mrs. Arnold S. Jackson, Madison
Finance—
Mrs. Robert E. Fitzgerald, Wauwatosa
Hygeia—
Mrs. Gerald H. Friedman, Milwaukee
Organization—
Mrs. Ernest S. Schmidt, Green Bay
Philanthropic—
Mrs. Henry E. Twohig, Fond du Lac
Press and Publicity—
Mrs. Arnold H. Barr, Port Washington
Program—
Mrs. Maynard H. Fuller, Green Bay
Public Relations—
Mrs. Reuben H. Bitter, Oshkosh
National Exhibit (special committee)—
Mrs. E. Lee Lochen, Waukesha
Circulation of Bulletin (special committee)—
Mrs. Robert E. McDonald, Milwaukee

## "Highways Are Happy Ways"

ALL roads lead to the centennial celebration of the State Medical Society of Wisconsin, September 9 to 12, 1941 at




### Come to Madison For the Centennial!

Convention time is drawing near, and in the midst of our summer activities, it is well to pause and set aside the days of September 9 to 12 for the centennial celebration.

The plans for your entertainment are varied, everything from serious business to play. The complete program will be announced in the August and September editions of The Journal, but here are a few of the high lights. Part of the mornings and afternoons will be devoted to necessary business meetings, but the rest of the time you may attend the social functions that are planned and play golf or tennis, ride, or swim.

*Tuesday afternoon:* A tea at the home of President and Mrs. C. A. Dykstra (University of Wisconsin).

*Wednesday morning:* Golf, a two-ball foursome and a putting contest. Prizes will be awarded. Out-of-town members are asked to send in their handicaps to Mrs. John B. Wear, 332 Lakewood Boulevard, Madison.

*Wednesday afternoon:* A luncheon, followed by a style show and bridge, at Maple Bluff Country Club.

*Wednesday evening:* A stage comedy. Auxiliary members are urged to see that their reservations for this event are made as soon as definite arrangements are announced.

*Thursday afternoon:* A luncheon at Elizabeth Waters Hall. Officers from various counties will meet with state officers for review of work accomplished in the last year. Other tables will be reserved for auxiliary members to become better acquainted and to discuss their problems. After the luncheon there will be a program of water sports, including a yacht race, aquaplaning, surfboard riding, and swimming, or you may choose a boat tour of our beautiful Lake Mendota.

*(Continued on page 592)*

# Jesse George Crownhart

*"Unto each man his handiwork, unto each his crown,*
*The just Fate gives;*
*Who so takes the world's life on him and his own lays down,*
*He, dying so, lives."*

These words of Swinburne say it all so much better than I can that anything I may add will come as an anticlimax, but on behalf of the Woman's Auxiliary to the State Medical Society of Wisconsin I should like to express publicly our appreciation to George Crownhart, and to point out our awareness of the part he played in our organization. From the earliest days of the Auxiliary we knew where to turn for advice and understanding. Considering now the manifold major problems which confronted him in these times of stress, I wonder that we had the temerity to burden him with questions that, viewed with the proper perspective, were minor and often merely vexatious. I wonder still more at the patience and courtesy (but never at the wisdom) with which he considered each one. Many times men are impatient with women's organizations and are inclined openly to belittle their efforts, but he never gave us that feeling. I firmly believe that he always realized the potential influence of the Auxiliary, and I am honestly convinced that he saw clearly that the importance of the Auxiliary as a social group was completely secondary to the role it could and should play as a well-informed liaison group between the medical profession and the lay public. We spoke of this many times and he was always most helpful in supplying means for the self-education of the Auxiliary membership.

This cooperation with our group meant an expenditure of time and thought and energy. Each request for study material or for advice or for a talk from him took its toll from one who was pouring out his physical and mental strength in the highest aims of the medical profession. And this we know: he helped us, he worked with us and for us, and he guided us. Deep in the heart of each one of us is a most sincere appreciation of his aid and his kindness. It is too late now to tell him of our gratitude, but it is never too late to demonstrate that the time he devoted to our organization and the energy he expended in our behalf were not in vain. Words are empty things, easily called to our lips, but positive action can be proof. Let it be so in this case, let our actions show our appreciation of George Crownhart. He had faith in us, let us not fail. Our loss is great but his influence goes on; there is consolation in that knowledge and also in the realization of our good fortune in having known him and having profited by his guidance. Those of us who were especially privileged will NEVER forget, for

*"On the mountains of memory, by the world's well-springs,*
*In all men's eyes,*
*Where the light of the life of him is on all past things,*
*Death only dies."*

Woman's Auxiliary, *State Medical Society of Wisconsin*
By Mrs. Robert E. Fitzgerald, Wauwatosa

## "HIGHWAYS ARE HAPPY WAYS"

*(Continued from page 590)*

*Thursday evening:* An informal banquet in the Crystal Ballroom, Loraine Hotel. The speaker for this event will be announced later.

With regard to the clothes you will need, these need not be elaborate. You will find cotton dresses suitable for the meetings. If the weather becomes cool, you may find a topcoat or sweater comfortable, and they are a "must" if it rains. At the banquet, by custom, those at the speakers' table wear dinner dress, but among the other guests you will see both dinner and street length dresses. At the theater in Madison you will also see both dinner and street length dresses. For the tea and bridge you may wear anything you choose—street length print or dark sheer. You will need a playsuit and golf shoes for the golf course and a swim suit for water sports. Be sure to bring your golf clubs, however, if you do not care to pack them, you may obtain clubs at the country club.

So, please, give the convention serious consideration in your vacation plans. The Woman's Auxiliary to the Dane County Medical Society would like to have you all participate in this annual meeting. So come to Madison for the centennial celebration! We'll be looking for you!

LAURA L. JACKSON
*Convention Chairman*

ALMA S. GRUMKE,
*Publicity Chairman*

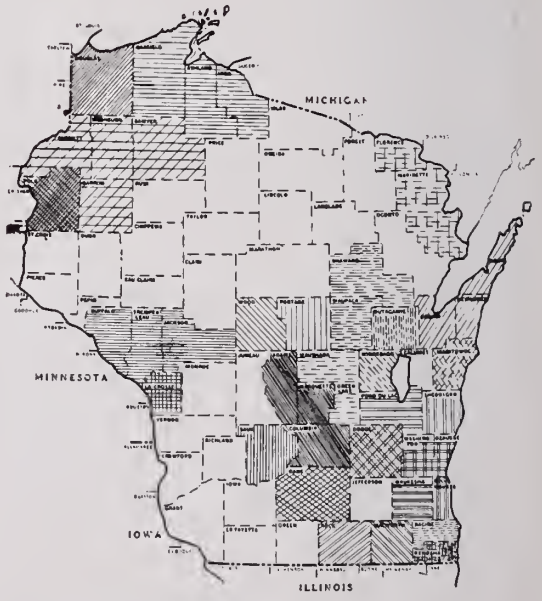
# Organization

**By MRS. E. S. SCHMIDT**
*Green Bay*

THE organization of county auxiliaries is of necessity a slow and sometimes a discouraging task. Early last fall when, following an illustrious precedent, I was persuaded to accept the chairmanship for a "third term," I made a study of the unorganized counties in the state in an effort to determine where to direct my activities. Although the eastern half of the state is well organized, a line drawn through the center of the state from east to west showed only five organized counties in the northern half.

Letters to women in this section brought discouraging replies. Bad roads during a long winter prevented frequent meetings, and inadequate train or bus service, the distance between towns, and consequent lack of acquaintance among the wives of the doctors, made those addressed hesitant to plan an organization meeting.

Having obtained the approval of the Ashland–Bayfield–Iron County Medical Society to organize an auxiliary, lengthy correspondence was begun with the chairman appointed,—Mrs. A. C. Taylor of Washburn. This resulted in a dinner meeting in Ashland on November 13. Since ice and snow-blocked roads made driving precarious, Mrs. D. F. Gosin, state president, and I made the trip by train. Twelve interested wives of physicians representing the cities of Ashland,




Counties in Which Woman's Auxiliaries Are Organized.

Washburn, Bayfield, and Montreal, were present, having accompanied their husbands to the meeting of the county medical society. Due to the efficient planning of the chairman, Mrs. Taylor, we were successful in organizing an auxiliary. Reports received from the new president, Mrs. Taylor, indicate that the various state projects were begun with keen interest and enthusiasm.

In December, the Barron–Washburn–Sawyer–Burnett County Medical Society granted permission to organize an auxiliary. Since the distance from one end of the four counties to the other is seventy-five miles, and since, in some instances, a doctor is twenty-five miles from his nearest colleague, we encountered many difficulties in planning a meeting. However, after voluminous correspondence with the able chairman, Mrs. G. N. Lemmer of Spooner, a luncheon was arranged at Rice Lake on May 20. It was a real pleasure to greet this group of charming, alert, enthusiastic women who were so eager to cooperate that the task of organizing an auxiliary, electing officers, and adopting a constitution and by-laws was accomplished during the afternoon session. The members of this new auxiliary will meet at the same time and place as the county medical society. We are confident these gatherings will promote acquaintance and closer fellowship among physicians' families, one of the most important aims of our state auxiliary.

It was my good fortune to be accompanied by our state president, Mrs. Gosin, who drove her car over 500 miles to attend this meeting and address the women present. On this trip we also called on the officers in four other unorganized counties—Marathon, Clark, Eau Claire, and Chippewa. The cordiality of our reception leads us to hope for organization of auxiliaries in these counties in the not-too-distant future.

There are now twenty-eight auxiliaries in Wisconsin, with a paid-up membership of 1,180, an increase of 161 over last year. The National Auxiliary has reached its goal of 25,000 members, and we are proud to have had a part in promoting this healthy growth.

To the two newly organized auxiliaries, comprising a total of seven counties, we extend a hearty welcome to membership in the State Auxiliary. We assure them a helpful interest and wish them success.

As one member has well stated:

"Coming together is beginning
Keeping together is progress
Thinking together is unity
Working together is success."

## THE BULLETIN

Subscriptions to the National Auxiliary publication may be obtained from

Mrs. R. E. McDonald
4960 North Ardmore Avenue
Milwaukee, Wisconsin
or
Mrs. H. E. Christenberry
Highland Drive
Knoxville, Tennessee

A one-year subscription, four issues, for $1.

## HOTEL ACCOMMODATIONS

For your convenience, at the thirteenth annual meeting of the Woman's Auxiliary and the centennial meeting of the State Medical Society of Wisconsin, reservations for hotel accommodations will be handled through a central committee. Auxiliary members are urged to make their reservations early.

A schedule of rates and your reservation blank appear on page 619.

# Report of National Auxiliary Meeting

## Cleveland, Ohio, June 2-6, 1941

By MRS. W. T. CLARK
*Janesville*

IN SHARING with you the high lights of the Woman's Auxiliary meeting held in connection with the American Medical Association convention, I am attempting no detailed report. The writing of such a report of a meeting calls for a degree of concentration while in attendance that destroys the spirit of the occasion and leaves no room in the mind for those vivid impressions which, after all, one wishes most to retain. Some things will be omitted entirely and others touched upon only briefly, so let us not call this a report at all but rather one member's reaction to four days in which national officers, the program committee and the hostess Auxiliary put forth every effort for our enlightenment and pleasure.

Since I was arriving on an early train, I expected to find Dr. Clark, who had gone on several days before, still sleeping. However, he was at the curb to welcome me when my cab drew up at the hotel, so my first impression was a happy one. I was tremendously impressed with the scientific exhibits, which we visited together before the first morning sessions, with the willingness of the physicians to explain the displays to their wives, and with the evidence on every hand that the wife in the profession is profoundly interested in those things to which her husband has committed his life.

Some 900 women registered the first day and the number was well over 1,000 later. Only in attending one of these larger meetings can one get away from the purely local viewpoint and grasp the extent of the fields of activity in which the organized doctors' wives participate. The report of Mrs. V. E. Holcombe, retiring national president, was an inspiration to keep the local units alive and active, with each contributing its bit toward the realization of our national objectives. Mrs. Holcombe stated that in the last seven years membership in the Auxiliary has doubled, there being close to 27,000 members at the present time. One outstanding physician has expressed the belief that "There will be an increased interest in Auxiliary membership on the part of both the men and women who make up the combination most effective in medicine, the doctor and his wife."

Some of the projects of the county and state auxiliaries are the adding of books on medical subjects to public libraries, furnishing of books for libraries in schools for colored children, collection of biographical data and photographs of pioneer physicians, setting up of funds available to doctors' children to enable the boys to study medicine and the girls nursing, fostering of essay contests on subjects such as increasing the span of life with the purpose of educating youth to higher standards of health, establishing of a fund to mark the graves of medical heroes of the past, and setting up of museums for the preservation and display of old medical instruments and relics. These are but a few of the many projects undertaken.

The open meeting entitled "The Doctor and His Wife" filled every available seat in Music Hall of Cleveland's public auditorium the evening of the first general session. That "It is a young man's world" may hold true of certain groups, but it apparently does not apply to the field of medicine. The distinguished physicians occupying the platform were all older men and it was upon them for their outstanding contributions to medicine that the honors were being bestowed.

Running through the entire conference was an undercurrent of feeling that America faces a great crisis and that our material and spiritual defenses must be strengthened; that health is our first line of defense and that the principles of nutrition should become familiar to all women since the housewife will soon be called upon to use her old familiar weapons in the defense program. This thought of conserving health was

stressed by all the men who addressed us. "Do not let any constructive work that has been started be discontinued. Preserve the best in family living," might almost have been the theme of the convention. And speaking of the men who addressed us, the busiest and most distinguished physicians left their own meetings to talk to us. In my notes I find this from the talk by Dr. Nathan B. Van Etten, "You organized doctors' wives compose a new and powerful agency." Dr. Van Etten, as you know, is the retiring president of the American Medical Association. And from the remarks of Dr. Frank W. Lahey, new president of the American Medical Association, "I never hire a new man for my clinic without first asking to see his wife."

The social events included a visit to Cleveland's Health Museum where, after a conducted tour, a reception and tea were held. The tables were beautifully decorated and the food and drink delicious, and one wondered where else on the face of the earth today, happy, chatting women can gather unafraid for a delightful social hour complete with perfect appointments and good food. The friendliness of these women brought together from all over the country was amazing. I discovered that all one had to do was to smile at a perfect stranger and immediately she would say, "I am Mrs. So-and-So, from Here or There. Where are you from?" One day we were taken out to the Art Museum. Many of the pictures were truly beautiful and some made one wonder if the artists were feeling just right when they painted them. They certainly called for a great deal of explaining. Another time we lunched at one of the city's exclusive country clubs, where during the luncheon hour slim young things modeled the latest in fashion's parade. The next day, our last, there was another style show and a luncheon at a large department store. After the luncheon we attended a flower show where members of the hostess Auxiliary had arranged lovely bouquets and charming breakfast, luncheon and dinner tables, and heard a talk on flower arrangement with the speaker demonstrating her art as she talked.

I have purposely left the address by the Honorable Hatton W. Sumners, chairman of the Judiciary Committee, House of Representatives, until the last so that you might know upon what some of his remarks were based. Dr. Frank W. Lahey, who preceded him on the program, voiced the opinion that in event of America's participation in the war she could not be defeated. Mr. Sumners swung upon him with a vehemence that was startling. "Mr. President," he said, "that attitude is what will defeat America. We strut about and boast that we are the greatest nation on the face of the earth. So did France, but she was lost before the Germans hit the Maginot Line. A nation whose women are still having parties when the country faces a great crisis can be defeated, a nation whose men are striking for higher wages when their sons are wearing the uniform can be defeated, a nation whose industrialists are still thinking in terms of profit can be defeated. Mr. President, I implore you, as you go about the country discharging the duties of your high office, do not tell the people that America cannot be licked for just so sure as our people believe that they will be licked." You could have heard a pin drop in the room.

I shall always retain the memory of Hildegarde Crownhart's happy face and her enthusiasm as we planned what we would do the next day. I can still hear her say when the program of events was announced, "Let's do everything!" Hilda will always be one of us for her interest and loyalty is, as ours, with and to the men of medicine.

And now for the last impression, I think we all left the convention with the heightened feeling that we need seek no distinction for ourselves, that it is enough for any woman to have the honor of being the doctor's wife.

### IN THE CENTENNIAL SECTION . . .

The attention of Auxiliary members is called to the Centennial Anniversary Section of this issue of The Journal. The histories of pioneer physicians appearing therein represent the fifth installment of material contributed by county auxiliaries.

## COUNTY SOCIETY PROCEEDINGS

### Barron—Washburn—Sawyer—Burnett

*We Welcome Second New Group in 1941!*

The second new county auxiliary to be added to Wisconsin's membership in 1941 is the Woman's Auxiliary to the Barron–Washburn–Sawyer–Burnett County Medical Society. A luncheon meeting was held at the Land O'Lakes Hotel, Rice Lake, on May 20, at which Mrs. Donne F. Gosin, state president, and Mrs. E. S. Schmidt, state organization chairman, (both of Green Bay) were present and completed the organization. A constitution was adopted, and the following officers elected: Mrs. G. N. Lemmer of Spooner, president; Mrs. R. W. Adams of Chetek, president-elect; and Mrs. W. B. Rydell of Rice Lake, secretary and treasurer.

Mrs. Gosin and Mrs. Schmidt gave much of the credit for the successful organization of this group to the preliminary work of a local committee comprised of Mrs. Lemmer, Mrs. Adams, and Mrs. R. C. Thompson of Cumberland. (A complete report of the 1941 activities of the state organization chairman appears on page 592.)

### Douglas

*Has Recommended Books Placed in Library*

Mrs. E. A. Myers of Superior reports that nine members of the Douglas County Auxiliary met for luncheon on June 2. Reports of state presidents were read from the National Bulletin by Mrs. G. J. Hathaway. The committee appointed at the last meeting reported that after an interview with the librarian, ten books recommended in the Bulletin had been placed in the library. The committee suggested that these books be studied.

### Fond du Lac

*Elects Officers—Sends Scouts to Camp*

The following report was submitted by Mrs. J. E. Twohig of Fond du Lac:

"Concluding its meetings for the season, the Woman's Auxiliary to the Fond du Lac County Medical society assembled for tea on May 22 at the home of Mrs. W. C. Finn in Fond du Lac. The hostess was elected president for the coming year. Other officers chosen to serve with Mrs. Finn are Mrs. F. M. McGauley, vice-president, Mrs. Donald W. Calvy, secretary, and Mrs. A. C. Florin, treasurer. Mrs. A. M. Hutter is retiring president.

"The auxiliary also voted to send eight girl scouts to camp this summer.

"Mrs. J. P. Connell, mother of Mrs. Finn, presided at the tea table. Co-hostesses were Mrs. W. C. Wojta, Mrs. Calvy and Mrs. J. C. Yockey."

### Manitowoc

*Makes Early Plans for Next January*

A letter from Mrs. T. H. Ries of Manitowoc tells us that the members of the Manitowoc County Auxiliary met on May 21 at Maple Crest Sanatorium, Whitelaw, for luncheon as the guests of Miss Freda Breaker, superintendent. There were eleven women present. After luncheon a short business meeting was called by the president, Mrs. T. A. Teitgen. Mrs. Nathan Schneck of the public relations committee reported on the results of her correspondence in regard to getting a speaker for the Federation of Women's Clubs next January.

Miss Breaker gave an interesting and instructive talk on the work done at the sanatorium, stressing the follow-up work done after the patient leaves the sanatorium. She also answered numerous questions.

### Rock

*Enjoys "The American Way"*

Mrs. L. J. Friend of Beloit writes about the May meeting which was held on the twenty-seventh at the Hotel Hilton in Beloit. Following a dinner, the meeting was called to order by Mrs. C. R. Gilbertson, president-elect. There was discussion about a study group, which Mrs. H. E. Kasten, president, hopes to organize this summer after her return from the west.

Mrs. W. A. Munn of Janesville entertained the members with a splendid reading of "The American Way."

### Sheboygan

*Entertains the Fifth District*

Mrs. Ludwig Gruenewald of Sheboygan reports two meetings in June.

"On June 4, members of the Sheboygan County Medical Auxiliary were entertained at the home of Mrs. C. J. Weber, Sheboygan. Final arrangements for the district meeting of the society to be held at Pine Hills Country Club on June 12 were made. During the program Miss Gladys Fett of Sheboygan Falls read 'Fairy Tale From King Midas for Nice Babies,' by Milt Gross. At bridge honors went to Mrs. A. J. Brickbauer of Plymouth and Mrs. J. W. McRoberts of Sheboygan. Guests at the meeting were Mrs. J. F. Kovacic and Mrs. Herman Martin of Elkhart Lake.

"Women guests at the meeting on June 12 of the fifth councilor district of the State Medical Society were entertained at Pine Hills Country Club by members of the Sheboygan Auxiliary. While golf and bridge had been scheduled, the former was cancelled because of the inclement weather. The guests who made the high scores at bridge were Mrs. T. A. Teitgen and Mrs. L. D. Sobush, both of Manitowoc, and Mrs. L. J. Moriarty, Two Rivers. Those who had the best scores among the hostess group were

Mrs. T. J. Gunther and Mrs. W. G. Meier. Tea was served after the bridge games were completed.

"Those who remained for the dinner and program of the medical society in the evening heard Dr. R. P. Sproule of Milwaukee, president of the State Medical Society, in a forceful presentation of the accomplishments of organized medicine and the present and future need for such organization. Dr. W. C. Alvarez of The Mayo Clinic, speaking on 'What Makes Women Nervous,' gave an interesting address."

## Washington—Ozaukee

*Plans for Next Year's Activities*

Mrs. C. P. Kauth of Port Washington reports that the Woman's Auxiliary to the Washington–Ozaukee County Medical Society met recently at the Ozaukee Country Club. Mrs. A. H. C. Carthaus of Thiensville was in charge of arrangements for the luncheon which preceded the business and social meeting. Present were thirteen members and two guests, Miss Lenore Hurth, Cedarburg and Helen Jane Bauer, West Bend.

Mrs. C. C. Stein, Port Washington, presented an article from the Bulletin, national auxiliary publication, concerning a memorial for Mrs. Jane Todd Crawford, who was a pioneer heroine of surgery. She submitted to the first ovariotomy, which was performed without anesthetic by Dr. Ephraim McDowell on the kitchen table in his home in Danville, Kentucky, in 1809.

Mrs. P. B. Blanchard of Cedarburg, public relations chairman, discussed plans for public meetings in both counties next year. The archives chairman, Mrs. K. L. Bauer of West Bend, urged past-presidents to give her their photographs to be placed in the auxiliary scrapbook with clippings of the activities during their respective years in office. The opening page of the scrapbook will be dedicated to the late Mrs. P. M. Kauth of West Bend, at whose home the first meeting of the organization was held. Mrs. Kauth passed away two years ago.

At the next meeting assessments will be collected for the Hygeia campaign of 1941–42. The meeting will be held at the Hartford Country Club on July 10.

## Waukesha

*Presents Mr. Larson at Public Meeting*

The Waukesha Auxiliary's public relations meeting was well attended in spite of the rain, according to Mrs. F. W. Aplin. Her account follows:

"The beautiful home of Mrs. H. G. Nixon in Hartland was the setting for a presidents' tea given by the Woman's Auxiliary to the Waukesha County Medical Society on May 22. Presidents and other representatives of lay organizations throughout the county were our guests. About fifty members and guests were in attendance.

"This was our public relations project, and we presented Mr. George B. Larson, assistant secretary of the State Medical Society, as our speaker. Mr. Larson reported on experiments in voluntary sickness insurance. He prefaced his report with some statistics on the health status in Wisconsin, and said that the working man in Wisconsin loses but two and a quarter working days per year from all types of sickness and accident, whether contracted at home or at work. This record is five times better than the national average and fifteen to thirty times better than that in countries abroad. Wisconsin's maternal mortality rate is lower than that of virtually all European countries; Wisconsin also has a low infant mortality rate. With 57,000 births annually in the state, 99 per cent of mothers have a physician in attendance at childbirth.

"Mr. Larson explained that following a study of the health needs of the people of Wisconsin, it was recommended that the State Medical Society enter upon experimentation in voluntary sickness insurance, a system whereby a specified amount of money is paid for medical care. Three plans were outlined —one in Douglas County, one in Greendale in Milwaukee County, and one in Rock County.

"The first plan was instituted in Douglas County. At the outset of this experiment, ideas were entertained from cooperative groups in the county. The plan was presented by the cooperative group and the cooperation of physicians invited. Under this plan a family paid a monthly premium of $2.90, a man and wife $2.25, and a single man $1.50. A subscriber selected his own physician, and was required to have a physical examination, upon which acceptance into the plan was presumed to be based. This plan incorporated only care by the physician and did not include hospital care. The physician could not dispense drugs. Under the English system the physician is provided with a handbook with a list of drugs to be prescribed and if the physician does not stay 'within the book' a penalty is assessed. After two years of preliminary work, only 138 subscribers to this plan could be obtained. The plan then operated for eighteen months, and at the end of that time 279 families were included. The premiums were not sufficient to meet the physicians' needs, 80 per cent being allotted for physicians' fees and 20 per cent for administrative expense. Upon discontinuance of the plan, the conclusions were that it did not meet with public approval and that the procedure was costly and should not be duplicated.

"The second plan was instituted in Greendale and was designed for the insurance of groups, preferably large in number. It was on the basis of deductible automobile insurance, the subscriber paying to his physician or physicians an initial $24. Again an experiment was tried in premiums—$1 a month for a family, 75 cents for man and wife, and 50 cents for a single person. Subscribers had free choice of physician, and no physical examination was required. A voluntary citizens' committee endeavored to promote the plan. Two hundred subscribers were obtained after some months of effort, and the plan

then was placed in operation. Each succeeding quarter showed a dwindling subscriber list. It was found that the premiums were inadequate and that insufficient people were interested to justify continuing the experiment. In Parklawn a community committee worked for six months to institute a similar plan, but not enough people were willing to participate.

"In Rock County the plan was operated by the doctors in the county. Ninety per cent of the physicians agreed to come under the plan, but it was found that not enough people were interested to make it possible to place the plan in actual operation.

"The conclusions from these experiments are that there is virtually no demand from the public for this type of service, that such insurance must be sold as any other type of insurance, that the premiums for the benefits were too low, and that physical examination prior to participation is not the best method, the group basis being preferable.

"At the conclusion of this informative talk, an interested audience asked many questions of the speaker, and it was apparent that all present gained valuable information on this important subject.

"A short business meeting followed the program. The auxiliary voted to give $10 to the Dousman Home and Farm School for Boys toward a fund to provide adequate isolation facilities for scarlet fever cases."

### Winnebago

*Members Are Guests at Sunny View*

The following report of the May meeting of the Woman's Auxiliary to the Winnebago County Medical Society comes from Mrs. E. F. Cummings of Oshkosh.

"A luncheon at Sunny View Sanatorium was held on May 26, with Miss Agnes Mattson as the hostess. The dining room and the tables were attractively decorated with flowers from the sanatorium's gardens. There were twenty-three members and a guest, Miss Margaret Senn. Mrs. P. S. Emrich became a member.

"Mrs. W. N. Linn, the president, asked for various reports from standing committees. The annual picnic to be held at the Oshkosh Power Boat Club, June 23, was discussed, final plans being in charge of Mrs. W. P. Wheeler and her committee.

"The nominating committee consisting of Mrs. S. D. Greenwood, Mrs. A. B. Jensen, and Mrs. H. F. Beglinger, all of Neenah, reported through Mrs. Greenwood the following slate of officers: President, Mrs. W. N. Linn; president-elect, Mrs. G. C. Owen; secretary-treasurer, Mrs. E. B. Williams, and parliamentarian, Mrs. J. W. Lockhart.

"Miss Mattson welcomed the auxiliary and extended an invitation to them to plan at least one meeting a year at Sunny View. She then gave an interesting and educational talk on "How, and What Makes, the Wheels Go Round at Sunny View."

# Society Proceedings

### Barron—Washburn—Sawyer—Burnett

Dr. L. R. Boies and Dr. C. E. Stanford of Minneapolis, were the featured speakers at the meeting of the Barron–Washburn–Sawyer–Burnett County Medical Soceity in Cumberland on June 10. Their subject was problems related to the treatment of diseases of the eye, ear, nose and throat. A film was shown by the State Board of Health for approval of the society. Nine members and four guests were present.

### Clark

On June 6 the Clark County Medical Society met for the election of officers. They are as follows:

President—J. W. Johnson, M. D., Withee
Vice-president—R. H. Slater, M. D., Granton
Secretary—A. P. Hable, M. D., Loyal

The question of the organization of an auxiliary was raised, and this will be discussed at a later meeting.

### Fond du Lac

"The Management of Hypertension" was the subject of the address of Dr. W. F. Kvale, The Mayo Clinic, on May 22, before the Fond du Lac County Medical Society at Fond du Lac. Twenty members attended the meeting.

### Green Lake—Waushara

At the meeting of the Green Lake–Waushara County Medical Society on June 17, Dr. M. J. Fox of Milwaukee discussed the subject of poliomyelitis. Dr. W. C. Keettel of the Bureau of Maternal and Child Health showed a film entitled "Forceps Delivery." Thirteen persons were present at the meeting.

### Jefferson

The regular monthly meeting of the Jefferson County Medical Society was held at Jefferson on May 15. After dinner, Dr. Paul A. Brehm of the State Board of Health spoke on "Methods of Safeguarding the Health of Workers in Industry."

### Racine

At a special meeting of the Racine County Medical Society at Sunny Rest Sanatorium on May 29, Dr. R. C. Matson, professor of thoracic surgery at the University of Oregon, Portland, spoke on "Thora-

scopy in the Diagnosis and Management of Tumors of the Lung and Chest Wall." The talk was illustrated with movies and slides. Following the scientific program a buffet supper was served.

## Sheboygan

The Sheboygan County Medical Society met at the St. Nicholas Hospital, Sheboygan, on May 28. Dr. W. C. Keettel, Madison, spoke on "Postpartum Hemorrhage."

## Winnebago

On May 22 the Winnebago County Medical Society held a joint meeting with the Winnebago County Dental Society and the medical and dental auxiliaries. There were forty-five present at the meeting. The two speakers were Dr. C. F. McDonald, instructor in clinical medicine, Marquette medical and dental schools, who spoke on "The Present Status of the Theory of Dental Focal Infection as Applied to Systemic Disease," and Dr. R. P. Gingrass, professor of oral and plastic surgery and exodontia at Marquette University Dental School, who discussed "The Application of the Dental Focal Infection Theory to Medical and Dental Practice."

## Fifth Councilor District

The members of Calumet, Manitowoc, Sheboygan and Washington–Ozaukee county medical societies met at the Pine Hills Country Club, Sheboygan, on June 12. The afternoon scientific program follows:

Symposium on Cardiovascular Disease: "Prevention of Rheumatic Heart Disease," Dr. F. F. Morgan; "Heart Disease in Children," Dr. M. A. Hardgrove; "Treatment of Heart Disease in Adults," Dr. Howard Correll; "Cardiovascular Disease," Dr. Robert Feldt. These physicians are associates of the Children's Hospital Heart Clinic, Milwaukee.

Vaginal Hysterectomy (with movies and slides)—Dr. J. M. Waugh, The Mayo Clinic, Rochester, Minnesota.

Puzzling Types of Abdominal Pain—Dr. W. C. Alvarez, The Mayo Clinic, Rochester, Minnesota.

The Use and Abuse of Some Common Drugs—Dr. W. S. Middleton, dean, University of Wisconsin Medical School, Madison.

Following a banquet, election of officers was held. Dr. P. M. Kauth, West Bend, succeeded Dr. A. C. Radloff, Plymouth, as president. Dr. R. S. Fisher, Allenton, succeeded Dr. L. D. Sobush, Manitowoc, as secretary.

The evening program also included an address by the president of the State Medical Society, Dr. R. P. Sproule of Milwaukee. Dr. W. C. Alvarez discussed the subject "Why Women Get Nervous."

Dr. A. H. Heidner, West Bend, councilor, expressed the sentiment prevailing in the fifth district in the loss of the state secretary, Mr. J. G. Crownhart. Dr. Heidner introduced Mr. G. B. Larson, assistant secretary of the State Society, who spoke of Mr. Crownhart's untiring efforts in behalf of the medical profession. Dr. Theodore Teitgen, Manitowoc, presented the following resolution:

WHEREAS, We, the members of the fifth district of the State Medical Society of Wisconsin, do keenly feel the loss of a man who has devoted his life to the medical problems of the State Medical Society, and the nation as a whole; and

WHEREAS, We realize that his characteristics were devotion, loyalty, a sense of responsibility for the high ideals of medical practice, and that he always kept the welfare of the citizen of the state uppermost in his mind; and

WHEREAS, We realize that he will never be replaced in our estimation, but the foundations that he has laid will go on indefinitely; and

WHEREAS, We wish to express to Mrs. Crownhart and her family, our sincere sympathy in her great loss which we so deeply share; then

*Be it resolved*, That a copy of this resolution be spread upon the minutes of our records of the fifth district meeting, and that a copy be sent to Mrs. Crownhart.

Signed: ALBION H. HEIDNER, M. D., *Councilor*
ALFRED C. RADLOFF, M. D., *President*
LEON D. SOBUSH, M. D., *Secretary*

## Section on Radiology

At the closing session of the recent two-day conference of the Section on Radiology of the State Medical Society of Wisconsin, Dr. L. W. Paul, associate professor of radiology at the University of Wisconsin Medical School, was elected chairman. He succeeds Dr. T. J. Pfeffer of Racine. Dr. L. V. Littig, Madison, was elected vice-chairman, and Dr. R. F. Wilson, Beloit, was named secretary-treasurer.

The program follows:

**Friday, May 23**

P. M.

2:00 Roentgenologic Aspects of Acute Bronchiolitis —L. W. Paul, Madison

2:45 Radiation Physics—R. S. Landauer, Highland Park, Illinois

3:30 Intracranial Lesions—T. J. Pfeffer, Racine

4:00 Case Report—H. H. Wright, Milwaukee

6:30 Dinner

8:00 1. X-ray Diagnosis of Non-malignant Conditions of the Female Pelvis—B. H. Orndoff, professor of Radiology, Loyola University School of Medicine, Chicago, Illinois.

2. Exploring With X-rays—Motion picture film by The General Electric Company, Chicago, Illinois.

**Saturday, May 24**

A. M.

9:00 1. Business Meeting

2. Round Table
Chairman—T. J. Pfeffer, Racine

9:30 Bone Changes in Leukemia—H. W. Hefke, Milwaukee
9:45 Diagnostic Case Report; Therapeutic Case Report—E. A. Pohle, Madison
10:00 Biliary Fistula with Gallstone Obstruction of the Duodenum—F. W. Mackoy, Milwaukee
10:15 Right Lower Quadrant Disease—F. H. Kuegle, Janesville
10:30 Infected Mucocele—I. I. Cowan, Milwaukee
10:45 Trochanteric Fractures of the Femur—L. V. Littig, Madison
11:00 Case Report—S. A. Morton, Milwaukee
11:15 Chest Case—W. T. Clark, Janesville
11:30 Ectopic Kidney—1. E. Bowing, Kenosha
11:45 Chest Lesion—L. W. Paul, Madison
12:00 M. Case Report—J. N. Sisk, Madison
P. M.
12:15 Two Rare Cases of Bone Pathology—Theodore Sokow, Kenosha
12:30 Left Subphrenic Abscess — J. E. Habbe, Milwaukee
12:45 Pulmonary Case Report—H. M. Coon, Statesan
1:00 Chest Case Report—I. G. Ellis, Madison

## Central Wisconsin Society of Ophthalmology and Otolaryngology

The Central Wisconsin Society of Ophthalmology and Otolaryngology held its spring meeting at Wisconsin Rapids on May 17 and 18. There were about thirty-five physicians present at the meeting. The program was as follows:

Saturday, May 17

P. M.
2:00 Golf at Bull's Eye Country Club, Wisconsin Rapids
6:30 Dinner, Hotel Witter
Diagnosis of Corneal Lesions—F. H. Haessler, M. D., Milwaukee
Sulfamido Compounds in Acute Otitis Media, Mastoiditis, and Their Complications—H. L. Williams, M. D., The Mayo Clinic, Rochester, Minnesota

Sunday, May 18

A. M.
9:00 Intraocular Foreign Bodies—F. S. Cook, M. D., Eau Claire
The Significance of Sturm's Interval in Refraction—A. D. Prangen, M. D., The Mayo Clinic, Rochester, Minnesota
Allergy in Otolaryngology—H. A. Kuhn, M. D., Hammond, Indiana
12:00 Luncheon
P. M.
2:00 Reconstructive Surgery of the Face—F. Z. Havens, M. D., The Mayo Clinic, Rochester, Minnesota
Disease of the Nasolacrimal Duct and Treatment—C. N. Spratt, M. D., Minneapolis, Minnesota

## Milwaukee Society of Clinical Surgery

The Milwaukee Society of Clinical Surgery met on June 11 at the University Club. Following dinner a scientific program was presented. Dr. G. S. Flaherty, South Milwaukee, spoke on "Gangrenous Appendicitis in Children," and Dr. E. L. Gilcreest of the University of California, San Francisco, discussed "Lesions of Muscles and Tendons in General But Particularly of the Shoulder Girdle and Arm." Discussion of the latter paper was presented by Dr. E. W. Schacht, Racine.

## Wisconsin Anti-Tuberculosis Association

At the meeting of the executive committee of the Wisconsin Anti-Tuberculosis Association on June 16, the following resolution was adopted:

IN MEMORIAM—GILBERT E. SEAMAN, M. D.

In the death of Dr. Gilbert E. Seaman, the medical profession of Wisconsin loses a distinguished member, the State of Wisconsin an able and experienced public servant, and many causes of social betterment, a devoted friend and wise counsellor. We, who were co-workers with him in the Wisconsin Anti-Tuberculosis Association, feel a particular loss, for his mind, heart, and zeal have been interwoven in the fabric of the organized campaign against tuberculosis in Wisconsin from its earliest days.

Dr. Seaman's service in the field of medicine spanned almost half a century. As an army surgeon it brought him to the high post during the World War of chief surgeon of the Sixth Army Corps; as a psychiatrist to the directorship at the time of his death of the State Division of Mental Hygiene. As an outstanding citizen of Wisconsin he served for fourteen years as a regent of the University of Wisconsin, and as chairman of its Medical School committee he was active in the establishment of the State of Wisconsin General Hospital.

In our own field of tuberculosis control, Dr. Seaman's vision and leadership go back to 1906, when with Mr. H. H. Jacobs and the late Dr. John M. Beffel he personally assumed responsibility for bringing to Milwaukee the great Baltimore Tuberculosis Exhibit which aroused the entire state not only to the menace of tuberculosis but also to the possibility of eradicating it. After the showing of the exhibit, the same determination to accomplish things called Dr. Seaman to the active secretaryship of an association which raised $40,000 by popular subscription to establish Blue Mound Sanatorium. When the W.A.T.A. was organized in 1908, he became a member of the board of directors, and served continuously until 1937, when he was elected one of the first five members of the senior council.

*Be it resolved,* That the executive committee and board of directors of the Wisconsin Anti-Tuberculosis Association record in their minutes their sense of loss in Dr. Seaman's death; that the association extend to his family the hand of sympathy in their infinitely greater loss; and that a copy of this resolution be published in The Wisconsin Medical Journal and in The Crusader of the Wisconsin Anti-Tuberculosis Association, and that a copy be sent to the members of Dr. Seaman's family.

CENTENNIAL MEETING PROGRAM
Pages 614–618

# News Items and Personals

*Dr. T. H. Rees*, Manitowoc, was elected president of the Holy Family Hospital, Manitowoc, at a recent meeting. He succeeds *Dr. C. J. Skwor*, Mishicot. Others elected were: *Dr. A. F. Stueck*, vice-president, and *Dr. G. M. Hoffman*, secretary, both of Manitowoc.

—△—

*Dr. S. M. Markson*, Milwaukee, spoke on "Sunlight, Its Use and Abuse" at a recent meeting of the Mothers' Study Group of McKinley School, Wauwatosa.

—△—

"Medical Aspects of Selective Service Rejections" was the subject discussed by *Dr. C. O. Vingom*, Madison, health examiner for selective service board No. 2, before a joint meeting of three coordinating councils on May 26. Presiding at the public meeting was *Dr. H. K. Tenney*, Madison, chairman of the health division of the coordinating councils.

—△—

Administration of health affairs in Green Bay was transferred from council to civilian control on May 15 as the new board of health began to function officially with absorption of the city health department personnel and facilities and election of officers. *Dr. A. J. McCarey* was chosen president for a one-year term. *Dr. W. W. Kelly*, Green Bay, president of the State Board of Health, attended the meeting and assisted in organizational work.

—△—

The Dean Clinic, Madison, has announced the association of *Dr. G. E. Oosterhous*. His practice is limited to pediatrics.

—△—

*Dr. E. O. Gertenbach*, Milwaukee, a member of the Committee on Industrial Health of the State Medical Society, spoke on the subject of industrial health at the meeting of the Institute of Graduate Nursing in the library of the St. Luke's School of Nursing, Racine, on May 26.

—△—

*Dr. Rock Sleyster*, medical director of the Milwaukee Sanitarium and past-president of the American Medical Association, was awarded an honorary degree of doctor of laws at the commencement exercises of Marquette University on June 11.

—△—

The following have been appointed to the consulting staff of the new St. Alphonsus Hospital, Port Washington: Medicine, *Dr. Norbert Enzer*, Milwaukee; surgery, *Dr. W. J. Carson*, Milwaukee; obstetrics, *Dr. R. W. Roethke*, Milwaukee; pediatrics, *Dr. M. G. Peterman*, Milwaukee; orthopedics, *Dr. L. D. Smith*, Milwaukee; pathology, *Dr. L. J. Van Hecke*, Milwaukee; roentgenology, *Dr. S. R. Beatty*, Oshkosh.

*Dr. E. F. Andre*, president of the Kenosha County Medical Society, discussed "The Value of the Visiting Nurse Service in Care of the Sick in the Home" on May 19 at a meeting open to the general public and sponsored by the Kenosha Visiting Nurse Association.

—△—

The health program of the city of Menasha was outlined by *Dr. R. A. Jensen*, city physician, at the May meeting of the Menasha-Neenah Visiting Nurse Association.

—△—

*Dr. Sara G. Geiger*, psychiatrist at the Child Guidance Clinic of Milwaukee County, spoke on May 19 in Sheboygan at a combined meeting of the study and mother clubs of four schools, Jefferson, U. S. Grant, Lincoln, and South Side Junior High. The subject of Dr. Geiger's talk was "Child Development."

—△—

"Intelligent handling of injured persons while awaiting the ambulance or during conveyance to the hospital is vitally important," *Dr. L. H. Hirsh*, West Allis, told 650 industrial workers at the fourth and closing session on May 26 of the 1941 Milwaukee Association of Commerce First Aid and Health School.

—△—

*Dr. H. H. Oberfeld*, Milwaukee, in speaking on the subject "What is Your Poison?" to the second ward P.T.A. at its May meeting explained the meaning of allergy, its causes and symptoms.

—△—

Two Milwaukee physicians, *Drs. A. I. Rosenberg* and *W. L. Herner*, have been admitted to the American Psychiatric Association.

—△—

"In the last thirty years the average length of life has been increased about twenty years by proper personal hygiene," *Dr. C. W. Eberbach*, president-elect of the Medical Society of Milwaukee County, said in a talk on May 19 before the third session of the 1941 school of first aid and health, conducted by the Association of Commerce of Milwaukee. *Dr. J. R. Dundon*, also of Milwaukee, assisted by the first-aid team of the Wisconsin Telephone Company, demonstrated treatment of fractures, sprains, and dislocations.

—△—

*Dr. R. C. Buerki*, superintendent of the State of Wisconsin General Hospital, Madison, has been named dean of the University of Pennsylvania Graduate School of Medicine and director of hospitals at the University of Pennsylvania. Dr. Buerki, who has been superintendent of the university hospital for the last eighteen years, will assume his new

duties next September. The director of hospitals at the Pennsylvania institution is a newly created post.

—△—

*Dr. C. A. Harper*, secretary of the State Board of Health for thirty-eight years, was called one of Wisconsin's "finest public servants" by President Thomas N. Barrows, Lawrence College, at the school's commencement exercises on June 9 in Appleton. Dr. Harper received an honorary doctor of science degree.

—△—

*Dr. Frances Cline*, Rhinelander, deputy state health officer, spoke at the meeting of the Taylor County Health Officers Association at its annual conference in Medford on June 19. She outlined the history of the State Board of Health, discussing its origin and development.

—△—

*Dr. H. H. Christofferson*, Colby, has been reappointed by Governor Heil to the Wisconsin State Board of Medical Examiners, for the term ending July 1, 1945.

—△—

*Dr. William A. Ryan* addressed the Fox River Valley Lake Shore Safety Conference at the Retlaw Hotel in Fond du Lac on May 22. His subject was "Industrial Hygiene and Health."

—△—

*Dr. Dorothy McDonald*, child welfare expert with the State Board of Health, was the principal speaker at a meeting on May 21 sponsored by the Oshkosh Community Council for Physical Fitness. Her subject was "Planning for Community Physical Fitness and Health."

—△—

*Dr. E. H. Jorris*, Madison, director of local health services of the State Board of Health, was the guest speaker on May 27 at the meeting of the Brown County Council of Social Agencies at Green Bay. His subject was "Principles and Practice of a Public Health System as Outlined by a Public Health Director."

## BIRTHS

A daughter, Bette Jo, to Dr. and Mrs. A. R. Zintek, Madison, May 14.

A daughter, Christina May, to Dr. and Mrs. J. W. Gale, Madison, May 19.

A daughter, Mary Lynn, to Dr. and Mrs. G. W. Fox, Milwaukee, May 7.

A daughter, Kathryn Anne, to Dr. and Mrs. R. H. Smits, West Allis, April 29.

A daughter to Dr. and Mrs. J. A. Thranow, Milwaukee, May 10.

A son, Carl Arthur, to Dr. and Mrs. A. W. Hankwitz, Milwaukee, June 13.

## MARRIAGES

Dr. P. J. Clark, Fond du Lac, and Miss Pauline Berge, Beloit, June 14.

## DEATHS

**Dr. George W. McCarthy**, Kenosha, died suddenly of a heart attack the night of May 23. He was 71 years of age.

Dr. McCarthy was born on February 22, 1870, at North Prairie, Waukesha, Wisconsin. He was graduated from the Wisconsin College of Physicians and Surgeons in 1901. Dr. McCarthy was first a general practitioner, but later he decided to specialize in the field of eye, ear, nose and throat and attended Tulane University of Louisiana School of Medicine, New Orleans, for instruction. In 1921 he established his office in Kenosha.

Dr. McCarthy was a leader in his profession and was also active in community affairs. He was a member of the Kenosha County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association.

He is survived by a brother and sister in North Prairie, Wisconsin, and a brother in Darlington, Wisconsin.

**Dr. Gilbert E. Seaman**, director of the State Division of Mental Hygiene, died of a heart attack at his home in Oconomowoc on May 25, after an illness of a few months. He was 71 years of age.

Dr. Seaman was born at Alpena, Michigan, in 1869, and was graduated from the Michigan College of Medicine and Surgery, Detroit, in 1889. He took postgraduate work at Wurzburg and Berlin, Germany, and began practice in Milwaukee in 1892, becoming noted first as an eye, ear, nose and throat specialist.

One of the state's leaders in the medical field for many years, Dr. Seaman's career included directorships in several medical institutions, brilliant service in two wars, and the authorship of a number of books and articles on medicine. In 1939 Dr. Seaman was appointed director of the State Division of Mental Hygiene. Previous to this he served as assistant health commissioner of Milwaukee for several years, superintendent of the Northern Hospital for the Insane at Winnebago, clinical director at Riverside Sanitarium in Milwaukee, and resident physician at the Milwaukee Sanitarium in Wauwatosa. Dr. Seaman also held numerous state positions, including membership on the State Board of Education and the Board of Regents of the University of Wisconsin.

He was always active in the fight against tuberculosis and was a member of the Wisconsin Anti-Tuberculosis Association for a number of years. He was also a member of the American Psychiatric Association, the Winnebago County Medical Society, the State Medical Society of Wisconsin, the Milwaukee Neuropsychiatric Society, the Royal Institute of Public Health, and the national and state mental hygiene associations. He was a fellow of the American Medical Association and the American College of Surgeons.

An authority on military surgery and mental diseases, Dr. Seaman was a veteran of medical service

in the Spanish-American War and World War. The recipient of many military honors, he was given the United States Distinguished Service Medal and the French Legion of Honor Award, and was a delegate to the Fourth International Congress on Military Medicine and Pharmacy at Warsaw, Poland, in 1927.

Surviving Dr. Seaman are his widow, a son, and three daughters.

Dr. H. M. Ripley, Kenosha, died suddenly on June 18 from a heart attack. He was 46 years of age.

Dr. Ripley was born at Oak Center, Fond du Lac County, on March 29, 1895. After premedical training at the University of Wisconsin, he entered the Hahnemann Medical College and Hospital, Chicago. Following graduation in 1917 he served his internship at the Streetor Memorial Hospital, Chicago. During the World War he was in the medical corps of the United States Army in France for thirteen months. When the war ended he established an office in Kenosha.

Dr. Ripley was a member of the Kenosha County Medical Society and the State Medical Society of Wisconsin. He was a fellow of the American Medical Association. He was also a member of the staff of Kenosha hospital and St. Catherine's Hospital, Kenosha.

Dr. Ripley is survived by his widow and a son and daughter, all of Kenosha.

Dr. Eber E. Haggerty, La Farge, died suddenly on May 12, of a heart attack. He was 69 years of age.

Dr. Haggerty was born on September 9, 1871, at Mt. Zion, Wisconsin. He was graduated from Milwaukee Medical College in 1898, and in 1918 volunteered his services to the United States Army in the World War. Dr. Haggerty first practiced medicine in Excelsior, Wisconsin, but later moved to La Farge.

He is survived by his widow and one son.

# COMING EVENTS

### Symposium on Respiratory Enzymes and Biological Action of Vitamins, September 11–13, Madison

The Wisconsin Alumni Research Foundation is sponsoring a symposium on respiratory enzymes and the biological action of vitamins at the University of Wisconsin Medical School, Madison, September 11–13. Leading biochemists and physicians of America and Europe will take part in the program and discussions. Wisconsin physicians may attend.

—△—

### Obstetrical Course, Chicago Lying-in Hospital

The Illinois State Department of Public Health and the Children's Bureau, U. S. Department of Labor, are sponsoring ten 4-week courses in obstetrics at the Chicago Lying-in Hospital during the fiscal year 1941–1942. Only a limited number of physicians will be accepted for each course. The only cost to the individual is for room and board and $25 ($10 of which is refunded at the completion of the course). Applications and inquiries should be addressed to: Post-graduate Course, Department of Obstetrics and Gynecology, 5848 Drexel Avenue, Chicago, Illinois.

—△—

### Continuation Study Courses, University of Minnesota

The Center for Continuation Study, University of Minnesota, announces the following courses:

| Subject | Date | Cost |
|---|---|---|
| Health Problems in Industry. | August 4–6 | $ 5 |
| Impairment of Hearing..... | August or October (6 days) | 25 |

—△—

### Institutes on Chest Diseases

Final arrangements for the ten institutes on chest diseases to be held this summer between July 21 and August 1 have been announced by the Wisconsin Anti-Tuberculosis Association, sponsor of this medical educational feature.

The location of each of the meetings, together with the name of the doctor who will act as presiding officer, follow:

Kaukauna, July 21, Riverview Sanatorium, Dr. C. D. Boyd
Rhinelander, July 22, New Central School, Dr. C. A. Richards
Superior, July 23, Middle River Sanatorium at Hawthorne, 18 miles southeast of Superior on Highway 53, Dr. E. E. Carpenter
Rice Lake, July 24, Land O'Lakes Hotel, Dr. D. L. Dawson
Stevens Point, July 25, Hardware Mutual Insurance Auditorium, Dr. T. L. Harrington
Kenosha, July 28, Willowbrook Sanatorium, Dr. Charles Ulrich
Madison, July 29, Lake View Sanatorium, Dr. W. C. Reineking
Platteville, July 30, Municipal Memorial Building, Dr. Wilson Cunningham
Sparta, July 31, Hotel Sidney, Dr. Spencer D. Beebe
Fond du Lac, August 1, Retlaw Hotel, Dr. S. E. Gavin

Doctors who are planning to attend meetings in county sanatoria are asked to make reservations with superintendents so that arrangements can be made for the dinner which will be "on the house." Names of the superintendents are Dr. C. D. Boyd, Riverview; Dr. E. E. Carpenter, Middle River; Dr. W. C. Reineking, Lake View; and Miss Alice Nelson, R. N., Willowbrook.

These institutes, which are open to all doctors, are again being sponsored by the W.A.T.A. in cooperation with the state and county medical societies, the State Board of Health, and county sanatoria.

There are no registration fees or other charges, the expenses being paid from a fund left to the W.A.T.A. by its former secretary, the late Dr. Hoyt E. Dearholt.

The instruction staff the first week will include Drs. H. M. Coon, Statesan; Joseph W. Gale and R H. Stiehm, Madison, and Oscar Lotz or A. A. Pleyte of the W.A.T.A. The second week's instructors will be Drs. W. H. Oatway, Jr., Madison; George C. Owen, Oshkosh; John D. Steele, Milwaukee; and J. A. Carswell or E. K. Steinkopff of the W.A.T.A.

**PROGRAM**

**INSTITUTES ON CHEST DISEASES**

**First Week—July 21–25, 1941**

**Second Week—July 29–Aug. 1, 1941**

P. M.

2:30 **Purposes of Institutes**

1st week—Dr. Oscar Lotz or Dr. A. A. Pleyte, W.A.T.A.

2nd week—Dr. J. A. Carswell or Dr. E. K. Steinkopff, W.A.T.A.

3:00 **Significance of Primary Tuberculosis**

1st week—Dr. R. H. Stiehm, Madison
Discussion—Dr. H. M. Coon, Statesan

2nd week—Dr. William H. Oatway, Jr., Madison
Discussion—Dr. George C. Owen, Oshkosh

3:30 **Differential Diagnosis of Surgical Chest Diseases**

1st week—Dr. Joseph W. Gale, Madison

2nd week—Dr. John D. Steele, Milwaukee

4:15 **X-ray Symposium**

(1) **How to Read X-ray Films**

1st week—Dr. Oscar Lotz or Dr. A. A. Pleyte, W.A.T.A.

2nd week—Dr. J. A. Carswell or Dr. E. K. Steinhopff, W.A.T.A.

(2) **Interesting Films in the Diagnosis of Chest Diseases**

1st week—Dr H. M. Coon, Statesan

2nd week—Dr. George C. Owen, Oshkosh

(3) **X-ray Films as an Aid in Prognosis and Treatment of Chest Diseases**

1st week—Dr. R. H. Stiehm, Madison

2nd week—Dr. William H. Oatway, Jr., Madison

5:10 **Pulmonary Abscess (Diagnosis and Treatment)**

1st week—Dr. Joseph W. Gale, Madison
Discussion—Dr. H. M. Coon, Statesan

2nd week—Dr. John D. Steele, Milwaukee
Discussion—Dr. William H. Oatway, Jr., Madison

6:00 Dinner

7:30 **Movie—"Artificial Pneumothorax in the Treatment of Pulmonary Tuberculosis."**

8:15 **Round Table—Sanatorium vs. Home Treatment of Tuberculosis.**

—△—

## Course in Geriatrics

The Committee on Postgraduate Education of the Medical Society of Milwaukee County has announced a course in geriatrics, increasingly important field in modern medical practice, to be held in November in the Auditorium of the Marquette University School of Medicine. Lecture dates and speakers have been announced as follows:

November 4:

Gastroenterology in the aged—Jacob Meyer, M. D., associate professor of medicine, University of Illinois, College of Medicine.

November 11:

Treatment of the aged from the surgical angle—O. T. Clagett, M. D., Mayo Clinic, Rochester, Minn.

November 18:

The problem of aging from the internist's angle—George M. Piersol, M. D., professor of medicine, The Medico-Chirurgical College, Graduate School of Medicine, University of Pennsylvania.

November 25:

The central nervous system in the aged—Hans H. Recse, M. D., professor of neuropsychiatry, University of Wisconsin Medical School, Madison.

—△—

## Examinations for Appointments in the Medical Corps of the U. S. Navy

An examination will be conducted for appointments as assistant surgeon, August 11–15, inclusive.

A circular listing physical and other requirements for appointment to this position, and application forms may be obtained from the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

—△—

## American Congress of Physical Therapy to Conduct Instruction Course Mornings Throughout Annual Scientific Session to Be Held in Washington, D. C.

The 20th annual scientific and clinical session of the American Congress of Physical Therapy will be held September 1 to 5 inclusive, 1941, at The Mayflower, Washington, D. C.

The mornings will be devoted to the annual instruction course, and the afternoons and evenings will be devoted to the scientific and clinical sessions. The seminar and convention proper will be open to all physicians and qualified technicians.

All the phases of physical medicine will be covered in the general program, including a special symposium on poliomyelitis. The program will be of interest to the general practitioner as well as to the specialist in physical therapy.

For information concerning the seminar and preliminary program of the convention proper, address the American Congress of Physical Therapy, 30 North Michigan Avenue, Chicago, Illinois.

At the same time the 25th annual meeting of the American Occupational Therapy Association will be held at The Mayflower. A combined meeting will be held on Wednesday, September 3, 1941. For information concerning the Occupational Therapy Association meeting, address Mrs. Meta R. Cobb, 175 Fifth Avenue, New York City.

## MEMBERS IN ACTIVE MILITARY SERVICE

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Baldwin, R. S., Captain | Marshfield | 4108 North Richards Street, Milwaukee |
| Becker, W. T., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| Benson, George B., 1st Lt. | Richland Center | Armored Forces, Fort Benning, Ga. |
| Bergstrom, L. V., 1st Lt. | Milltown | Co. 538, Camp Minidoka, Rupert, Id. |
| Bitter, R. H., Captain | Oshkosh | 12th Cavalry, Fort Bliss, Tex. |
| Bleckwenn, W. J., Colonel | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Bohorfoush, J. G., 1st Lt. | Madison | Air Corps Basic Flying School, San Angelo, Tex. |
| Bolles, C. S., 1st Lt. | De Pere | Station Hospital, Camp Wolters, Tex. |
| Bristow, J. H., 1st Lt. | Monroe | 5th Medical Battalion, Fort Custer, Mich. |
| Buckley, C. H., Captain | Menomonie | 10th Station Hospital, Camp Claiborne, La. |
| Cary, J. F., 1st Lt. | Sheboygan | First Medical Squadron, Fort Bliss, Tex. |
| Christianson, Herbert, 1st Lt. | Superior | Camp Livingston, La. |
| Dietrich, H. W., 1st Lt. | Madison | 7th Cavalry, Fort Bliss, Tex. |
| Dockry, L. E., Commander | Kewaunee | Commandant's Office, Naval Training Station, Great Lakes, Ill. |
| Dorr, R. H., 1st Lt. | Milwaukee | Woodbine, Kirkwood, Mo. |
| Dvorak, H. J., Captain | Milwaukee | 5th Division, Fort Custer, Mich. |
| Feiman, L. H., 1st Lt. | Milwaukee | 46th Medical Battalion, Pine Camp, N. Y. |
| Filek, A. A., Captain | Green Bay | Armored Forces, Fort Benning, Ga. |
| Foley, M. E., 1st Lt. | St. Nazianz | 5th Division, Fort Custer, Mich. |
| Ford, W. A., Lt. Col. | Sheboygan | Station Hospital, Fort Sill, Okla. |
| Frackelton, W. H., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Gearhart, R. G., 1st Lt. | Madison | Station Hospital, Fort Sill, Okla. |
| Goodman, P. P., 1st Lt. | Milwaukee | 326th Medical Regiment, 5th Medical Battalion, Fort Knox, Ky. |
| Grab, J. A., Major | Milwaukee | Selective Service Headquarters, Madison |
| Greenstein, Carl, 1st Lt. | Sheboygan | Chanute Field, Rantoul, Ill. |
| Grossmann, E. E. Captain | Milwaukee | Station Hospital, Camp Hulen, Tex. |
| Gueldner, L. H., 1st Lt. | Fort Atkinson | Co. B, Student Officers Training Battalion, Carlisle Barracks, Pa. |
| Guzzetta, M. M., 1st Lt. | Milwaukee | Fort Sam Houston, Tex. |
| Hannan, K. D., 1st Lt. | Prairie du Chien | Co. H, 102nd Medical Regiment, 27th Division, Fort McClellan, Ala. |
| Hathaway, G. J., Lt. Col. | Superior | Medical Detachment, 128th Infantry, 32nd Division, Camp Livingston, La. |
| Heiden, H. H., Lt. Col. | Sheboygan | Camp Livingston, La. |
| Hollenbeck, S. W., Major | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Huth, M. F., 1st Lt. | Baraboo | Camp Grant, Ill. |
| James, W. D., 1st Lt. | Oconomowoc | Station Hospital, Fort Sill, Okla. |
| Jerome, Bourne, Captain | Superior | 4108 North Richards Street, Milwaukee |
| Johnson, H. C., Major | Madison | Camp McCoy, Wis. |
| Kaiser, L. F., 1st Lt. | Rhinelander | 5th Medical Supply Depot, Fort Sam Houston, Tex. |
| Keck, E. B., Lt. Commander | Madison | Post Hospital, Marine Barracks, Quantico, Va. |
| Kennedy, H. A., 1st Lt. | Winneconne | Field Hospital, Naval Air Station, Corpus Christi, Tex. |
| Kocovsky, E. C., 1st Lt. | Milwaukee | Reception Center, Camp Grant, Ill. |
| Kretlow, F. A., 1st Lt. | Milwaukee | 1st Medical Squadron, Fort Bliss, Tex. |
| Krueger, E. R., 1st Lt. | Hayward | 30th Division, Fort Jackson, S. C. |
| Kuehl, F. O., 1st Lt. | Green Bay | 53rd Medical Battalion, Camp Claiborne, La. |
| Lochen, E. L., Captain | Waukesha | Army Hospital, Honolulu, Hawaii |
| Ludwig, E. P., Captain | Wausau | Company G, 135th Medical Regiment, Camp Shelby, Miss. |
| Lustok, M. J., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Martini, H. F., 1st Lt. | Wausau | 5th Division, Fort Custer, Mich. |
| McBain, L. B., Captain | Appleton | 30th Division, Fort Jackson, S. C. |
| McCormack, E. A., 1st Lt. | Niagara | 123rd Field Artillery, Monmouth, Ill. |
| McCormick, D. W., 1st Lt. | Madison | Station Hospital, Fort Custer, Mich. |
| Millard, A. L., Major | Marshfield | Second Infantry, Fort Custer, Mich. |
| Mitchell, M. T., 1st Lt. | Eau Claire | Medical Detachment, 38th Infantry, Fort Sam Houston, Tex. |
| Mokrohajsky, S. M., 1st Lt. | Green Bay | Station Hospital, Camp Grant, Ill. |
| Moland, O. G., 1st Lt. | Augusta | 14th Medical Regiment, Camp Bowie, Tex. |
| Montgomery, S. A., 1st Lt. | La Crosse | Station Hospital, Fort Sam Houston, Tex. |
| Moran, C. J., Captain | La Crosse | 120th Field Artillery, Camp Beauregard, La. |
| Nebel, Harold, Major | Milwaukee | 121st Field Artillery, 32nd Division, Camp Livingston, La. |
| Nelson, E. R., Lt. (j. g.) | Madison | % Asiatic Fleet, Naval Base, San Diego, Calif. |
| Niver, E. O., 1st Lt. | Eau Claire | Station Hospital, Fort Custer, Mich. |
| Nowack, L. W., Captain | Watertown | 32nd Division, Camp Livingston, La. |
| Olson, W. A., 1st Lt. | Greenwood | 128th Infantry, 32nd Division, Camp Livingston, La. |
| Pagel, H. F., 1st Lt. | Ladysmith | Station Hospital, Fort Sill, Okla. |

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Peterson, L. W., Lt. Col. | Sun Prairie | 135th Medical Regiment, Camp Shelby, Miss. |
| Peterson, S. C., 1st Lt. | Luck | Randolph Field, Tex. |
| Pomeroy, R. K., 1st Lt. | Port Washington | Naval Training Station, Great Lakes, Ill. |
| Raine, Forrester, Major | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Rau, G. A., 1st Lt. | Two Rivers | Station Hospital, Fort Sam Houston, Tex. |
| Rechlitz, E. T., 1st Lt. | Milltown | Armored Force Replacement Center, Fort Knox, Ky. |
| Roth, J. A., Captain | Carlinville, Ill. | Camp Grant, Ill. |
| Sarfatty, I. J., Captain | West Allis | Randolph Field, Tex. |
| Schramel, A. J., Captain | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Schwade, E. D., Captain | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Shabart, E. J. | Milwaukee | Fort Sheridan, Ill. |
| Simenson, R. S., 1st Lt. | Valders | Station Hospital, Camp Grant, Ill. |
| Stern, Louis, Captain | Milwaukee | Fort Bliss. Tex. |
| Stone, G. C., 1st Lt. | Berlin | Reception Center, Camp Grant, Ill. |
| Sullivan, J. M., 1st Lt. | Milwaukee | Station Hospital, Fort Sam Houston, Tex. |
| Sverdlin, A. A., Captain | Milwaukee | 4108 North Richards Street, Milwaukee |
| Talbot, J. R., 1st Lt. | Marshfield | Fort Riley, Kan. |
| Tousignant, A. N., Captain | Oconto | % Supt. A. T. S., Manila, P. I. |
| Vetter, E. W., Captain | Randolph | Company E, 135th Medical Regiment, Camp Shelby, Miss. |
| Waffle, R. L., Captain | Fond du Lac | Station Hospital, Fort Sheridan, Ill. |
| Wagner, A. J., 1st Lt. | Brillion | Scott Field, Belleville, Ill. |
| Walske, B. R. | Independence | Station Hospital, Camp Grant, Ill. |
| Watry, T. D., 1st Lt. | Milwaukee | 4108 North Richards Street, Milwaukee |
| Weaver, D. F., 1st Lt. | Green Bay | Fort Sam Houston, Tex. |
| Weinshel, L. R., 1st Lt. | Milwaukee | Scott Field, Ill. |
| Weissmiller, L. L., Captain | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Werner, J. J., 1st Lt. | Milwaukee | U. S. Induction Station, Milwaukee |
| Wier, J. S., Major | Fond du Lac | Fort Benning, Ga. |
| Williamson, C. S., Major | Green Bay | Station Hospital, Ponce, Porto Rico |
| Winkler, R. J., 1st Lt. | Hilbert | Camp Beauregard, La. |
| Wood, C. A., Major | Waukesha | 5th Division, Fort Custer, Mich. |
| Wyatt, T. E. | Marshfield | 128th Infantry, 32nd Division, Station Hospital, Camp Livingston, La. |
| Young, J. J., 1st Lt. | Appleton | Station Hospital, Camp Grant, Ill. |
| Zintek, S. S., Lt. Col. | Milwaukee | 127th Infantry, 32nd Division, Camp Livingston, La. |

# Medical Advisory Boards

### State Medical Officer

Dr. O. R. Lillie, 208 E. Wisconsin Ave., Milwaukee

### Assistant State Medical Officer

Major John A. Grab, Selective Service, State Capitol, Madison

### BOARD NO. 1

**Local boards served.**—*Milwaukee city, local boards nos. 1, 2, 3, 4, 6, 10, 15, 16, 19*

John E. Mulsow (chairman), 231 W. Wisconsin Ave.; John E. Habbe (secretary), 231 W. Wisconsin Ave.; Wm. M. Jermain, T. J. Howard, Herman C. Schumm, Curtis A. Evans, John L. Garvey, George H. Hansmann, John W. Truitt, and Joseph J. Tolan (dentist),—all of Milwaukee

### BOARD NO. 2

**Local boards served.**—*Milwaukee city, local boards nos. 7, 9, 13, 18, 20, 21, 22, 25, 26*

Wm. J. Egan (chairman), 720 N. Jefferson St., John B. Hitz (secretary), 411 E. Mason St., Walter P. Blount, Chester M. Echols, Robert E. Fitzgerald, Norbert Enzer, S. A. Morton, Harry J. Heeb, and Robert Phelan (dentist),—all of Milwaukee

### BOARD NO. 3

**Local boards served.**—*Milwaukee city, local boards nos. 5, 8, 11, 12, 14, 17, 23, 24, 27*

Joseph J. Lettenberger (chairman), 161 W. Wisconsin Ave., Roman J. Stollenwerk (dentist, secretary), 2689 S. Kinnic Ave.; Walter Brussock, Fred Madison, Wm. E. Grove, John O. Dieterle, Urban A. Schlueter, Wm. L. Herner, Hobart K. B. Allebach, and Paul S. Epperson,—all of Milwaukee

### BOARD NO. 4

**Local boards served.**—*Milwaukee county, outside city limits of Milwaukee, Waukesha, Ozaukee*

Millard Tufts (chairman), 208 E. Wisconsin Ave., Milwaukee; Merle Q. Howard (secretary) % Milwaukee Sanitarium, Wauwatosa; Milton Borman, Urban J. Durner, Chester C. Schneider, Dexter H.

Witte, Edward L. Tharinger, Hans W. Hefke, N. W. Bourne, Maurice J. Reuter, and A. T. Wiebrecht, (dentist) all of Milwaukee; and James F. Wilkinson, Oconomowoc

BOARD NO. 5

**Local boards served.**—*Walworth, Racine, Kenosha*

Russell M. Kurten (chairman), Racine; Harold B. Keland (secretary), Racine; Kenneth Kehl, Racine; T. W. Ashley, Kenosha; Henry Beeson, Racine; L. E. Fazen, Racine; Stilwell G. Meany, East Troy; Charles E. Pechous, Kenosha; Irwin E. Bowing, Kenosha; Elmore W. Goelz, Whitewater; F. W. Peil (dentist), Racine; George C. Gabe (dentist), Kenosha

BOARD NO. 6

**Local boards served.**—*Jefferson, Rock, Green, Lafayette*

Aubrey H. Pember (chairman), Janesville; Thomas J. Snodgrass (secretary), Janesville; Emmett W. Bowen, Watertown; W. A. Munn, Janesville; Nathan E. Bear, Monroe; Wm. J. Allen, Beloit; Russell F. Wilson, Beloit; C. T. Foote (dentist), Janesville

BOARD NO. 7

**Local boards served.**—*Dane, Iowa, Grant, Columbia, Sauk, Richland*

Albert R. Tormey (chairman), Madison; Albert W. Bryan (secretary), Madison; Karver L. Puestow, Eugene E. Neff, Henry L. Greene, Wm. D. Stovall, Ivan Ellis, Madison; James W. MacGregor, Portage; Albert R. Dipple (dentist), Baraboo

BOARD NO. 8

**Local boards served.**—*Crawford, Vernon, Juneau, Monroe, La Crosse, Jackson, Trempealeau*

Frederick A. Douglas (chairman), La Crosse; Alf H. Gundersen (secretary), La Crosse; Robert L. McCornack, Whitehall; Brand Starnes, New Lisbon; Mathew A. McGarty, La Crosse; Wm. E. Bannen, La Crosse; James E. McLoone, La Crosse; Stephen F. Donovan, Tomah; P. E. Bartelt (dentist), La Crosse

BOARD NO. 9

**Local boards served.**—*Eau Claire, Buffalo, Pepin, Dunn, St. Croix, Pierce*

F. G. Anderson (chairman), Eau Claire; Joseph W. Livingstone, Hudson; Fred S. Cook, Eau Claire; Nels Werner, Eau Claire; Joseph C. Baird, Eau Claire; E. H. Parish (dentist), Durand

BOARD NO. 10

**Local boards served.**—*Chippewa, Rusk, Barron*

Francis T. McHugh (chairman), Chippewa Falls; Merton Field (secretary), Chippewa Falls; D. L. Dawson, Rice Lake; Walter F. O'Connor, Ladysmith; Edison O. McCarty, Chippewa Falls; S. E. Williams, Chippewa Falls

BOARD NO. 11

**Local boards served.**—*Polk, Burnett, Washburn, Douglas, Sawyer*

Thomas J. O'Leary (chairman), Superior; Victor E. Ekblad (secretary), Superior; Elmer A. Myers, Superior; Raymond G. Arveson, Frederic; Clarence H. Christiansen, Superior; Lien O. Simenstad, Osceola; John R. McNutt, Superior; George L. Berdez, Duluth; Harry C. Greve (dentist), Hayward

BOARD NO. 12

**Local boards served.**—*Bayfield, Ashland, Iron, Vilas, Price*

John M. Dodd (chairman), Ashland; John W. Prentice (secretary), Ashland; R. O. Grigsby, Ashland; Wm. J. Tucker, Ashland; Fred G. Johnson, Iron River; Frank D. Weeks, Ashland; Justin D. Leahy, Park Falls; F. H. Simerson (dentist), Phillips

BOARD NO. 13

**Local boards served.**—*Lincoln, Taylor, Clark, Wood, Marathon, Portage*

Harold T. Fehland (chairman), Wausau; James K. Trumbo (secretary), Wausau; Edward P. Crosby, Stevens Point; Merritt L. Jones, Wausau; Kyrle A. Morris, Merrill; Eugene E. Flemming, Wausau; Wallace L. Nelson, Wisconsin Rapids; Glenn Bennett, Wisconsin Rapids; H. Schneiders, Wausau; L. P. Wahl (dentist), Wausau

BOARD NO. 14

**Local boards served.**—*Forest, Florence, Oneida, Langlade*

Clarence A. Richards (chairman), Rhinelander; Irving E. Schiek (secretary), Rhinelander; Joseph W. Lambert, Antigo; Alex F. S. Harter, Rhinelander; Wm. P. Curran, Antigo; Thomas G. Torpy, Minocqua; Ernest G. Ovitz, Laona; Orville H. Treweek (dentist), Rhinelander

BOARD NO. 15

**Local boards served.**—*Marinette, Oconto, Brown, Door, Kewaunee*

Arthur J. McCarey (chairman), Green Bay; John L. Ford (secretary), Green Bay; Maurice D. Bird, Marinette; Emil G. Nadeau, Green Bay; James V. May, Marinette; Ralph M. Carter, Green Bay; Lawrence D. Quigley, Green Bay; Dana B. Dana, Kewaunee; Roderick J. Gordon, Sturgeon Bay; Ralph L. Troup, Green Bay; Wm. W. Kelly, Green Bay; Elmer J. Teske (dentist), Green Bay

BOARD NO. 16

**Local boards served.**—*Shawano, Waupaca, Outagamie, Calumet, Manitowoc*

Albert E. Rector (chairman), Appleton; George T. Hegner (secretary), Appleton; Victor F. Marshall, Appleton; Leo J. Moriarty, Two Rivers; John B. MacLaren, Appleton; Nick J. Knauf, Chilton; Erwin C. Cary, Reedsville; Alex J. Zimmer (dentist), Manitowoc

BOARD NO. 17

**Local boards served.**—*Adams, Waushara, Winnebago, Marquette*

Jasper W. Lockhart (chairman), Oshkosh; Donald G. Hugo (secretary), Oshkosh; Frank G. Connell, Oshkosh; George V. Lynch, Oshkosh; John M. Conley, Oshkosh; Burton Clark, Oshkosh; Alvin G. Koehler, Oshkosh; George A. Stratton (dentist), Oshkosh; J. M. Donovan (dentist), Neenah

BOARD NO. 18

**Local boards served.**—*Green Lake, Dodge, Washington, Sheboygan, Fond du Lac*

Stephen E. Gavin (chairman), Fond du Lac; Henry C. Werner (secretary), Fond du Lac; A. H. Heidner, West Bend; Alexander G. Hough, Beaver Dam; Henry E. Twohig, Fond du Lac; Joseph C. Devine, Fond du Lac; Richard R. Dalrymple, Fond du Lac; Carl Felton (dentist), Sheboygan; G. O. Zoellner (dentist), Fond du Lac

# Physician-Members of District Appeal Boards

**First district.**—*Milwaukee county:* Robert W. Blumenthal, Milwaukee

**Second district.**—*Milwaukee county:* Francis D. Murphy, Wauwatosa

**Third district.**—*Walworth, Kenosha, Racine, Waukesha, Washington, Ozaukee and Dodge counties:* E. S. Elliott, Fox Lake

**Fourth district.**—*Rock, Green, Lafayette, Iowa, Adams, Sauk, Columbia, Dane, Grant, Jefferson, and Marquette counties:* James A. Jackson, Madison

**Fifth district.**—*La Crosse, Monroe, Juneau, Vernon, Crawford and Richland counties:* B. I. Pippin, Richland Center

**Sixth district.**—*Jackson, Pepin, Trempealeau, Buffalo, Pierce, St. Croix, Dunn, Eau Claire, Chippewa, Barron, Polk, Clark and Rusk counties:* F. E. Butler, Menomonie

**Seventh district.**—*Douglas, Burnett, Washburn, Bayfield, Sawyer, Ashland, Iron, Price and Vilas counties:* C. J. Smiles, Ashland

**Eighth district.**—*Oneida, Forest, Langlade, Lincoln, Taylor, Marathon, Wood, Portage, Waupaca, and Shawano counties:* F. H. Kelley, Merrill

**Ninth district.**—*Door, Kewaunee, Brown, Oconto, Outagamie, Marinette, and Florence counties:* F. C. Huff, Sturgeon Bay

**Tenth district.**—*Calumet, Green Lake, Winnebago, Fond du Lac, Waushara, Sheboygan, and Manitowoc counties:* Curtis L. MacCollum, Manitowoc

CENTENNIAL MEETING

STATE MEDICAL SOCIETY OF WISCONSIN

SEPTEMBER 10, 11 AND 12

MADISON

# Minutes of the Council; Milwaukee, January 3 and 4, 1941

This is the balance of the report of the January meeting of the Council, the first portion of which was published in the February issue of *The Journal.*

**18. Amendments to Contracts of Associated Hospital Service, Inc.**

Secretary Crownhart at this point received documents brought to the meeting room and announced that they were amendments to contracts of Associated Hospital Service, Inc. Announcement was made that legal counsel would analyze these documents during the luncheon hour and that later in the day a report would be made to the Council as to content.

The Council recessed at 12:00 noon, resuming its session at 1:40 p. m.

**19. Committee on Safety on Public Highways**

Dr. M. W. Sherwood, Milwaukee, chairman of the Committee on Safety on Public Highways, presented a report and recommendations for furthering interest in the subject of safety in Wisconsin. Among the recommendations was one that each county medical society appoint from three to five members as speakers whose services would be available for service clubs and any other organizations desiring presentations on this subject; also that a Safety Day be established with symposiums or addresses throughout the state on that day. Dr. Sherwood left an outline with each member, designed as a sample program for a conference to be held in February. There was discussion, and upon motion by Fitzgerald–Lambert, the matter of an appropriation of $111.40 for travel expense for speakers was referred to the Committee on Public Policy, with full power to act. Adopted unanimously.

Secretary Crownhart suggested that the balance of the session be considered as an executive session. It was so ordered by the chairman.

**20. Committee Appointments by Chairman of Council**

Chairman Gavin made the following appointments:

Auditing Committee: Drs. H. H. Christofferson, Colby; G. W. Krahn, Oconto Falls; and R. W. Blumenthal, Milwaukee, to succeed themselves.

Executive Committee: Drs. W. T. Clark, Janesville; A. H. Heidner, West Bend; and R. W. Blumenthal, Milwaukee, to succeed themselves, together with the president-elect (ex officio) and the president, chairman of the Council, secretary, and treasurer.

Conference Committee on Open Panels: Dr. T. J. O'Leary, Superior, to succeed himself, and Dr. R. M. Kurten, Racine, to succeed Dr. R. P. Sproule, Milwaukee, now president.

Conference Committee on Wisconsin Hospitals and Medical Payments Plan: Drs. C. H. Andrew, Platteville, and Dr. J. W. MacGregor, Portage, to succeed themselves.

M-Day Committee: Drs. R. E. Fitzgerald, Milwaukee; J. W. Lambert, Antigo; and R. W. Blumenthal, Milwaukee, to succeed themselves; and the secretary.

Upon motion by Butler–Heidner, these appointments were unanimously approved.

**21. Report of Committee on Public Policy**

Dr. C. A. Dawson, River Falls, chairman of the Committee on Public Policy, presented a report as follows:

> "At its meeting early in December your Committee on Public Policy had as its guests the president and secretary of the State Board of Medical Examiners. Many legislative subjects of mutual interest were offered for discussion by them. It was the consensus of opinion that no legislation should be introduced to bar foreign physicians whose credentials could not be verified, inasmuch as this was being well accomplished by present board rulings, the public purpose of which your committee highly commended. It was felt that supportive legislation was not needed.
>
> "It was also agreed that there was real danger in creating a 'no man's land' in the field of medical licensure, should exemption from licensure be granted to 'resident' physicians and others. It was agreed that as soon as the student completes the one year of internship required by the Wisconsin law as a prerequisite for licensure, he must then be licensed. In the wisdom of this decision the director of the Council on Medical Education and Hospitals of the American Medical Association subsequently concurred.
>
> "Your committee also had before it a group of officers of the Wisconsin Pharmaceutical Association. It was their contention that if pharmacists were to be encouraged to enact a law restricting the sale of barbiturates and like hypnotic drugs, restrictions should likewise be placed upon dispensing by the physician. In this your committee finds it cannot concur. Your committee, with Council approval, holds that the purpose of pure drug laws is protection of the public and that in the present instance the public does require protection against overdosage and unrestricted sale by pharmacists but not against physicians who are aware of the dangers and do not dispense without directions or limit.

"Your committee looks with favor upon the present movement for closer relationship between pharmacist and physician and does not intend that by its position on this one subject such relationship in the public interest be disturbed or retarded.

"Other legislation which your House of Delegates has specifically authorized was discussed in detail with instructions to legal counsel concerning its drafting and introduction.

"President Sproule discussed sponsoring legislation relative to daylight saving time and presenting six weekly informative broadcasts on that subject. It was the unanimous feeling of the committee that such legislation or broadcasts should not be sponsored by the Society. However, at the insistence of the president and in view of the fact that unfavorable publicity might result from any other course in the light of prior commitment by the president, it was decided that the committee temporarily must accede to the president's request as to broadcasts and lay the matter before the Council for action at its next meeting.

"It is the present recommendation of the committee that in the event legislation on the subject of daylight saving time is introduced in the legislature, such legislation be not supported as sponsored by the Society."

Upon motion by Butler–Jegi, the above report of the Committee on Public Policy was unanimously adopted.

**22. Analysis of Amendments to Hospital Care Insurance Contracts**

Legal counsel discussed the proposals received earlier in the session relative to amendments to hospital care insurance contracts now in use in the state.

Upon motion by Christofferson–Fitzgerald, it was proposed to refer the further analysis of these contracts to the Executive Committee of the Council for study, with a report to be made by mail to the Executive Committee at a later date should any change in the Society's position be indicated. There was discussion of this entire subject matter by legal counsel and Drs. Heidner, Christofferson, Fitzgerald, Clark, and Gundersen. The motion was then adopted unanimously.

**23. Utilization of Physician Employed by State Board of Health**

Assistant Secretary Larson presented the matter of a full-time physician now employed by the State Board of Health in the field of obstetrics and gynecology, and possibilities for utilization of his services by the Society and other agencies. There was discussion by Secretary Crownhart, Assistant Secretary Larson, and Drs. Christofferson, Clark, Heidner, Gavin, Johnson, Pippin, Butler, and Arveson. Upon motion by Heidner–Johnson, this matter was referred to the Council on Scientific Work. Adopted unanimously.

**24. Miscellaneous**

After discussion by the Council of various items of interest, Chairman Gavin called upon President Sproule for a statement. Dr. Sproule urged diligence in furthering plans for the centennial meeting. Chairman Gavin then called upon President-elect Gundersen for a statement.

**25. Adjournment**

The meeting adjourned at 2:45 p. m., upon motion by Arveson–Christofferson.

J. G. Crownhart,
*Secretary.*

Approved:
S. E. Gavin, M. D.,
*Chairman of the Council.*

## SOCIETY RECORDS

### New Members

F. F. Newell, Burlington.
J. R. Goelz, Brillion.
S. S. Houkom, Bellin Building, Green Bay.

### Changes in Address

Hollenbeck, S. W., Camp Beauregard, La., to 126th Field Artillery, Camp Livingston, La.

Grossmann, E. E., Camp Wallace, Tex., to Station Hospital, Camp Hulen, Tex.

Moland, O. G., Fort Sam Houston, Tex., to Camp Bowie, Tex.

Brown, R. J., Richland Center, to Cazenovia.

H. W. Dietrich, Madison, to 7th Cavalry, Fort Bliss, Tex.

C. A. Wood, Waukesha, to 5th Division, Fort Custer, Mich.

E. O. Niver, Eau Claire, to Station Hospital, Fort Custer, Mich.

C. H. Buckley, Menomonie, to 10th Station Hospital, Camp Claiborne, La.

Elizabeth R. Baldwin, Marshfield, to R. F. D., Box 93, Hartland.

C. S. Bolles, Fort Sam Houston, Tex., to Station Hospital, Camp Wolters, Tex.

R. G. Gearhart, Madison, to Station Hospital, Fort Sill, Okla.

J. G. Bohorfoush, Madison, to Air Corps Basic Flying School, San Angelo, Tex.

H. J. Dvorak, Milwaukee, to 5th Division, Fort Custer, Mich.

S. C. Peterson, Luck, to Randolph Field, Tex.

L. R. Weinshel, Milwaukee, to Scott Field, Ill.

R. H. Biehn, Wauwatosa, to Allard Clinic, Billings, Mont.

(See page 605 for complete list of men who are in service.)

# CORRESPONDENCE

June 17, 1941

Mr. George Crownhart, Executive Secretary
State Medical Society of Wisconsin
110 East Main Street
Madison, Wisconsin

Dear George: I sincerely trust that the One Hundredth Anniversary of the Wisconsin Medical Association will be the biggest and best ever held.

My personal congratulations to you, and I still believe that you can give us hearts and spades and still win every pile.

The enclosed resolution was adopted at the Annual Meeting of the Association, May 20, and I sincerely hope that when this day arrives for the Oklahoma State Medical Association it too will have developed as inimitable a record.

Sincerely yours,

R. H. GRAHAM,
*Executive Secretary.*

**Resolution**

WHEREAS, The House of Delegates of the Oklahoma State Medical Association has been advised that on September 10, 11 and 12, 1941, there will be convened in Madison, Wisconsin, the One Hundredth Anniversary Meeting of the State Medical Society of Wisconsin,

*Now therefore be it resolved,* That the House of Delegates of the Oklahoma State Medical Association expresses congratulations to the State Medical Society of Wisconsin on this Anniversary and commends the Wisconsin Society for the place it has played in American Medicine and also for its diligent perusal of better medical services for the people of Wisconsin because of its having always exerted its effort for their protection in matters of health and welfare.

Adopted May 20, 1941.

Signed: J. D. OSBORN, M. D.
*Speaker of the House*

# Physicians Offered a "Deal"

ON JUNE 17 a number of Wisconsin physicians received a post card offering a full-time opportunity away from their own offices. This proferred opportunity assured the physicians of "fine remuneration." The card was almost identical to one set forth in the Journal of the American Medical Association on February 15, 1941, on page 597. The entire article is not quoted below, but only those portions that appeared to be of particular interest.

## Physicians Offered a "Deal"

"On January 13 postcards were mailed to various physicians in the Indiana area which read as follows:

" 'Dear Doctor: I would like to enter into an arrangement with you, requiring your full time service away from your office. Attractive opportunity and fine remuneration. Office space is provided. This is a permanent arrangement. The proposition is in Anderson, Indiana. If you are interested, wire collect, giving your phone number, so that I can call you.

B. SHERMAN
1148 W. Chicago Ave.
Chicago, Illinois'

"A check of the address indicated that its occupant is the Ritholz Optical Company. The Bureau of Investigation first dealt with the Ritholz optical concerns in an article in THE JOURNAL, July 25, 1925. Ten years later, in the July 6, 1935 issue, the Bureau reported, under the title 'The Ritholz Frauds,' a post office fraud order issued against the concern. Nine different trade styles were listed in this article, although not all of them were named specifically in the fraud order, some of them apparently being local concerns not employing the mails; namely, 'Dr. Ritholz Optical Co., Inc.' 'Dr. Ritholz Optical Co.' and 'Ritholz Optical Co.' This article also called attention to the fact that the energetic action on the part of the Chicago Better Business Bureau had resulted in barring the facilities of Chicago newspapers and radio stations to these stores. Subsequently the Ritholz concern agreed to advertise in accordance with the standard practice of optometrists, and the Better Business Bureau announced this in its Bulletin. Later THE JOURNAL carried reports of two law suits involving the National Optical Stores and Benjamin D. Ritholz. The first of these referred to the case of *Ritholz et al. v. North Carolina State Board of Examiners in Optometry et al.*, 18 F. Supp. 409, which was abstracted in THE JOURNAL, Dec. 11, 1937, page 2015; the second was that of *Ezell et al. v. Ritholz et al.* (S.C.), 198 S. E. 419, which was abstracted in THE JOURNAL, July 1, 1939, page 88.

"In 1934 the Federal Trade Commission issued an order against Benjamin D. Ritholz of Chicago, doing business under the names Chicago Dentists and Chicago Dental House, Inc., in connection with the promotion of a dental plate in interstate commerce. In 1937, subsequent to the appearance of the fraud order, the Federal Trade Commission issued a complaint against the National Optical Stores and Dr. Ritholz Optical Company for their activities in connection with the promotion of spectacles. Subsequently the Post Office Department issued a fraud order against the Chicago Dentists, Chicago Dental House and International Dental House for using the mails in the promotion of dental plates. In this fraud order Mr. Benjamin D. Ritholz is mentioned as 'one of the proprietors of the above named concerns.'

"By engaging repeatedly in such practices, these concerns have shown their total disregard for the welfare of the American people and their desire to make a profit at the expense of the eyesight of the citizens of this country. Their effrontery in attempting to engage unsuspecting physicians to promote their activities is astounding. An ethical physician would not give the slightest consideration to alining himself with such an outfit."

# Dr. Frederick W. Rankin, Lexington, Kentucky, Named President-Elect of American Medical Association

THE ninety-second annual session of the American Medical Association, held in Cleveland, was an outstanding postgraduate opportunity and likewise was notable for serious and important considerations placed before the House of Delegates by members of the association.

At this meeting, Dr. Frank H. Lahey, Boston, took over his official duties as president of the American Medical Association, with Dr. Frederick W. Rankin, Lexington, Kentucky, chosen to fill the position of president-elect.

The considerations before the House of Delegates were centered primarily around the medical problems associated with the present military situation. The second major matter considered was the recent court decision in Washington.

Among the military problems considered by the House of Delegates was the question of remuneration of physicians serving the selective service boards. On this question, the House accepted and approved the following statement which appeared in the report of the Reference Committee on Military Preparedness:

> "Since there are many laymen, many more in fact than physicians, serving the Selective Service in various capacities without payment, who comprise the members of the local boards, the appeals boards, the government appeals agents and others in ancillary capacities, it would be against the adopted policy of the American Medical Association to recommend that physicians serving these local boards be paid, because the American Medical Association has pledged its utmost service to the government in behalf of the national defense program. To pay the physicians would make these positions political in intent and practice."

The reference committee therefore recommended that the resolution relating to the remuneration of examining physicians be disapproved. This recommendation was followed by the House of Delegates.

The House of Delegates also gave consideration to a request that woman physicians be given army commissions. It was pointed out in the House that such an action would necessitate a change in the problem of construction of military hospitals, housing of officers, and other problems. It was recommended that woman physicians could fill a real need in expending and extending their help to care for the civilian population and in public health service.

The House of Delegates referred to the Board of Trustees for study, the entire question of certification of the various specialties by the American boards. Delegates pointed out that experience has shown that the requirements of several boards are perhaps too exacting and that a study should be made looking toward revision of the requirements established by the boards.

The trustees were also directed by the House of Delegates again to confer with representatives of the American Hospital Association and the Catholic Hospital Association of the United States in an effort to have a clear definition of what constitutes medical service and what constitutes hospital service.

Other military problems coming before the House of Delegates related to the continuation of medical education by students enrolled in medical schools. The House also recommended that the United States government be urged to establish a medical personnel procurement agency of a central character in order that both the military and civilian needs could be met without seriously depleting some civilian areas of medical service.

The full proceedings of the House of Delegates of the American Medical Association appear in the June 14 and 21 issues of the Journal of the American Medical Association. Each member is urged to read the transactions that he may be aware of the important actions taken by the parent organization.

## Wisconsin Attendants

Following are the names of Wisconsin physicians who registered at the meeting:

Allen, Mary—Green Bay
Banyai, A. L.—Wauwatosa
Barrock, J. J.—Milwaukee
Bayley, W. E.—La Crosse
Birge, E. A.—Madison
Boeckman, F. A.—Marshfield
Borman, M. C.—Milwaukee
Boudry, M. O.—Waupaca
Buckley, W. E.—Racine
Burgardt, G. F.—Milwaukee
Campbell, R. E.—Madison
Carey, E. J.—Milwaukee
Carney, C. M.—Beloit
Carter, R. M.—Green Bay
Charles, J. D.—Milwaukee
Clark, W. T.—Janesville
Cooper, G. A.—Madison
Crosley, G. E.—Milton
Cunningham, H. A.—Milwaukee
Dockery, G. A.—Franksville
Douglas, F. A.—La Crosse
Echols, C. M.—Milwaukee
Edmondson, C. C.—Waukesha
Edwards, W. C.—Richland Center
Eisenberg, P. J.—Milwaukee
Ewell, G. H.—Madison
Farnsworth, R. W.—Janesville
Feldt, R. H.—Milwaukee
Fitzgerald, R. E.—Milwaukee
Folsom, W. H.—Fond du Lac
Foster, Ruth C.—Madison
Furlong, J. J.—Milwaukee
Gabor, M. E.—Milwaukee
Galasinski, R. E.—Milwaukee
Gavin, S. E.—Fond du Lac
Gebhard, U. E.—Milwaukee
Greene, H. L.—Madison
Gregory, L. W.—Manitowoc
Grove, W. E.—Milwaukee
Gundersen, Gunnar—La Crosse
Habbe, J. E.—Milwaukee
Hammes, G. R.—Seneca
Hansmann, G. H.—Milwaukee
Hardgrove, Maurice—Milwaukee
Harris, J. W.—Madison
Heitzman, H. H.—Green Bay
Hermann, A. H.—Milwaukee
Hertzog, A. J.—Eau Claire
Herzog, J. V.—Milwaukee
Higgins, S. G.—Milwaukee
Hill, N. A.—Madison
Hirschboeck, J. S.—Milwaukee
Hitz, J. B.—Milwaukee
Jackson, A. S.—Madison
Jamieson, R. D.—Racine
Johnson, A. W.—Milwaukee
Kasak, Michael—Wauwatosa
Kearns, W. M.—Milwaukee
Kleinpell, H. H.—Prairie du Chien
Kristjanson, H. T.—Milwaukee
Krumbiegel, E. R.—Milwaukee
Kurtz, C. M.—Milwaukee
Kurtz, Esther C.—Milwaukee
Ladewig, A. W.—Milwaukee
Lang, V. F.—Milwaukee
Lavine, I. H.—Melrose
Lee, H. J.—Oshkosh
Leonard, C. W.—Fond du Lac
Levin, H. M.—Darien
Lindsay, W. T.—Madison
MacGregor, J. W.—Portage
Madison, F. W.—Milwaukee
Malin, G. F.—La Crosse
Maloof, G. J.—Madison
Margoles, Milton—Milwaukee
Mason, E. W.—Milwaukee
McCabe, J. O.—Milwaukee
McCormick, S. A.—Madison
McKittrick, N. W.—Milwaukee
Meyer, O. O.—Madison
Michna, C. T.—Denmark
Milson, Louis—Green Bay
Morter, C. W.—Milwaukee
Morton, S. A.—Milwaukee
Murphy, F. D.—Milwaukee
Neidhold, C. D.—Appleton
Newcomb, C. J.—Milwaukee
Ozonoff, J. B.—Milwaukee
Patterson, L. G.—Waupaca
Perlson, P. H.—Milwaukee
Pessin, S. B.—Madison
Peterman, M. G.—Milwaukee
Petersen, G. W.—Neenah
Pifer, P. E.—Kenosha
Quisling, R. A.—Madison
Ritchie, Gorton—Racine
Ruehlman, D. D.—Monroe
Sargent, J. C.—Milwaukee
Satter, O. E.—Prairie du Chien
Schaefer, A. A.—Milwaukee
Schlomovitz, H. H.—Barron
Schulz, Irwin—Milwaukee
Schumacher, H. S.—Milwaukee
Schutte, A. G.—Milwaukee
Seeger, S. J.—Milwaukee
Seward, L. J.—Berlin
Shapiro, H. H.—Madison
Sleyster, Rock—Wauwatosa
Slocum, H. C.—Madison
Smith, J. F.—Wausau
Smith, L. D.—Milwaukee
Sprague, J. T.—Madison
Squier, T. L.—Milwaukee
Stahmer, A. H.—Wausau
Steen, M. H.—Oshkosh
Sullivan, A. G.—Madison
Taylor, J. G.—Milwaukee
Twohig, H. E.—Fond du Lac
Van Hecke, L. J.—Milwaukee
Vedder, J. S.—Marshfield
Walton, W. B.—Milwaukee
Wangeman, C. P.*—Madison
Waters, R. M.—Madison
Wenstrand, D. E. W.—Milwaukee
Werrell, W. A.—Madison
White, A. S.—Rice Lake
Wright, H. H.—Milwaukee
Ziegler, L. H.—Wauwatosa

* Member of the Washington State Medical Ass'n.

# Preparations For Centennial Meeting Near Completion

THE Centennial Meeting will be marked by both an outstanding scientific program and unusual entertainment features. Many unusual innovations have been introduced to make this truly a commemorative occasion and one long to be remembered by both the physicians and their wives.

The preliminary scientific program which appears on page ___ has taken shape under the guiding hand of Dr. Erwin R. Schmidt, who has expended every effort to secure men talented in their respective fields. Further efforts are being made to develop this program.

Through the scientific exhibits occupying the entire Great Hall in the Memorial Union will be presented outstanding medical displays, actual demonstrations through the use of a fluoroscopic unit in actual operation, and cadaver dissections demonstrating both anatomical structures and pathologic conditions. The scientific exhibit section is in charge of Dr. Karl H. Doege of Marshfield.

Technical exhibitors have recognized that this will be a memorable occasion in Wisconsin and, while the exhibit space has been expanded to more than twice the usual capacity, all available booths are now reserved. Special features will undoubtedly be presented by several of these exhibitors.

In searching for entertainment features that would fit the occasion, local committees have made tentative arrangements for an outstanding legitimate stage comedy from New York. This showing in Madison will be exclusively for those attending the Centennial Meeting. The ticket sale will be announced in detail in the next issue of The Journal.

On Wednesday evening a banquet divided into three separate phases will be held in the Crystal Ballroom of the Loraine Hotel. A short period will be devoted to formal presentations and a brief address by a leading physician. This will be followed by entertainment by a humorist.

Each member is urged to mail his request for hotel reservations at once in order that satisfactory accommodations may be secured. All reservations will be made through the Society to assure desirable locations for all who attend. A special committee from the Dane County Medical Society has reserved ample room for all, which includes hotels, apartments, and campus buildings such as Ann Emery and Langdon Halls and other buildings designed to accommodate both men and women. Hotels are given the initial preference on reservations. As soon as the hotels have reached their capacities, the other facilities will be used. The quarters which will be reserved immediately for members and their wives are set forth on the reservation form which appears on page ___. To avoid delay, it is urged that first, second and third choices be made. Your reservation will be confirmed at as early a date as possible.

The Centennial Meeting will be one unequalled in the history of the Society.

## WEDNESDAY MORNING, SEPTEMBER 10 . . .

### GENERAL SESSION . . .

9:00 Transport and First Aid of Accident Cases

Joseph M. King, Milwaukee

9:20 Head Injuries

A. Verbrugghen, associate clinical professor of surgery, Rush Medical College, University of Chicago, Chicago, Illinois

9:40 Fractures of the Extremities

Herman C. Schumm, associate professor of orthopedic surgery, University of Wisconsin Medical School; clinical professor of orthopedic surgery, Marquette University Medical School, Milwaukee

**10:00 Recess to view exhibits**

10:30 Subject to be announced later.
President Clarence A. Dykstra, University of Wisconsin, Madison

11:00 Fractures of the Spine
Fremont A. Chandler, associate professor of bone and joint surgery, Northwestern University Medical School, Chicago, Illinois.

11:20 Crushing Wounds of the Body
Peter A. Midelfart, Eau Claire

11:40 Recess to view exhibits

## WEDNESDAY NOON . . .

ROUND—TABLE LUNCHEONS 12:10—1:45 P. M.

## WEDNESDAY AFTERNOON . . .

2:00 Injuries to the Thoracic Cage and Contents
Joseph W. Gale, associate professor of surgery, University of Wisconsin Medical School, Madison

2:20 Injuries to the Abdominal Wall and Contents
Matthew A. McGarty, La Crosse

2:40 Nerve Injuries
David Cleveland, associate clinical professor of neurosurgery and assistant professor of anatomy, Marquette University School of Medicine, Milwaukee

3:00 Recess to view exhibits

3:30 American Medicine and the People's Health
Morris Fishbein, editor, The Journal of the American Medical Association; assistant clinical professor of medicine, Rush Medical College, University of Chicago, Chicago, Illinois

4:00 Late Neurologic Manifestations in Cases of Injury
Henry W. Woltman, professor of neurology and psychiatry, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota

4:20 Sequelae in Bone and Joint Injuries
Robert E. Burns, professor of orthopedic surgery, University of Wisconsin Medical School, Madison

4:40 Evaluation of Injury for Compensation
Mr. Harry A. Nelson, director, Workmen's Compensation, Industrial Commission of Wisconsin, Madison

## THURSDAY MORNING, SEPTEMBER 11 . . .

### COMBINED SECTIONS ON MEDICINE, SURGERY, AND ORTHOPEDICS . . .

Chairmen: Merritt LaCount Jones, Wausau; Frederick W. Madison, associate clinical professor of medicine, Marquette University School of Medicine, Milwaukee

9:00 Fractures of the Os Calcis
John O. Dieterle, Milwaukee

Discussants:

9:20 Ralph M. Carter, Green Bay
Arthur G. Sullivan, Madison

9:30 Modern Bone Graft Surgery
Chester Schneider, Milwaukee

Discussants:

9:50 H. L. Greene, Madison
Robert E. Burns, Madison

10:00 Recess to view exhibits

10:30 Epidemic Infectious Jaundice in Wisconsin
L. M. Morse, Stevens Point

Discussants:

10:50 W. D. Stovall, professor of hygiene, University of Wisconsin Medical School, Madison
R. L. McCornack, Whitehall

11:00 Modern Trends in Treatment of Hypertension—With Especial Reference to the Use of Anti-pressor Substance
F. D. Murphy, clinical professor of medicine, Marquette University School of Medicine, Milwaukee

Discussants:

11:20 C. M. Kurtz, assistant professor of medicine, University of Wisconsin Medical School, Madison
N. W. Bourne, Milwaukee

## COMBINED SECTIONS ON OBSTETRICS, GYNECOLOGY, AND PEDIATRICS . . .

Chairmen: John W. Harris, professor of obstetrics and gynecology, University of Wisconsin Medical School, Madison; M. G. Peterman, Milwaukee

9:00 The Treatment of Puerperal Infections
T. K. Brown, associate professor of clinical obstetrics and gynecology, Washington University School of Medicine, St. Louis, Missouri

Discussant:

9:20 Roland S. Cron, clinical professor of obstetrics and gynecology, Marquette University School of Medicine, Milwaukee

9:30 The Management of Cervical Malignancy
Harold W. Shutter, Milwaukee

Discussant:

9:50 Carl S. Harper, assistant clinical professor of obstetrics and gynecology, University of Wisconsin Medical School, Madison

**10:00** Recess to view exhibits

10:30 The Joint Responsibility of Obstetrics and Pediatrics in the Problems of the Newborn
A. H. Parmelee, clinical professor of pediatrics, Rush Medical College, University of Chicago, Oak Park, Illinois

Discussants:

10:50 R. M. Greenthal, Milwaukee
R. W. Roethke, Milwaukee

11:00 Contact Infections in Childhood, Particularly Tuberculosis
Karl E. Kassowitz, Milwaukee

Discussants:

11:20 The Upper Respiratory Infections
K. B. McDonough, assistant professor of pediatrics, University of Wisconsin Medical School, Madison

The Venereal Infections
F. R. Janney, assistant clinical professor of pediatrics, Marquette University School of Medicine, Wauwatosa

## COMBINED SECTIONS ON RADIOLOGY AND UROIOGY . . .

Chairmen: T. J. Pfeffer, Racine; Walter Sexton, Marshfield

9:00 Examination of the Skull by X-ray Methods
Vincent C. Johnson, assistant professor of roentgenology, University of Michigan Medical School, Ann Arbor, Michigan

Discussant:
9:20 To be announced later.

9:30 Case Reports:
9:30 Esophageal Diverticulum
F. H. Kuegle, Janesville
9:35 A Therapeutic Case Report
A Diagnostic Case Report
E. A. Pohle, professor of radiology, University of Wisconsin Medical School, Madison
9:40 Peritendinitis Calcarea
F. W. Mackoy, clinical professor of roentgenology, Marquette University Medical School, Milwaukee
9:45 Malignant Tumor of the Kidney in Infant
H. W. Hefke, Milwaukee
9:50 Case Finding in Tuberculosis
H. M. Coon, Statesan

**10:00** Recess to view exhibits

10:30 Cancer of the Bladder
John B. Wear, associate professor of urology, University of Wisconsin Medical School, Madison

Discussant:
10:50 Cyril G. Richards, Kenosha

11:00 Chemotherapy in Urinary Infection
Russell D. Herrold, associate professor of surgery, University of Illinois College of Medicine, Chicago, Illinois

Discussant:
11:30 Walter Kearns, Milwaukee

## SECTION ON OTOLARYNGOLOGY . , .

Chairman: F. A. Davis, professor of ophthalmology, University of Wisconsin Medical School, Madison

9:00 Nasal Therapy in Common Colds
Theodore Walsh, department of otolaryngology, Washington University School of Medicine, Saint Louis, Missouri

Discussant:
9:30 M. P. Andrews, Manitowoc

9:40 Symposium on the Labyrinth

9:40 Embryological Observations Bearing on the Problem of Otosclerosis
Theodore Bast, Ph.D., department of anatomy, University of Wisconsin, Madison

10:10 The Lempert Fenestration for the Restoration of Air Conduction Hearing on Otosclerosis
Julius Lempert, New York City, N. Y.

10:40 The Function of the Non-Acoustic Labyrinth
J. Grant MacKenzie, Madison

Discussants:
11:10 William E. Grove, clinical professor of otolaryngology, Marquette University School of Medicine, Milwaukee

11:20 Wellwood M. Nesbitt, professor of otolaryngology, University of Wisconsin Medical School, Madison

11:30 Recess to view exhibits

# THURSDAY NOON . . .

ROUND—TABLE LUNCHEONS 12:10—1:45 P. M.

# THURSDAY AFTERNOON . . .

## SECTION ON OPHTHALMOLOGY . . .

Chairman: F. A. Davis, Madison

2:00 Chronic Infections of the Eye other than Tuberculosis and Gonorrhea
Conrad Berens, New York City, N. Y.

Discussant:
2:30 E. E. Neff, associate professor of ophthalmology, University of Wisconsin Medical School, Madison

2:40 Tuberculosis of the Eye
F. H. Haessler, Milwaukee

Discussant:
3:10 Lyman Copps, Marshfield

3:20 Ocular Manifestations of Head Injuries
Frank E. Burch, professor of ophthalmology, University of Minnesota Medical School and University of Minnesota Graduate School, Minneapolis; St. Paul, Minnesota

Discussant:
3:50 E. G. Nadeau, Green Bay

4:00 Present Status of Vitamin Therapy
Edgar S. Gordon, Madison

Discussant:
C. A. Elvehjem, Ph. D., Madison

## GENERAL SESSION . . .

2:00 The Management of Endocervicitis
T. K. Brown, associate professor of clinical obstetrics and gynecology, Washington University School of Medicine, Saint Louis, Missouri

2:20 The Problem of the Running Ear
Otis M. Wilson, Wausau

2:40 Eczema
Harry R. Foerster, assistant professor of dermatology, University of Wisconsin Medical School; assistant clinical professor of dermatology, Marquette University School of Medicine, Milwaukee

3:00 Recess to view exhibits

3:30 Wringer Injuries
Irwin Schulz, Milwaukee

4:00 Bronchitis
Charles F. Burke, Madison

4:20 Cesarean Section in Wisconsin
William C. Keettel, Bureau of Maternal of Child Health, State Board of Health, Madison

4:40 Chemotherapy with the Sulfonamid Group
Henry F. Helmholz, professor of pediatrics, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota

# FRIDAY MORNING, SEPTEMBER 12 . . .

## GENERAL SESSION . . .

9:00 Pulmonary Tuberculosis and Erythema Nodosum: A Roentgenologic Study
L. W. Paul, associate professor of radiology, University of Wisconsin Medical School, Madison

9:20 Cardiac Accidents and Their Management
James A. Evans, The Lahey Clinic, Boston, Massachusetts

9:40 Pathogenesis of Tumors of the Lung
Nathan A. Womack, associate professor of clinical surgery, Washington University School of Medicine, Saint Louis, Missouri

**10:00 Recess to view exhibits**

10:30 President's Address

10:50 Secretary's Report

10:55 Address of Chairman of Council

11:05 Drugs in Intractable Pain
M. H. Seevers, associate professor of pharmacology, University of Wisconsin Medical School, Madison

11:25 Classification and Management of Rheumatoid Disease
Philip S. Hench, associate professor of medicine, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota

**11:40 Recess to view exhibits**

# FRIDAY NOON . . .

ROUND—TABLE LUNCHEONS 12:10—1:45 P. M.

# FRIDAY AFTERNOON . . .

2:00 Theresa Limberg Rogers Memorial Lecture
George Wilson, Philadelphia

2:30 Plasma and Serum Transfusions
Maurice Hardgrove, Milwaukee

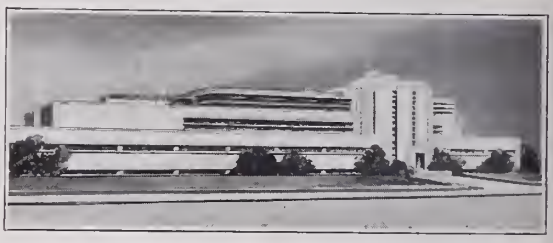
2:50 War Time Amputations
Robert I. Harris, associate professor of surgery, Toronto University, Toronto, Ontario, Canada

3:10 The Selective Service System and the Examining Physician
Officer to be announced by National Selective Service System

## PERIODIC HEALTH EXAMINATION PAMPHLET AVAILABLE ON REQUEST

The Bureau of Maternal and Child Health, of the State Board of Health, announces that it has secured for distribution to Wisconsin physicians, a number of copies of the American Medical Association's pamphlet entitled, "Periodic Health Examination, — A Manual for Physicians" (1940 Revision).

These pamphlets are available, free of charge, to physicians who make request to the Bureau of Maternal and Child Health, of the State Board of Health, State Office Building, Madison.



## NEW SEARLE LABORATORIES, SKOKIE, ILL.

G. D. Searle & Co., Chicago, announce that work has been started on the building of their new laboratories and plant, which are located on the outskirts of Chicago.

In addition to air-conditioning, the laboratories will have facilities for humidity control and deodorizing. There will be laboratory units for organic chemistry, biochemistry, bacteriology, pharmacology, and that newest technic of science, microanalysis. Each of these laboratories will require specially designed piping and service systems.

G. D. Searle & Co. have been established for over fifty years. Their business is devoted exclusively to providing drug prepartions to be used by the medical profession.

# Accommodations

## For Centennial Meeting

**Please make reservations early—Mail reservation slip to the State Medical Society of Wisconsin.**

### SCHEDULE OF RATES

| Hotel | Room Prices Double | Single |
|---|---|---|
| Loraine | $ 5.00 up | $2.50 up |
| Park | 3.00 up | 2.50 up |
| Belmont | 3.00 up | 2.00 up |
| Claridge Apartment Hotel | 10.00 for four people | |
| | 5.00 for three people | |
| | 4.00 for two people | |

Other public accommodations utilizing campus space will be available after hotel accommodations are filled.

---

**THIS IS YOUR RESERVATION BLANK—MAIL NOW**

To
Dr. Lindley V. Sprague, Chairman
Hotel Committee
State Medical Society of Wisconsin
917 Tenney Building
Madison, Wisconsin

Number in party ____ Single rooms ____
Arrive ____ Double bed ____
Depart ____ Twin beds ____
My wife ____ (will) ____ (will not) accompany me. Room suite ____
Rate $____

Please reserve these accommodations. (For prompt confirmation, please list the name of each hotel guest to be included under this reservation.)

First Choice Hotel _____ Signed _____

Second Choice Hotel _____ Street _____

Third Choice Hotel _____ City _____ State _____

## MEMBERS—1941 HOUSE OF DELEGATFS

| *Society* | *Delegate* | *Alternate Delegate* |
|---|---|---|
| Ashland–Bayfield–Iron | J. W. Prentice, Ashland | A. H. Lamal, Ashland |
| Barron–Washburn–Sawyer–Burnett | A. S. White, Rice Lake | R. W. Adams, Chetek |
| Brown–Kewaunee–Door | P. R. Minahan, Green Bay | W. W. Kelly, Green Bay |
| | O. A. Stiennon, Green Bay | W. E. Leaper, Green Bay |
| Calumet | F. P. Knauf, Kiel | N. J. Knauf, Chilton |
| Chippewa | C. N. B. Hatleberg, Chippewa Falls | A. J. Somers, Chippewa Falls |
| Clark | H. H. Christofferson, Colby | M. C. Rosekrans, Neillsville |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | L. V. McNamara, Montello |
| Crawford | C. A. Armstrong, Prairie du Chien | G. M. Sargeant, Prairie du Chien |
| Dane | A. R. Tormey, Madison | S. A. McCormick, Madison |
| | H. E. Marsh, Madison | A. J. Boner, Madison |
| | L. W. Peterson, Sun Prairie | A. T. Smedal, Stoughton |
| | Louis Fauerbach, Madison | N. A. Hill, Madison |
| Dodge | A. G. Hough, Beaver Dam | A. A. Hoyer, Beaver Dam |
| Douglas | T. J. O'Leary, Superior | Charles W. Giesen, Superior |
| Eau Claire–Dunn–Pepin | S. L. Henke, Eau Claire | B. F. Johnson, Mondovi |
| Fond du Lac | D. J. Twohig, Fond du Lac | J. C. Devine, Fond du Lac |
| Forest | H. C. Marsh, Crandon | G. E. Carroll, Laona |
| Grant | J. D. Glynn, Lancaster | E. H. Spiegelberg, Boscobel |
| Green | N. E. Bear, Monroe | L. E. Creasy, Monroe |
| Green Lake–Waushara | A. A. Beck, Wautoma | L. J. Seward, Berlin |
| Iowa | S. B. Marshall, Hollandale | H. M. Walker, Dodgeville |
| Jefferson | G. E. Eck, Lake Mills | O. F. Dierker, Watertown |
| Juneau | C. A. Vogel, Elroy | A. R. Kaufman, Mauston |
| Kenosha | G. C. Schulte, Kenosha | W. C. Stewart, Kenosha |
| La Crosse | F. A. Douglas, La Crosse | A. H. Gundersen, La Crosse |
| Lafayette | R. B. Quinn, Darlington | Not reported |
| Langlade | C. E. Zellmer, Antigo | W. P. Curran, Antigo |
| Lincoln | F. C. Lane, Merrill | R. G. Baker, Tomahawk |
| Manitowoc | E. C. Cary, Reedsville | T. H. Rees, Manitowoc |
| Marathon | J. F. Smith, Wausau | E. E. Flemming, Wausau |
| Marinette–Florence | A. T. Nadeau, Marinette | J. W. Boren, Marinette |
| Milwaukee | J. O. Dieterle, Milwaukee | B. J. Birk, Milwaukee |
| | C. W. Eberbach, Milwaukee | E. A. Brzezinski, Milwaukee |
| | Charles Fidler, Milwaukee | S. J. Darling, Milwaukee |
| | R. E. Galasinski, Milwaukee | G. S. Flaherty, South Milwaukee |
| | J. L. Garvey, Milwaukee | P. J. Niland, Milwaukee |
| | L. W. Hipke, Milwaukee | P. E. Oberbreckling, Milwaukee |
| | Irwin Schulz, Milwaukee | E. D. Schwade, Milwaukee |
| | E. J. Carey, Milwaukee | L. J. Van Hecke, Milwaukee |
| | J. W. Smith, Milwaukee | H. J. Farrell, Milwaukee |
| | R. A. Toepfer, West Allis | J. P. Conway, Milwaukee |
| | D. F. Pierce, Hales Corners | J. J. Pink, Milwaukee |
| | S. M. Markson, Milwaukee | Aaron Yaffe, Milwaukee |
| | J. C. Griffith, Milwaukee | J. R. Regan, Milwaukee |
| Monroe | C. D. Beebe, Sparta | C. S. Phalen, Sparta |
| Oconto | A. F. Slaney, Oconto | C. R. Kwapy, Oconto |
| Oneida–Vilas | W. S. Bump, Rhinelander | I. E. Schiek, Rhinelander |
| Outagamie | C. D. Neidhold, Appleton | D. W. Curtin, Little Chute |
| Pierce–St. Croix | A. E. McMahon, Glenwood City | O. H. Anderson, Plum City |
| Polk | L. O. Simenstad, Osceola | K. F. Johnson, Frederic |
| Portage | E. E. Kidder, Stevens Point | R. J. Stollenwerk, Stevens Point |
| Price–Taylor | J. D. Leahy, Park Falls | H. B. Norviel, Phillips |
| Racine | T. C. Hemmingsen, Racine | E. C. Pfeifer, Racine |
| Richland | George Parke, Sr., Viola | W. C. Edwards, Richland Center |
| Rock | H. E. Kasten, Beloit | H. A. Raube, Beloit |
| | W. A. Munn, Janesville | W. T. Clark, Janesville |
| Rusk | L. M. Lundmark, Ladysmith | W. F. O'Connor, Ladysmith |
| Sauk | J. A. Booher, La Valle | O. V. Pawlisch, Reedsburg |
| Shawano | F. L. Litzen, Gresham | A. A. Cantwell, Shawano |
| Sheboygan | C. J. Weber, Sheboygan | A. C. Radloff, Plymouth |
| Trempealeau–Jackson–Buffalo | R. L. MacCornack, Whitehall | Robert Krohn, Black River Falls |
| Vernon | W. M. Trowbridge, Viroqua | W. H. Remer, Chaseburg |
| Walworth | C. J. Brady, Lake Geneva | E. M. Case, Delavan |
| Washington–Ozaukee | O. J. Hurth, Cedarburg | C. H. Kalb, Grafton |
| Waukesha | J. C. Hassall, Oconomowoc | R. E. Davies, Waukesha |
| Waupaca | J. H. Murphy, Clintonville | R. K. Irvine, Manawa |
| Winnebago | A. G. Koehler, Oshkosh | J. P. Canavan, Neenah |
| Wood | K. H. Doege, Marshfield | F. X. Pomainville, Wis. Rapids |

# Looking at Sickness Insurance Abroad*

By J. G. CROWNHART
*Secretary, State Medical Society of Wisconsin*
*Madison*

FOR the second time within a quarter of a century, we are living in a period wherein there is an announced advocacy on the part of some for state-wide, preferably federally directed, systems of compulsory sickness insurance. The first period of advocacy may be said to have started about the time of the first compensation laws of 1911 and ended unsuccessfully with the entrance of the United States into the World War of 1917–1918. This current second drive may have been envisioned in the establishment of the Committee on the Cost of Medical Care in 1927; subsequent high lights have been its majority report, successive recommendations of the President's Committee on Economic Security, the so-called Interdepartmental Committee on Economic Security with its National Health Conference sounding board of 1938, and continuously, publications, surveys, edicts, and pronouncements through all of which runs the note of the immediate need for this form of government-operated compulsory insurance.

It was Dante who said "give light and the people will find the way." His expression of the democratic way of life today, as never before, needs to be applied to this proposal so often labeled as one for "health insurance."

Cognizant that low price is not of necessity synonymous with value, or change with progress, it is needful that if our social progress is to be progress in fact, we must examine before we purchase. Legislation may not be said to be experimental in its character if it establishes insurance contracts with millions of our citizens with millions of dollars paid annually into a vast governmental administrative system. Even a casual study of the world's economic legislative history shows beyond question that such legislation is repealable only in theory. Its passage establishes too many contractual relationships and too large an administrative staff to make its repeal more than a remote possibility.

Let us then examine what it is that some advocates would have our citizenry purchase. Fortunately we have the opportunity to examine it out of experience, for "compulsory health insurance" is not new,—first established in Germany in 1883, it is well along in middle life.

## "The Brilliant Idea"

Rubinow in his book "The Quest for Security" well points out that giving this mechanism the title "health insurance" is to use a gilded wrapping to hide the contents. "The system in its application to losses resulting from sickness is properly known throughout Europe as 'sickness insurance,'" says Rubinow.

"Lloyd George, the author of the British system, clever politician that he was and still is," continues Rubinow, "struck upon the brilliant idea that the term 'health insurance,' which in some subtle way conveys the impression of accomplishing something it really cannot and does not undertake to accomplish, would make the proposal more popular; and the American movement some two decades ago adopted the idea from Lloyd George."

Now let us turn to a firsthand study of the operation of compulsory sickness insurance laws abroad. Regardless of what country is visited and regardless of wide variations in wordings of specific laws, at the end of the study one is deeply impressed that certain principles are found in operation wherever this law is enacted and these are inherent to the legislation and not susceptible to elimination through amendatory legislation.

Like all compulsory social insurance, compulsory sickness insurance is financed by compulsory pay-check deductions, together with a pay-roll tax paid by the employer and

* Presented before the Health and Accident Underwriters Conference, Chicago, June 3, 1941.

added to the cost of his commodity or service price, and sometimes aided by a state or federal appropriation. Where state or federal aids are a portion of the finances of the system they tend to decrease, over a period of years, in either amount or proportion until relatively they are insignificant as a source of financial support. In my own state of Wisconsin a measure for compulsory sickness insurance, now in its third session before the legislature, calls for a 2 per cent tax on every pay check of those covered, to be met by a 2 per cent tax on the pay roll paid through the employer. This amount is to finance sickness care only and fails to raise the revenues for what in Europe is by far the more important part of sickness insurance legislation,—a rate of compensation to be paid after a short waiting period to meet some part of wage loss. This is rarely, however, more than 50 per cent of the basic wage.

### Two Separate Functions

Thus compulsory sickness insurance legislation normally comprehends two separate functions: (a) provision for caring for the sickness needs of the covered person and generally of his dependents, and (b) a wage loss compensation to cover periods of loss during illness of the wage earner. Substantially all systems place a limit of twenty-six weeks on the benefit period and establish a waiting period of three days or more before cash wage loss benefits begin. Because in an insurance system so large in its coverage, numbers of individuals will have disabling illness beyond a twenty-six weeks' period, practically all systems have as an integral part, or as accompanying legislation, an insurance for invalidity. This invalidity insurance, for a smaller premium, attempts to cover the sickness care required for the illness that extends beyond the twenty-six weeks' period covered by sickness insurance proper.

Furthermore, it should be clearly understood at the outset that compulsory sickness insurance in the United States could at its best cover only those who are employed on wages or salary. Under all proposals made to date that we have examined, substantially the entire farm population has been excluded for unless the system is federally operated through the sale of tax stamps by each post office and rural carrier, it becomes far too expensive to endeavor to make tax collections in any other way than by the employer of groups acting in that capacity for the government. The further difficulty in estimating the income of large groups of our rural population in terms of exact dollars upon which the tax can be levied is a further barrier so that when we speak of compulsory sickness insurance as it would actually exist in the United States, we must not think of it as a system whose benefits, whatever they may be, would to any considerable extent reach beyond the wage and salary earner in our population. This is a large percentage in many states, but is very far from a universal coverage system, excluding as it must, not only the farmer but the individual entrepreneur, the domestic servant, the unemployed, those on relief, the aged, and numerous other classes.

### Unlike Other Insurances

Sickness insurance differs vastly from all other social insurances. Unlike our existing social security legislation for unemployment insurance, old age assistance, old age retirement benefits, aid for dependent children (mother's pension), and aid to the blind, compulsory sickness insurance does not pay out all its benefits in cash with which the beneficiaries may purchase the necessaries of and to life. Like the workmen's compensation acts, the benefits provide for a cash payment to cover a portion of wage loss and a medical benefit. However, under compensation insurance, if the medical service rendered by the insurer is deficient in quality or quantity, the period of disability under which cash payments must be continued is much prolonged; the end disability for which a final award is to be paid, is substantially increased; and in total, there exists a heavy money penalty for the insurer who would furnish an inferior or deficient type of medical care. No such penalty exists under compulsory sickness insurance in which there is no final award for permanent disabilities and in which the period of coverage is relatively so short that a balanced budget can more easily be had by lessening the medical bene-

fits than in any other manner. Nor is there in compulsory sickness insurance that judicial review to establish percentage of disabilities that tends constantly to expose any inadequacies in the medical care afforded the patients.

Secondly, it is to be noted that unlike all other social insurances, in compulsory sickness insurance the event insured against, to a large degree, is within the control of the insured person. We can define unemployment in a law; it is an event that no one wishes to have happen. We can define the conditions precedent for the benefits of old age assistance in terms of both age and limited property ownership. But how can we define illness when it may be of such varying degree, dependent upon so many different factors, and at times actually constitute a welcome temporary or even a more lasting haven or refuge, which of itself may be a form of illness? If the state of good health could be defined, then we would have a basis upon which to say that a deviation constituted sickness, —the event insurance covered. Actually no such definition can be made. One of the marvels to science, on the one hand, is the individual who may deviate greatly from the principles of right living and yet not be aware of ill health, and on the other hand, the "frail" person who outlives all presumably robust members of his family.

Furthermore, there is a constant conflict, always reflected in premium inadequacies, between the administration of compulsory sickness insurance as a protection against an undesired occurrence of a hazard of life, and on the other hand, as a social insurance wherein the greater the usage made of its benefits, the greater presumed health benefits to the nation will be had. The end result is an insured population that thinks of this legislation as constituting the payment for a social health service to be placed in immediate use if possible, while the administrator is faced with supplying benefits computed on an insurance concept.

From the insurance viewpoint, every system insuring against all illness faces what you in this audience long have recognized,— the great administrative difficulties in establishing by term of policy what exactly constitutes an occurrence of the event insured against. How can the administrator distinguish between those who make claims upon the plan because they are ill and those who may make demands wherein relief of pain or disease is not the primary factor?

### Limit on Wage Deductions

Again, from the viewpoint of insurance, how may we establish an adequate premium without depriving those in the lower wage brackets from the necessaries of life upon which sound health itself is predicated? How, at the same time by this self-limited premium, may we raise funds sufficient to pay the costs of a partial wage loss and every needed sickness care for all types of illnesses that may be experienced? Unfortunately under compulsory sickness insurance the premium is established in the initial enabling legislation. And, unlike premiums for the voluntary cash insurance, the premium for compulsory insurance may be increased only in theory. I pointed to one reason in the statement that there was a practical limit to how much could be subtracted from pay checks on the one hand, and added to commodity prices by pay-roll taxes on the other hand.

This was well recognized by the International Labour Office when, in a publication in 1938, it stated that "The state,—partly to avoid overburdening the economic system in general and partly because the insured persons cannot spare much by way of contributions out of their meagre pay,—must keep at a comparative low level the regular contributions which it requires to be paid in sickness insurance to cover the insured population against the consequences of sickness and childbirth."

Within the week a press release from the Federal Social Security Administrator, Paul V. McNutt, concerning the National Nutrition Conference for Defense, primarily concerned with how to raise the health standards of our people, quoted Mr. McNutt as stating that in addition to the 15,000,000 persons dependent on public assistance "there are 30 million persons in the low-income group who are economically little, if

any, better off than those who are depending on aid from social agencies. Altogether at least 45 million persons today have inadequate diets primarily because their incomes are so low they cannot afford to buy sufficient quantities of dairy products, leafy vegetables, and other vitamin-rich foods." Is this not proof certain of the validity as to this country of the statement made by the International Labour Office?

And, may I add still another cogent reason why the premium is not raised,—it is politically inexpedient for the legislator who promises for a given pay-check tax that he will provide the necessary benefits in times of illness and as a health service, to return to his people from time to time in the future and say to them, "There was an error in our calculation and we must increase the amount we take from your pay check each week by 25, 50, or even 100 per cent." Nor, in the history of sickness insurance, has this happened.

May I now summarize certain of these findings to this point by stating concisely that in terms of insurance, the event insured against is not susceptible of clear definition. The event insured against, in substantial numbers, is within the control of the persons insured and may actually be one which they will welcome rather than universally resent and endeavor to avoid. As a result, the premium calculation is not susceptible to the formulas of life expectancy tables, and unlike the cash insurances, the premium cost established tends to become a premium fixed for all time in the future.

With this all too brief statement and recital of certain of the legal and insurance technicalities found in all sickness insurance experience abroad, may we now examine compulsory sickness insurance from the viewpoint of the man who is paying the premium.

### The Man Who Pays

The recipient of benefits under compulsory sickness insurance knows exactly what he is going to receive in terms of cash for his wage loss benefits when these are a part of the system as is so universally the case. This is not the case of his medical *service* benefits. To the extent that the amount of money required to pay wage loss has been underestimated in establishing the initial premium, to that same extent must the sickness insurance fund divert money from sickness care to defray wage loss claims. The cash benefits always must have precedence, for the worker knows at once if the cash benefit promised him is not paid or is paid in a lesser amount than that promised. Not so with the sickness care that is promised. Here the administrator finds the opportunity to balance his budget,—and may I parenthetically remark that the administrator who does not balance his budget will not long remain the administrator. In the field of the sickness care service benefits, the administrator may subtract from the service benefits promised and the recipient sick person may never know that such subtraction has taken place. Nor, as I pointed out earlier, is there any penalty upon the system for cheapening the sickness care rendered to the subscriber. On the contrary, the reward is the balanced budget that insures continuance of the administrative personnel.

Just as the insurance company with a heavy risk that involves more than the normal uncertainties turns to reinsurance, so out of absolute necessity does each of the compulsory sickness insurance systems reinsure, in as large part as possible, the risks that it undertakes in guaranteeing its medical service benefits. The physician becomes the actual insurer of service, for the administrator turns to him and says, in effect, "Henceforth this system of compulsory sickness insurance will supply the medical care that large numbers of patients formerly received from you. Do you wish to be a part of this system?"

Obviously, numbers of physicians, and particularly those who live in the industrial areas, can ill afford to say, "No," to such a question. And it is then that they become the real insurers for the system says to the physicians, "Very well, then, for each person that we cover who chooses you as his family physician when he enters the system, we will pay you so many dollars per year." For this flat amount ($2.25 per year per individual in the English system, for instance) the physi-

cian undertakes to render the care that the terms of the law provide he shall render.

### Rules For the Patient

Note, incidentally, that the covered person who becomes ill does not call his physician tonight on the basis of his particular illness needs. He must make his selection when he becomes insured. His selection must be from those physicians who live close to him. If the income of the service permits any specialist service, which is always contemplated but rarely exists, he may go to the specialist solely by reference and then only when the rules and regulations permit. Does he wish to change his physician? Then he must wait until the next change-over period. Nor may he change for reasons that are deemed to be frivolous.

This is not a system which supplies the cash with which the patient may secure his own sickness needs under contracts into which he himself enters. There are rules for patients and the first one deprives him of choosing his physician at the time of his illness. I read to you some other rules for patients, and here I quote from the English system:

"(a) He shall, when appyling to a practitioner for treatment, produce his medical card, if required by the practitioner to do so;

"(b) He shall obey the instructions of the practitioner attending him;

"(c) He shall not conduct himself in a manner which is likely to retard his recovery;

"(d) He shall not make unreasonable demands upon the professional services of the practitioner attending him;

"(e) He shall, whenever his condition permits, attend at the surgery or place of residence of the practitioner attending him on such days and at such hours as may be appointed by the practitioner;

"(f) He shall not summon the practitioner to visit him between the hours of 6 p. m. and 10 a. m. except in cases of serious emergency;

"(g) He shall, when his condition requires a home visit, give notice to the practitioner, if the circumstances of the case permit, before 10 a. m. on the day on which the visit is required.

"The rules of the Committee also provide that any complaint by an insured person which is adjudged by them to be frivolous or vexatious, shall be regarded as a breach of their Rules.

"Any insured person who is guilty of a breach of any of the Committee's rules is liable to a fine not exceeding 10/– or in the case of repeated breaches 20/–, or to be suspended from Medical Benefit for a period not exceeding one year.

"These Rules are liable to alteration, due notice of which will be given in the public Press."

### Rules For the Physician

And then there are rules for the physician, too. For despite the fact that the system has used the physician as a reinsurer, what the physician prescribes and what he tells the patient to do cost the system money, and this expenditure can be controlled only by controlling the physician. Not only does such control exist, but it is tightened from time to time as the financial exigencies indicate, or in fact, may require.

Every system has rules and regulations for the physician,—frequently published in the form of a little pamphlet. Here are the treatments he may use; here are the drugs he may prescribe; here are the amounts of drugs he may prescribe; and here are the exact forms in which he may prescribe them. Here is the "book" within which he must stay. The average prescription cost in England, for instance, is from 16 to 18 cents, including the container. Even pennies count, and so the administration that has paid the physician on a per-patient per-year basis cares not how many times the patient returns to the physician in order to secure prescriptions as they are needed, but the system *is* concerned if a physician should prescribe amounts that conceivably might be more than required or drugs of an expense that the premium failed to anticipate.

I visited in the city of Lincoln (England). It so happened that I was in a certain physician's office, and while I sat there a call came in from the administrator's office. He had been in the administrator's office previously and they had been going over one of these cases. I turned to the physician, and now I am explaining what was inherent to that system. That doctor said, "I had a patient who was not doing well. I picked up my British Medical Journal and read of some work being done in the States in cases similar to mine. I had used prescriptions,—three, four, or five

COLLEGE OF PHYSICIANS

of them,—without my patient making any recovery. So I tried this one,—now my patient is well." But the average cost of a prescription in England, including the container when the physician "stays within the book," is from 16 to 18 cents. This particular prescription that this doctor used cost about $2.25, in our money. In other words, that doctor "went outside the book." And he was called upon to explain to the administrator, regional medical officer, or the panel committee largely consisting of laymen who obviously would know nothing about such things, why, for a patient they had not seen, a particular treatment was used. This physician had "gone outside the book," and he said, "It does take a bit of doing, and if I can't explain it satisfactorily, it is deducted from my next check."

Now that is entirely foreign to our concept of care here. We do whatever is necessary whenever it is required. And the physician says, "We will take care of the cost later."

### "Sickness Licensing System"

And now do you see how the physician, as time goes on, finds his office more and more filled by patients who are there to secure another prescription and another certification for continued cash benefits. When I was in England, there had just been issued after a long period of study an exhaustive report on the British health services by one of the leading economic institutes of the land. In commenting on this exact point, this report declared, "Excessive numbers of panel patients and excessive demands for certificates and returns of all kinds quickly reduce the general practitioner to an agent for making out prescriptions (too often for mere palliatives), and for operating something more like a sickness licensing and registration system than a health service." Is it any wonder that Rubinow pointed to the fact that the term "health insurance" was a politician's subtle way of selling a wrapped package?

The whole thought of early service as a means of health security is inevitably lost. The theory and social service concept of the law is replaced by the cold, hard, actuarial experience, the operation of which always comes as such a shock to one who looks upon insurance as a source of a gift rather than as a means to a service, the actual extent of which depends solely upon coverage and actuarial computations.

"Oh," says the proponent of "health insurance," "if we but had this plan in operation the physician who is waiting for patients, and the patients who have need for the physician, would be brought together." Now, may I assure you first of all that where choice of physician exists, the busy physician becomes the busier physician. The physician less busy and because of this having lower fees, under such a system has even less to do for with the removal of the fee differential, patients go to the physicians of the greatest prominence within the realm of choice.

And next, proponents of compulsory sickness insurance say to you that with removal of the so-called economic barrier between the patient and health, he can at last secure adequate and timely service. Unfortunately, this patient finds himself facing the barrier of rules and regulations; the barrier of a physician too busy "licensing his patients" as the English put it, to have time to give the adequate care that the social service concept visualized. The patient finds the physician himself governed by rules and regulations. The patient finds a physician, who, if he goes outside the costs of treatment laid down by the rules, will face a pay-check deduction of his own come the next quarterly pay day. And so the physician tends more and more to stay inside his book of instructions; to accept the legislation for what it is, recognizing eventually the futility of attempting to repeal it; recognizing that if he is critical of the system, he will not long remain a part of it; recognizing, as so many physicians put it abroad, that "we must do the best we can and get on with it." An assumed barrier has been exchanged for very realistic ones.

### Administration Concepts

Compulsory sickness insurance systems do not administer themselves without personnel or cost. Experts at the International Labour Office at Geneva stated that experience indicated that the system requires one per-

son on the administrative staff for each fifty to a hundred persons insured. Thus this particular form of social insurance becomes by far the most expensive of all social insurances. To that same extent, moneys raised for sickness care are necessarily diverted. From my own studies I was convinced that administrative costs varied from 15 to 20 per cent when accounting included rentals on administration buildings. In order to cover the wage-earning population of Wisconsin and their dependents, for example, the administrative force would be a regiment of from 1,500 to 3,000 people, excluding the physicians who render the actual care.

As one studies at firsthand not the wording of laws but their actual operation, one is more and more impressed that the administrator, out of necessity, becomes the trustee of funds and with each succeeding year the concept of guardianship of health fades still further into a hazy background. An administrator of long experience in Berlin well expressed the common dilemma when he said to me, "Mr. Crownhart, not all our people are sick at any one time but those who become ill wish a very full measure of the benefits for which they have paid so much over a long period of time. But all I know is that last year and the years before that, I did not have sufficient funds to do all that the beneficiaries would have me do. Not knowing what demands may be made upon me by reason of unusual illness or sickness, I must guard my funds."

Nor could I find that the reported surplus for times of emergency was other than a bookkeeping balance. Separation of state funds that an administrator may have immediate access to a surplus in considerable amount is undoubtedly less feasible by far than the uninitiated might assume.

### "Principle of Economy"

Throughout the entire history of compulsory sickness insurance runs the central theme of the administrator,—the operation of "the principle of economy in health benefits." These words are the exact title of a publication by the International Labour Office,—its last major publication in this field before the present war.

Medicine has its problems, but may I not direct your attention to the fact that within eighteen months the Surgeon General of the U. S. Public Health Service declared that in no previous period of time have we made such rapid health progress. May I direct your attention to the fact that our loss of time through illness in Wisconsin is only one-tenth of that in pre-war England and by a wide margin, our record is even better when compared with the experience in pre-war Germany,—both countries that have had long experience under compulsory sickness insurance. This theme could be extended on and on for under our system, as the sickness insurance authorities so well point out, "It is, of course, the well being of his patient and not the principle of economy that is the paramount consideration of the doctor."

Medicine has never opposed, and on the contrary, has ever supported, systems of insurance that pay the recipient wholly in cash. Here no needed health service can be subtracted to balance a budget without patient awareness. Here no failure, whole or partial, can occur without immediate and effective public protest. Here economic security in a degree is not purchased at the joint expense of taxes *and* lessened efficiency of medical care and health services. Under wholly cash benefit insurance no report can be issued, as in England, wherein it was said of the compulsory system, "It is no less necessary for those concerned with national health to examine the disease of insurance schemes * * * than it is to study heart disease and cancer."

The observer and student of experience abroad will not be quick to criticize what foreign governments have done to ameliorate conditions to some extent for populations of poor people, conditions that have never existed in this country. But the same observer seeking a framework upon which further to build for the continued health advance of our people comes back deeply impressed that the difficulties that I have here mentioned today, and others on which I have

*(Continued on page 634)*

# CENTENNIAL ANNIVERSARY SECTION

*In this section of The Journal in 1941 will appear special historical articles, and items relating to the 100th anniversary of the State Medical Society of Wisconsin, which was organized under the provisions of a bill enacted by the Wisconsin Territorial Legislature in 1841.*

As a result of the historical project of the Woman's Auxiliary to the State Medical Society, hundreds of histories of pioneer physicians and numerous relics have been made a part of the collection at the State Historical Library. The histories of Drs. William Herriman Fox and Joseph Hobbins represent part of the material contributed by the Dane County Auxiliary.

## William Herriman Fox, M. D.

In 1833, William Maine Fox and Eleanor Lynn Fox, his wife, came from Ireland to America, bringing their six sons and four daughters, all of whom finally settled among the early pioneers of Wisconsin. The group of medical practitioners listed herewith are all direct descendants of William and Eleanor, as indicated after each name: one son (S), four grandsons (GS), seven great grandsons (GGS), and one great great grandson (GGGS).

William Herriman Fox (S)
1814–1883
Willoughby Medical College (Columbus, Ohio) 1839

Philip Fox (GS)
1840–1932
Bellevue Hospital Medical College (New York City), 1863

William Fox (GS)
1844–1897
Rush Medical College (Chicago), 1869

George H. Fox (GS)
1846–1921
Bellevue Hospital Medical College (New York City), 1869

Dr. William Herriman Fox had three nephews associated with him, each for a certain period after graduation and until he had established himself in a selected location. These were, in the order named, Philip, his brother, William, and George H.

George Keenan (GS)
1858–1915
Rush Medical College (Chicago), 1883

---

Philip R. Fox (GGS)
1867–1935
Rush Medical College (Chicago), 1890

Paul A. Fox (GGS)
1872–1936
Rush Medical College (Chicago), 1895

George William Fox, I (GGS)
1875–1920
Rush Medical College (Chicago), 1897

Harry A. Keenan (GGS)
1877–
Rush Medical College (Chicago), 1903

Philip A. Fox (GGS)
1879–1923
Rush Medical College (Chicago), 1901

Galen A. Fox (GGS)
1880–
Rush Medical College (Chicago), 1905

Edward William Fox (GGS)
1880–1927
Rush Medical College (Chicago), 1905

---

George William Fox, II (GGGS)
1906–
Rush Medical College (Chicago), 1931

Dr. William Herriman Fox began medical practice in Dane County, Wisconsin, in 1842, his headquarters being his log cabin home. He probably was the first physician and surgeon in Dane County, and for some years his practice extended all over Dane and adjoining counties. He was probably also the first physician of the Chicago and North Western Railway Company throughout the Wisconsin district during construction of the road and for some years following.

When he began practice in 1842 there were few if any highways, so he was obliged to ride horseback, principally taking trails. He was an experienced horseback rider, and the early pioneers told stories of how he took farm fences and gates on the

jump. On dark nights timber wolves were his greatest enemies, and on several occasions they attacked him and his horse. He was then obliged to find a suitable tree, tie the horse to it, climb up into the tree, and shoot the wolves as they came near. As soon as moonlight or daylight came, however, the cowardly wolves would run away. Sometimes when a new baby was to be brought into the world, his wife, Cornelia, would accompany him, lending help as nurse.

Surgical instruments were scarce, there being no sources of supply. Consequently Dr. Fox had to make, in blacksmith and tin shops, most of those instruments needed. Among these was the original trephine (now on file among the medical exhibits in the Wisconsin State Historical Library, Madison), with which he saved the life of a man whose skull was broken in an accident in Madison.

Prior to practicing in Wisconsin, Dr. Fox received a thorough training in both medicine and surgery under Dr. Robert Johnstone, a well-known physician of Cleveland, Ohio. After graduation from the Willoughby Medical College, Columbus, Ohio, in 1839, he proceeded to Lima, Indiana, and engaged in the practice of his profession. In 1841 he married Cornelia Averill of La Grange, Indiana. She was a granddaughter of Marcy Simonds, who was a daughter of Colonel Benjamin Simonds of Williamstown, Massachusetts, of Revolutionary fame. For further particulars of the Simonds family, see the book entitled "Origins of Williamstown" on file in the Wisconsin State Historical Library.

In the spring of 1842, Dr. Fox and his brother, George, came to Dane County, Wisconsin, taking up lands and establishing homes in the township of Fitchburg, one mile northwest of what is now the village of Oregon. In the fall of 1842, he returned to Indiana and brought his wife and baby (Catherine) by prairie schooner to their new Wisconsin home, consisting of a humble log cabin. All of their daughters excepting Catherine, who was born in Indiana in 1842, were born in this log cabin. Included among these daughters was Anna, who later became the wife of Colonel William F. Vilas of Madison.

A large rough-hewn monument of Wisconsin granite has been placed on the site of the little old log cabin. The monument bears the following inscription:

*Dedicated to*
DR. WILLIAM H. FOX
*1814–1883*
*and his wife*
CORNELIA AVERILL FOX
*1823–1864*
PIONEERS
*Who Helped Develop*
*The Commonwealth of Wisconsin*
*They built their log cabin on this spot*
*in 1842 and together ministered to*
*the health of those in need.*

In about 1850 Dr. and Mrs. Fox began the erection of a frame house among the big oak trees, just a few rods from their log cabin. Their only son, Arthur O. Fox, was born in 1855, in the new frame structure which today forms the east wing of the present farm home. A portion of the lands of this farm and also the homestead and buildings are now the property of the State of Wisconsin and are being developed into an industrial school for girls.

Dr. Fox had an office at his farm home and also one in Madison, Oregon, and Stoughton. In each of the latter three towns he attended patients for one day each week. There were many other towns where he attended numerous patients on certain days, but he had no regular office except some local drugstore.

Dr. Fox was on duty at Camp Randall, Madison, as a physician and surgeon for a time during the Civil War. For accounts of his various interesting personal experiences in medical practice and particularly during the Civil War, see Volume 3 "Wisconsin, Its History and Its People," biographical sketches, M. M. Quaife, pages 240 to 247.

Dr. Fox was a member of the Committee on Suffrage, Bill of Rights, etc., of the Territorial Convention of 1848, the duties of which were to prepare an acceptable constitution. He also was one of the signers of the final draft as published. For full details on this see Moses M. Strong's "History of Wisconsin," pages 564 to 595.

## Joseph Hobbins, M. D.

Dr. Joseph Hobbins, pioneer physician and surgeon of Madison, was born on December 28, 1816, at Wednesbury, Staffordshire, England. He received his medical education in England, being graduated with honors as gold medalist from the Royal College of Medicine (later Queen's College), Birmingham, 1838; and at the Medical College of Guy's Hospital, London, from which he received numerous diplomas and certificates, 1838–1840.

On October 11, 1841, in Liverpool, Dr. Hobbins married Sarah G. B. Jackson of Newton, Massachusetts, by whom he had six children. They settled in Wednesbury, but in 1842 came to America. He established a practice in Brookline, Massachusetts. Dr. and Mrs. Hobbins returned to Wednesbury in 1846, but in 1854 they came back to America and settled permanently in Madison, Wisconsin. Mrs. Hobbins died in 1870.

During the Civil War he was appointed to organize the medical corps of Camp Randall, the northernmost prison camp. He was U. S. surgeon in charge, having under his care some 3,000 Confederate prisoners, many of whom were ill.

Under Chancellor Lathrop he was appointed professor of surgery at the University of Wisconsin.

In 1872, Dr. Hobbins married Mary McLane of Baltimore, by whom he had one child. He died in Madison on January 4, 1894, and his wife in 1897.

Dr. Hobbins was a member of the Royal College of Surgeons and of the Society of Apothecaries, both

of London, the South Staffordshire Medical Society, the Dane County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. He was a fellow of the Massachusetts Medical Society and was given an honorary degree by Columbia College, Washington, D. C. (later, George Washington University). He was chairman of Madison's first health committee and examining surgeon for the National Pension Bureau.

Throughout his life Dr. Hobbins took an active and constructive interest in matters outside of his profession, holding memberships in various societies devoted to geography, botany, horticulture, and other natural sciences. Music, art, and literature appealed strongly to him, and he was a frequent contributor in both prose and poetry to numerous periodicals on matters pertaining to his profession, horticulture, travel, and belles-lettres. Though Madison was but a village when he came, he was quick to perceive the possibilities of development and beautification, helping to put through an ordinance for planting shade trees along the streets. His own large garden was a source of delight and inspiration to his fellow citizens. This garden was his horticultural laboratory, where his leisure hours were spent in experimenting with fruits, vegetables, and flowers of all kinds, many of which were brought from abroad. In one of his addresses to a horticultural society he said, "He who has a taste for floriculture or for horticulture, and who devotes his leisure hours to those pursuits, has seldom any very great vices to undermine his happiness, his health, or his life."

Historical material relating to Dr. Hobbins is on file in the library of the Jackson Clinic, Madison.

# THE JOURNAL BOOKSHELF

## BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

**Textbook of Pediatrics.** By J. P. Crozer Griffith, M. D., Ph. D., emeritus professor of pediatrics in the University of Pennsylvania; consulting physician to the Children's Hospital, Philadelphia; consulting physician to St. Christopher's Hospital for Children; consulting pediatrist to the Woman's, the Jewish, and the Misericordia Hospitals, etc.; and A. Graeme Mitchell, M. D., professor of pediatrics, college of medicine, University of Cincinnati; medical director and chief of staff of the Children's Hospital of Cincinnati; director of the Children's Hospital Research Foundation; director of pediatric and contagious services in the Cincinnati General Hospital. Ed. 3, revised and reset. Cloth. Price, $10. Pp. 991 with 220 illustrations. Philadelphia: W. B. Saunders Company, 1941.

This edition of Griffith and Mitchell ably maintains and enhances the high esteem that previous editions under the title of "Diseases of Infants and Children" have earned for it. The book has been completely revised and rewritten. New material and new subjects have been added so as to bring the contents abreast of the rapidly expanding field of pediatrics. Included are the recent advances concerned with the vitamins, especially vitaman K, the sulfonamide drugs, endocrine disorders, communicable diseases, etc. The one recent advance notable by its absence is the use of mecholyl in the treatment of megacolon. A new chapter on mental and emotional development and mental hygiene is particularly noteworthy. The chapters on breast and artificial feeding are presented with the modern attitude of simplification of these important aspects of pediatric practice. In general the book maintains the high degree of excellency of previous editions and no doubt will continue to serve as a standard textbook for students and a reference book for practitioners and teachers. The serious student will miss the bibliography which has been omitted in this edition but which can be obtained as a separate publication from the National Research Council. The omission of the bibliography is partially accounted for by the authors by the fact that in the preparation of the book much of the material was critically reviewed by various authorities, both in and outside of the field of pediatrics, and therefore is as authentic in itself as possible to make it. In this manner many different specialists, whose names are listed in the preface, collaborated in the preparation of the text. J. E. G., Jr.

**Physical Medicine.** By Frank H. Krusen, M. D., F. A. C. P., associate professor of medicine, the Mayo Foundation, University of Minnesota; head of the section on physical therapy, the Mayo Clinic; member of the council on physical therapy of the American Medical Association; past president of the American Congress of Physical Therapy; past president of the Academy of Physical Medicine. Cloth. Price, $10. Pp. 846, with 351 illustrations. Philadelphia: W. B. Saunders Company, 1941.

This textbook fills a long-felt need for a thorough presentation of all phases of physical medicine. It is written primarily for the medical student and general practitioner, but to those of us who are specializing in the field of physical medicine, its importance cannot be overemphasized. It gives us a detailed evaluation of the field from a modern, conservative viewpoint by a man whose intelligence, vast experience and tremendous energy have enabled him to carry through such a work.

All too frequently in the past, the books dealing with physical therapy laid undue emphasis on one

*(Continued on page 632)*

# *Step toward Perfection*

Crude drugs and chemicals procured for the preparation of Lilly products must measure up to highest standards. Assays from outside sources, no matter how reliable, never are accepted without confirmation from the Lilly control laboratories.

## LIVER EXTRACTS

**Crude or Purified**

**For Intramuscular Injection**

SOLUTION LIVER EXTRACT CRUDE, LILLY

2 injectable U.S.P. units per cc.

1 injectable U.S.P. unit per cc.

SOLUTION LIVER EXTRACT PURIFIED, LILLY

15 injectable U.S.P. units per cc.

10 injectable U.S.P. units per cc.

5 injectable U.S.P. units per cc.

*ELI LILLY AND COMPANY*

*Principal Offices and Laboratories, Indianapolis, Indiana, U. S. A.*

## BOOK REVIEWS—Continued

or another phase of this field and were, in truth, simply books on electrotherapy, or hydrotherapy, or mechanotherapy. Dr. Krusen has covered all physical therapy of proven merit, in an evenly balanced manner. The illustrations are many and well chosen, and an extensive bibliography follows each chapter.

This book can be highly recommended to all members of the medical profession—general practitioner and specialist alike. R. L. B.

**Arthritis and Allied Conditions.** By Bernard I. Comroe, A. B., M. D., F. A. C. P., instructor in medicine, University of Pennsylvania; senior ward physician, Hospital of the University of Pennsylvania. Ed. 2. Cloth. Price, $9. Pp. 878, illustrated with 242 engravings. Philadelphia: Lea & Febiger, 1941.

The first edition of this book was reviewed for this Journal in July of 1940. That the well deserved popularity is great is indicated by the unusually prompt publication of a second edition.

The general make-up of this edition is similar to that of the first. It has, however, been enlarged by the addition of 126 pages and there are several new and excellent illustrations. There are several new chapters including one on sulfonamide drugs. One wonders why this chapter was necessary for to date the sulfonamides have not been very important in the treatment of arthritis except that due to the gonococcus.

The purpose of the author to present information concerning arthritis and allied conditions in a way which would be of value to the general practitioner has been, as in the first edition, excellently carried out. That the work is up-to-date is indicated by the fact that several references of 1941 are included in the bibliography.

Once more the reviewer is able to recommend Dr. Comroe's book to the practicing physician as one of the finest and most practical existing sources of information regarding arthritis. O. O. M.

**Medical Diagnosis and Symptomatology.** By Samuel A. Loewenberg, M. D., F. A. C. P., clinical professor of medicine, Jefferson Medical College; assistant physician to the Jefferson Hospital; consulting physician to the Philadelphia Hospital for Contagious Diseases and the Philadelphia Psychiatric Hospital; visiting physician to the Philadelphia General Hospital, and the Northern Liberties Hospital; formerly assistant professor of physical diagnosis at the Medico-Chirurgical College and the University of Pennsylvania, Philadelphia. Ed. 5, entirely revised and reset. Cloth. Price, $12. Pp. 1139, profusely illustrated (many in color). Philadelphia: F. A. Davis Company, 1941.

This work is similar to the previous editions, but has been modernized by deletions and additions. It is written as a source of reference for practitioners of medicine and medical students, and contains a tremendous amount of factual data. History taking, methods of physical examination, the listing of symptoms, and the conditions in which they occur, brief descriptions of most diseases and the technique and significance of many laboratory tests are all included. The discussions of various diseases are not adequate in most instances but they furnish some information about each. The section on physical diagnosis seems more adequate. New material includes sections on general and local symptomatology, vitamins and vitamin deficiency diseases, allergy and geriatrics.

Throughout, the book is simply and clearly written. There are hundreds of illustrations and, for the most part, they are excellent.

That this book has reached the fifth edition testifies to its popularity. As a reference book for the busy physician it may well have a prominent place in his working library. O. O. M.

**Brucellosis (Undulant Fever), Clinical and Subclinical.** By Harold J. Harris, M. D., health officer, Westport, N. Y.; consulting physician, St. Lawrence State Hospital; attending physician, Elizabethtown Community Hospital; lieutenant commander, Medical Corps, United States Naval Reserve; member, New York Academy of Medicine; associate member, American College of Physicians. Foreword by Walter M. Simpson, M. D., F. A. C. P., director, Kettering Institute for Medical Research, Miami Valley Hospital, Dayton, Ohio. Cloth. Price, $5.50. Pp. 286 with 12 colored and 44 black-and-white illustrations. New York: Paul B. Hoeber, Inc., 1941.

This is a monograph written by an active practitioner of medicine in a rural area and consequently particular emphasis has been placed upon the clinical aspects of the disease. The treatise is addressed chiefly to the general practitioner, to whom the opportunity is usually first presented for the recognition of brucellosis.

In the opinion of the reviewer, the author goes rather far in certain instances in assuming a causal relationship between brucellosis and a wide variety of pathological conditions. For example, he includes hypertension under the disturbances "possibly due to brucellosis" on the basis of nine patients he has observed. A case quoted as illustrative is that of a woman of seventy-three years, whose agglutination test with B. abortus was negative but whose intradermal test "produced a violent reaction." Vaccine therapy was instituted and the patient "made a complete clinical recovery." A single blood pressure reading of 230/120 is quoted previous to treatment and it is stated that the systolic pressure has varied from 150 to 175 in the three years since vaccine therapy was begun (no diastolic levels are given). The author further states that "similar experiences in eight other instances make it appear unlikely that pure coincidence or non-specific therapy can be credited with the remarkably favorable change." Also, the possibility of Brucella infection as a direct or indirect factor in some cases of peptic ulcer is suggested and the successful use of specific vaccine after other attempts at medical management had been exhausted, is quoted. Nephritis of this etiology is also said to have occurred in several instances, and the author quotes the case of his own daughter,

*(Continued on page 634)*

# DEXTRI-MALTOSE

## *True Economy*

IT is interesting to note that a fair average of the length of time an infant receives Dextri-Maltose is five months: That these five months are the most critical of the baby's life: That the difference in cost to the mother between Dextri-Maltose and common sugars is about $7 for this entire period—a few cents a day: That, in the end, it costs the mother less to employ regular medical attendance for her baby than to attempt to do her own feeding, which in numerous cases leads to a seriously sick baby eventually requiring the most costly medical attendance.

*"The Measure of Economy*
*Is Value, Not Price."*

MEAD JOHNSON & COMPANY
Evansville, Indiana, U.S.A.

Prescribe Journal-advertised products and you prescribe the best.

## BOOK REVIEWS—Continued

who showed albuminuria and granular casts, with "complete recovery following six doses of B. abortus vaccine." Thyrotoxicosis was noted in several patients with brucellosis. It is stated that "clinical evidence suggests the possibility that there is a direct causal relationship."

The author's experience with sulfanilamide is more successful than that of Long and Bliss as well as a number of other investigators. Dr. Harris' greatest enthusiasm therapeutically seems to lie with a heat-killed Brucella vaccine of a bovine strain. He believes that many of the reported failures of specific vaccine are referable to faulty technique and to the choice of the vaccine itself.

Although there are many conclusions and suggestions which seem at best highly debatable, the book doubtless will be effective in its primary purpose of helping to make the general practitioner "brucellosis-minded." It has also attracted the attention of the laity to the extent of a one and one half column review which appear in "Time" magazine of May 26, 1941. M. L. C.

**The Avitaminoses: The Chemical, Clinical and Pathological Aspects of the Vitamin Deficiency Diseases.** By Walter H. Eddy, Ph. D., professor of physiological chemistry, Teachers College, Columbia University; and Gilbert Dalldorf, M. D., pathologist to the Grasslands and Northern Westchester Hospitals, Westchester County, New York. Ed. 2. Cloth. Price, $4.50. Pp. 510, with 41 plates and 43 tables.

This volume, marked as a 1941, second edition, of the widely known work, is really the point of view which had been developed by the middle of 1940. In a field developing as rapidly as that of vitamin physiology and its clinical application, it is unavoidable that such a text should be out of date in some points by the time it has gone into circulation.

This volume is an attempt to present the understanding of vitamins to both lay and professional readers. At points the language is chosen so that non-technical readers will follow the argument; at other points the course of the discussion would be intelligible only to those who had studied organic chemistry. The material includes much of the relationship between vitamins and animal pathology as well as clinical material from the human. Although the text is not documented throughout, there are numerous references afforded at the end of the chapters to guide those who want to read in more detail from original sources. This volume represents a compromise between the detailed presentation of the research work and the original data in the field and a brief compend for quick reference by the clinician. E. L. S.

## CROWNHART—SICKNESS INSURANCE ABROAD

*(Continued from page 627)*

had no time to dwell, are inherent in the operation of compulsory sickness insurance laws.

### The Real Purchase Price

I would leave you with the thought, not that we cannot have compulsory sickness insurance here or that its closely-knit proponents are not making headway to that end. I would leave you with my own conviction that such systems have their own diseases that are of such consequence that they can be classed in the same breath with heart disease and cancer; that these, rather than the money contributions, constitute the real purchase price of this so-called social legislation.

In the face of active proposals for the enactment of this legislation in our own country, is it not your duty, as well as mine, to give light that the people may "find the way"?

## BAUMGARTNER AND NUZUM—INFLUENZAL MENINGITIS

*(Continued from page 580)*

flow of spinal fluid was very sluggish. On these occasions, 400 and 500 cc., respectively, of hypotonic salt solution were given intravenously. This solution was made from equal parts of triple distilled water and isotonic salt solution. This clearly facilitated the flow of spinal fluid and 25 cc. were withdrawn on each occasion (see table 1, sixth day). There was a rapid fall in the cell count of the spinal fluid to 2,500 cells per cm. on the second day and it remained at approximately this level until December 10. On December 15, the tenth day, the count was 8 cells per cm.

**PRESCRIBE OR DISPENSE ZEMMER**

Pharmaceuticals, Tablets, Lozenges, Ampules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for general price list.

*Chemists to the Medical Profession* W1 7-41

THE ZEMMER COMPANY

ZEMMER

Oakland Station, Pittsburgh, Pa.

When writing advertisers please mention the Journal.

# *Effective, Convenient and Economical*

THE effectiveness of Mercurochrome has been demonstrated by twenty years' extensive clinical use.

For the convenience of physicians Mercurochrome is supplied in four forms—Aqueous Solution for the treatment of wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

*Mercurochrome, H.W.&D.*
*(dibrom-oxymercuri-fluorescein-sodium)*

is economical because solutions may be dispensed at low cost. Stock solutions keep indefinitely.

Mercurochrome is accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

*Literature furnished on request*

HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND

## To Keep Abreast of Medical Literature

## To Aid in Preparing Medical Talks, Papers

USE THE

MEDICAL LIBRARY SERVICE
Service Memorial Institutes Building
MADISON

All books reviewed in The Journal as well as current issues of medical periodicals are available for loan. References on any selected subject will be sent on request for a two weeks' period. Service for Members at the Cost of Postage.

# PROFESSIONAL PROTECTION

SINCE 1899 SPECIALIZED SERVICE

A DOCTOR SAYS:
*"Your prompt response from the first and evident concern for the protection of our professional reputations as well as our financial interests to the successful termination of the case relieved us of all worry."*

THE
MEDICAL PROTECTIVE COMPANY
OF
FORT WAYNE, INDIANA

Before you buy X-Ray Equipment

## *Investigate* MATTERN

A complete line of Shock-Proof X-Ray Equipment, ranging from a 15 MA Portable Unit up to a Combination Unit for Radiography - Fluoroscopy - Therapy with a capacity of 200 MA-140 PKV.

## BARR X-RAY CO.

Exclusive Wisconsin Distributors
F. Mattern Mfg. Co.

2540 W. Wells St. Milwaukee, Wis.
West 4344

We carry a complete stock of films and accessories.

Prescribe Journal-advertised products and you prescribe the best.

On the ninth day of illness, the hemoglobin fell to 40 per cent and there were 2,400,000 erythrocytes per cm. She was given two blood transfusions, 500 cc. of citrated whole blood each, one on December 15 and the other on December 30. On December 16, the day following the first transfusion, the hemoglobin was 75 per cent and the erythrocytes 3,400,000. The blood continued at this level or higher until January 5, the day of discharge from the hospital, at which time the hemoglobin was 80 per cent and the erythrocytes 4,000,000 per cm. The leukocytes fell to 10,150 on the eleventh day and remained near this level until the day of discharge.

The temperature remained high, between 100 and 102 F. rectally, until the tenth day. On the eleventh day, it fell about one degree and remained practically at this level until the twenty-eighth day, at which time it returned to normal. Consciousness returned rapidly after the first spinal puncture, and by the sixth day the patient was quite rational at all times. During this period, meningismus disappeared and all neurological signs returned to normal.

A positive Babinski reaction on the right was constant during the first days of illness and, at times, a Gordon reflex on the left was positive. A faint macular generalized rash appeared on the ninth day and the sulfanilamide was discontinued for twenty-four hours and then re-administered in a greatly reduced dose. The sulfanilamide was administered orally at all times. It was necessary to give the first few doses with a nasal tube. In addition morphine, ⅛ grain, and scopolamine, 1/200 grain, were given periodically for sedation. The patient left the hospital on the thirty-second day.

Clinically she has remained quite well and complains only of frequent severe occipital headaches. These headaches are perhaps no different than she has suffered all her life. X-ray examination showed sclerosis of the bone in the right mastoid area and no other significant findings. At weekly intervals after leaving the hospital, she was given five superficial x-ray treatments, 88 r each, to the right mastoid area.

## Conclusions

We have reported the above case of influenzal meningitis in the hope that it may be of some aid in the evaluation of sulfanilamide in the treatment of this disease. It is noted in the review that occasionally recovery has occurred with varied types of treatment. It is realized that supportive treatment including frequent and complete spinal drainage was used in this case. The influence of intravenous hypotonic solution on


For the local Treatment of Acute Anterior Urethritis
(DUE TO NEISSERIA GONORRHEAE)

SILVER PICRATE* Wyeth

A complete technique of treatment and literature will be sent upon request

*Silver Picrate is a definite crystalline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

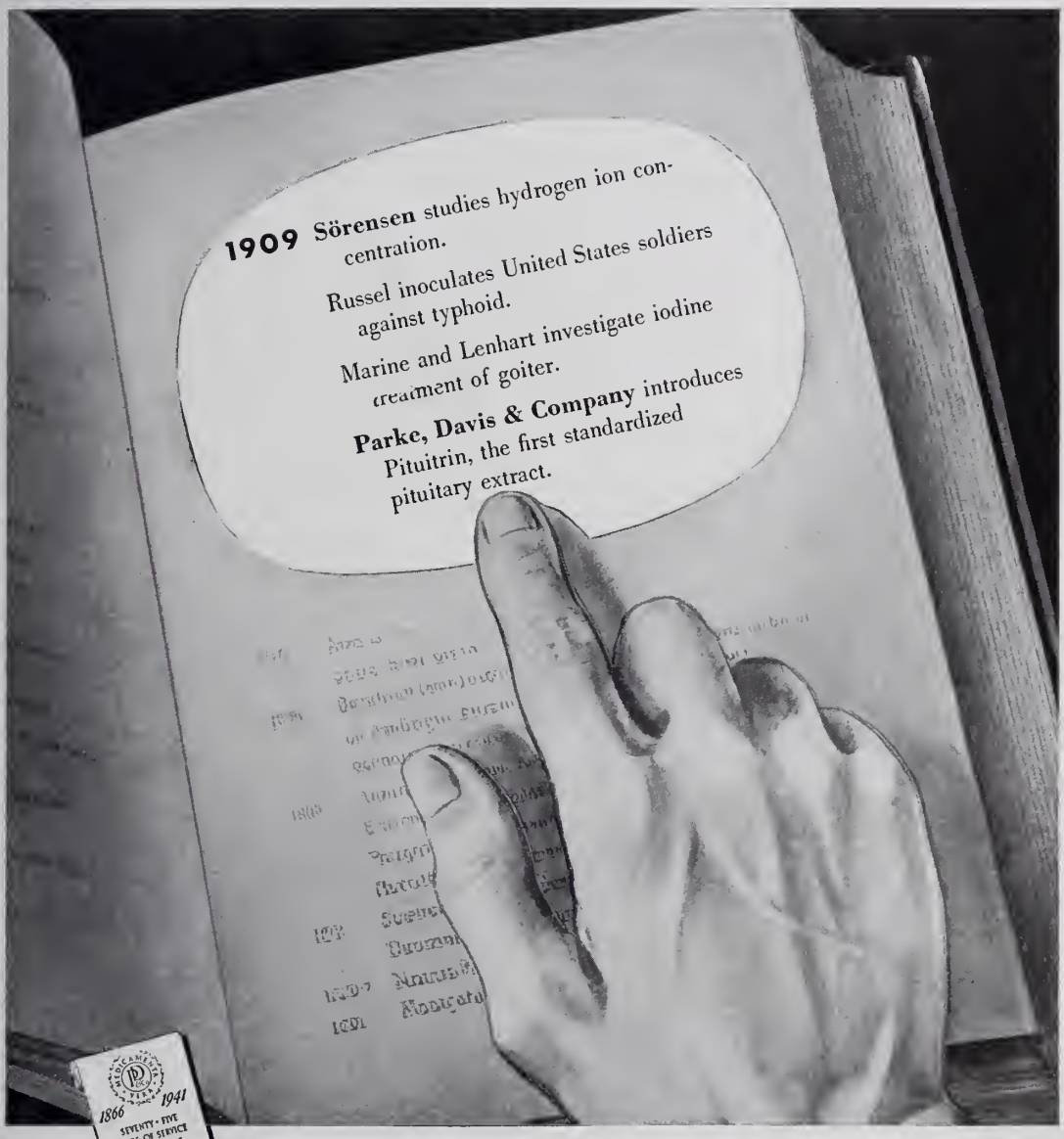
Silver Picrate, Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by Neisseria gonorrheae.[1] An aqueous solution (0.5 percent) of silver picrate or water-soluble jelly (0.5 percent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," Am. J. Syph., Gon. & Ven. Dis., 23, 201 (March), 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA

When writing advertisers please mention the Journal.

# THESE NAMES, THESE YEARS . . .
# HAVE HELPED MAKE MODERN MEDICAL HISTORY




One of a series of advertisements commemorating three-quarters of a century of progress and achievement

## Parke, Davis & Company

PIONEERS IN RESEARCH
ON MEDICINAL PRODUCTS

Prescribe Journal-advertised products and you prescribe the best.

the flow of spinal fluid was an interesting observation. In relation to sulfanilamide, if there was a specific action of the drug in this case, we feel that such action was due to the high blood concentration of the drug. It was also noted that the concentration in the spinal fluid appeared to be directly proportional to that of the blood so that these determinations were not made daily. We recommend, therefore, that in severe infections when sulfanilamide is indicated the drug be given in large enough doses to insure effective action.

BIBLIOGRAPHY


1. Jones, H. W.: H. Influenzae meningitis. Brit. M. J. 797–799 (Oct. 23) 1937.
2. Watson–Williams, E.: Influenzal meningitis in an adult with recovery. The (Lond.) Lancet 2: 1430–1431 (Dec. 18) 1937.
3. Gordon, C. H.: A case of mastoiditis and influenzal meningitis; recovery. Maine M. J. 29: 65–67 (April) 1938.
4. Brown, J. E., Emswiler, H. D., and Reck, L. E.: Influenzal meningitis with recovery. Arch. Otolaryng. 29: 860–864 (May) 1939.
5. Young, R. H., and Moore, C.: Influenzal meningitis; report of a case treated with anti-influenzal serum and sulphanilamide. Arch. Pediat. 55: 282–287 (May) 1938.
6. Teggart, B.: Influenzal meningitis treated with soluseptasine and lumbar puncture; recovery. Brit. M. J. 1365 (June 25) 1938.
7. Folsom, T. G., and Gerchow, K. E.: Influenzal meningitis successfully treated with sulfanilamide. West Virginia M. J. 34: 254–256 (June) 1938.
8. Case Records of the Massachusetts General Hospital, Case 24382, edited by Mallory, T. B.: New England J. Med. 219: 443–446 (Sept. 22) 1938.
9. Bachhuber, H. A.: Meningitis caused by bacillus influenzae; report of a case. Wisconsin M. J. 37: 399–401 (May) 1938.
10. Neal, J. B.: Treatment of acute infections of the central nervous system with sulfanilamide. J.A.M.A. 111: 1353–1356 (Oct. 8) 1938.
11. Neal, J. B., Appelbaum, E., and Jackson, H. W.: Sulfanilamide in the treatment of acute infections of the central nervous system. M. Clin. North America 22: 1419–1427 (Sept.) 1938.
12. Hamilton, T. R., and Neff, F. C.: Influenzal meningitis with bacteremia treated with sulfapyridine; recovery. J.A.M.A. 113: 1123–1125 (Sept. 16) 1939.



**BIDWELL BETTER LIMBS**

Everyone Receives the Personal Attention of G. L. Bidwell the well-known Orthopedic Appliance Expert.

EXPERIENCED LADY ATTENDANT

Artificial Limbs, Braces, Trusses, Elastic Stockings, Crutches, Invalid Chairs, Abdominal Belts.

**934 N. WATER ST.**
PHONE BROADWAY 4369
MILWAUKEE, WISCONSIN

**ORTHOPEDIC BRACES**

**DESIGNED WITH YOUR COOPERATION TO SUIT EACH CASE**

76TH YEAR OF "KNOWING HOW" ESTABLISHED 1865

● Even before the founding of the Wisconsin State Medical Society we were cooperating with physicians in making surgical and orthopedic supplies. The confidence and cooperation of Wisconsin physicians more than any other factor has made the House of Doerflinger the largest orthopedic supply house in Wisconsin.

ARTIFICIAL LIMBS ● TRUSSES ● ABDOMINAL BELTS
ARCH SUPPORTS ● ELASTIC HOSIERY

**DOERFLINGERS**

770 N. WATER STREET, MILWAUKEE, WISCONSIN, DALY 1461

# Wisconsin Pharmacists

*Have Anticipated Your Summer Months' Demand For Toxoids, Vaccines and Serums.*

Our complete stocks of immunological preparations are maintained in absolute "freshness" and are stored in constant refrigeration.

You may feel free to call upon us for the common and uncommon immunization preparations, biologicals and other pharmaceutical items.

**MATHER'S PHARMACY**

Prescription Experts

Most complete line of Biologicals and largest prescription store in Northern Wisconsin.

Trusses, Wheel Chairs, Crutches, Electric Pads, etc.

**SUPERIOR, WISCONSIN**

**McCUE & BUSS DRUG CO.**

Prescription Druggists
Physicians Supplies
Sick Room Needs

**14 So. Main St.** **JANESVILLE, WISCONSIN**

**BOCK DRUG STORES**

*Dependable Druggists Since 1876*

Complete Stock of Biologicals—Ampoules and Vaccines—Mail Orders Promptly Filled

Trusses—Supports—Crutches—Elastic Goods

**Phone 4100** **SHEBOYGAN, WISCONSIN**

Distributors of

Dependable Pharmaceutical & Biological Products for Physicians, including Lederle, Lilly, Parke Davis, etc.

*The Hebberd Drug Store*

"EXPERT PRESCRIPTION SERVICE"

Phone 29 4th and Main LA CROSSE, WIS.

**RED CROSS DRUG CO.**

DOCTORS!! *Save on Office and Dispensing Supplies.*

Mail orders filled in all parts of Wisconsin. Many doctors save hundreds of dollars yearly by concentrating their purchases. Let us quote you on your requirements. Orders shipped the same day received. We pay all delivery charges.

**RED CROSS DRUG CO.**
**RACINE, WISCONSIN**

**CHILSON DRUG COMPANY**

*Benj. Chilson, Ph. G.*

Specializing in a complete stock of serums, vaccines and medical supplies. Carefully and accurately compounding prescriptions is the main feature of our drug store.

**BELOIT, WISCONSIN**

**BELLING'S DRUG STORE**

*The Prescription Drug Store*

**204 E. College Ave.** **Appleton, Wis.**

**Phone 131**

A complete stock of Ampoules, Biologicals, including Rabies Vaccine, always under proper refrigeration.

**MAYER DRUG**

Harry F. Mayer, Prop.

*A Complete Prescription Department*

Biologicals and Ampoules

**KENOSHA, WISCONSIN**

Prescribe Journal-advertised products and you prescribe the best.

# Capital City Doctors

## Note These Reliable Madison Firms Which Sell Dependable Products, Services

Prescription Service at

**RENNEBOHM**

Better Drug Stores

is always

100% Dependable

---

Biologicals—Chemicals—Drugs

**FIRST CENTRAL DISPENSARY**

602 First Central Bldg.

Madison, Wis.

Phone: Badger 7929

RELIABLE PRESCRIPTION SERVICE

---

**LORAINE HOTEL**

Fireproof

SCHROEDER HOTELS

*Sleep in Safety*

---

**CENTRAL GARAGE**

15 South Webster St.

Parking and General Service

MODERN — CONVENIENT

ALWAYS DEPENDABLE

---

Ampoules, Biologicals, Chemicals, Bacteriological Stains, Trusses, Camp Surgical Supports, "Leeches."

**THE PRESCRIPTION PHARMACY**

Samuel R. Chechik, Ph.D.

20 S. Carroll St. Phone: Badger 755

"The Park Hotel Building"

---

*For Lovely Flowers*

Phone

**RENTSCHLER'S**

Badger 177

230 State St. Madison

---

Office: Badger 787 Residence: Badger 2308

**AUTO SERVICE COMPANY, Inc.**

Dan Bilsie

"Private Ambulance Service"

750 East Washington Ave. Madison, Wis.

---

**Frautschi Funeral Home**

120 E. Wilson St.

Madison, Wis.

ARTHUR A. FRAUTSCHI, *Director*

Phone Badger 733

---

Phone Badger 5900 for All Kinds of

Office Supplies and Equipment

**BLIED PRINTERS AND STATIONERS**

114 E. Washington Ave., Madison

---

# INDEX TO ADVERTISERS IN THIS ISSUE


| | Page |
|---|---|
| American Can Co. | 561 |
| American Optical Co. | 564 |
| Audiphone | 641 |
| Auto Service Co., Inc. | 640 |
| Barr X-ray Co. | 635 |
| Belling's Drug Store | 639 |
| Benson Optical Co., Inc. | 649 |
| Bidwell Better Limbs | 638 |
| Blied Printers & Stationers | 640 |
| Bock Drug Co. | 639 |
| Borden Co. | 565 |
| Central Garage | 640 |
| Chilson Drug Co. | 639 |
| Cook County Graduate School of Medicine | 563 |
| Corn Products Sales Co. | 558 |
| Doerflinger's | 638 |
| First Central Dispensary | 640 |
| Frautschi Funeral Home | 640 |
| Hebberd Drug Store | 639 |
| Hynson, Westcott & Dunning | 635 |
| Kennedy–Mansfield Dairy | 640 |
| Lakeside Laboratories | 554 |
| Lederle Laboratories | 560 |
| Eli Lilly & Co. | 631 |
| Loraine Hotel | 640 |
| Marquette University School of Medicine | 648 |
| Mather's Pharmacy | 639 |
| Mayer Drug | 639 |
| McCue & Buss Drug Co. | 639 |
| Mead Johnson & Co. | 633 |
| Medical Protective Co. | 635 |
| Milwaukee Optical Manufacturing Co. | 566 |
| Milwaukee Sanitarium | 652 |
| New York Polyclinic | 648 |
| Normandale | 648 |
| Orthopedic Appliance Co. | 641 |
| Parke, Davis & Co. | 637 |
| Petrolagar Laboratories, Inc. | 651 |
| Physicians Casualty Ass'n | 564 |
| Physicians Radium Ass'n | 564 |
| Mary E. Pogue School | 648 |
| Prescription Pharmacy | 640 |
| Radiation Therapy Institute | 557 |
| Radium & Radon Corp. | 641 |
| Red Cross Drug Co. | 639 |
| Rennebohm Drug Stores | 640 |
| Rentschler Floral Co. | 640 |
| Riggs Optical Co. | 555 |
| Rogers Memorial Sanitarium | 652 |
| Sacred Heart Sanitarium | 556 |
| St. Croixdale Sanitarium | 557 |
| Schroeder Hotel | 563 |
| Shorewood Hospital Sanitarium | 566 |
| SMA Corp. | 645 |
| Smith–Dorsey Co. | 563 |
| Squibb & Sons | 647 |
| Stearns & Co. | 559 |
| Summit Hospital | 649 |
| Uhlemann Optical Co. | 643 |
| Upjohn Co. | 562 |
| Waukesha Springs Sanitarium | 554 |
| Westinghouse Electric & Mfg. Co. | 644 |
| Wyeth & Brother, Inc. | 636 |
| Zemmer Co. | 634 |



**Western Electric HEARING AID**

Air and Bone Conduction

There's a Western Electric Ortho-Technic Audiphone designed by Bell Telephone Laboratories—embodying new principles, exclusive features, to meet the individual needs of your patients.

Small, Inconspicuous, High Fidelity

AUDIOMETERS — ELECTRICAL STETHOSCOPE

**AUDIPHONE UTILITIES**

Suite 205 739 N. Broadway Daly 2505

MILWAUKEE

**"Orthopedic Appliances"**

of every description
have been our specialty for 32 years.

*Trained Mechanics and Fitters only*

**Trusses, Elastic Stockings, Abdominal Belts.**

**THE ORTHOPEDIC APPLIANCE CO., Inc.**

123 East Wells St.

Tel. Daly 3021 Milwaukee, Wis.

**RADIUM**

**RENTED**
for the individual case at lowest rates. Instruments loaned.

**LEASED**
in any quantity of 50 milligrams or more, on a yearly basis. Continuous possession. No investment.

**SOLD**
in any quantity in latest platinum containers.

RADON in all-gold Implants at $2.50 per millicurie.

*For details, address*

**RADIUM AND RADON CORP.**

Marshall Field Annex • Randolph 8855

CHICAGO

# PHYSICIANS' EXCHANGE

**Advertisements for this column must be received by the 25th of the month preceding month of issue. A charge is made of $2.00 for the first appearance of copy occupying 1 inch or less of space and $1.00 for each succeeding insertion of the same copy. Kindly accompany copy with remittance to cover number of insertions desired. Advertisements from members of the State Medical Society will be accepted without charge. Such copy will be taken out after its second publication unless otherwise requested. Where numbers follow advertisements replies should be addressed care Wisconsin Medical Journal.**

FOR SALE—Office equipment and very desirable location in prosperous industrial community of 11,000. Excellent hospital facilities. Will introduce before leaving for army. Terms cash only. Address replies to No. 2 in care of Journal.

FOR SALE—A Copeland refractoscope. Practically new. $20 cash. Address replies to Dr. R. H. Slater, Granton, Wisconsin.

FOR SALE—Physician retiring on account of ill health wishes to sell office furniture, fittings, instruments, and other equipment. This location is in thriving town in southern Wisconsin, population 3,000. Good hospital, factories, and business opportunities. Address replies to No. 10 in care of Journal.

FOR SALE—Office equipment of the late Dr. C. M. O'Hora, including drugs, books, and instruments. Address replies to No. 8 in care of Journal.

FOR SALE OR RENT—Excellent, long-established, unopposed practice with modern home and office. Prefer young married man of good habits, Protestant, and not of draft age. Good hospital facilities. Reason for selling: ill health. Address replies to No. 80 in care of Journal.

FOR SALE—Office equipment of the late Dr. L. M. Pearson, including instruments and books, new Tycos sphygmomanometer, steel safe for records, etc. Address replies to Mrs. L. M. Pearson, 704 Franklin Street, Wausau, Wisconsin.

FOR SALE—Mattern S. R. F. 30 milliampere 95 K. V. complete x-ray and fluoroscopic unit with bucky table and magnetic release, wall cassette holder and all necessary dark room and accessory equipment. Will take $800 for quick sale. This unit would cost $1,400 to duplicate at today's prices. Machine and equipment are a little over one year old and are perfect in every way. Prefer to sell rather than store for period of government service. Dr. R. J. Rogers, Oconto, Wisconsin.

FOR SALE—Fischer portable diathermy—Type "G"—catalog No. 1250, cost $265; also Fischer hospital cart for same, catalog No. 1255, cost $35. Suitable for doctor's office or hospital use. Little used. Price complete for quick sale $75. Also Janette rotary converter, type CB–12 for using diathermy where direct current only is available, price $25. Address A. A. Walters, Stone Lake, Wisconsin.

FOR SALE—Excellent, unopposed practice in southwestern Wisconsin. Population of town 900; population of drawing area 2,200. Low overhead. Easy terms for reliable purchaser. Would consider locum tenens. Reason for selling: called to active army service. Address replies to No. 20 in care of Journal.

FOR SALE—Unopposed country practice in village of 850. Low overhead. Home–office combination. Gross income $8,000. Will sell for price of equipment, minimum of $600. Address replies to No. 22 in care of Journal.

FOR SALE—The eye, ear, nose and throat practice and equipment of the late Dr. G. W. McCarthy of Kenosha. Address replies to Mr. John F. McCarthy, Room 311, U. S. National Bank Building, Kenosha.

FOR SALE—General practice and fully equipped office of the late Dr. H. M. Ripley, physician and surgeon. Located in business district of 50,000 population. Address replies to Mrs. H. M. Ripley, 623 Fifty-eighth Street, Kenosha.

WANTED—One or two additional specialists to share an excellently equipped and furnished suite in a Milwaukee downtown office building. Secretarial, x-ray, and laboratory facilities provided. Address replies to No. 59 in care of Journal.

WANTED—An assistant in small town in northern Wisconsin. Good salary. Address replies to No. 1 in care of Journal.

WANTED—Young physician already in practice in north end of Milwaukee County to give part-time assistance to physician in general practice. State qualifications. Address replies to No. 6 in care of Journal.

WANTED—In the Milwaukee area, physician desires part-time position in industrial medicine. Six years experience in industrial surgery and x-ray. Details and references on request. Address replies to No. 25 in care of Journal.

WANTED—Position in Madison as doctor's assistant by undergraduate nurse with eleven years of experience. Blanche Bakke, 540 West Washington Avenue, Madison.

WANTED—Position as G-U surgeon and urologist. Eligible for certification. Willing to assist in general surgery, medicine, and laboratory. Gentile. No military commitments. Wisconsin license. Address replies to No. 65 in care of Journal.

WANTED—Modern short wave and a galvanic sinusoidal machine. State make, year, and price. Address replies to No. 21 in care of Journal.

WANTED—Locum tenens during my stay in army. Large, active, unopposed practice in town in north-central Wisconsin. Excellent income assured from start. Address replies to No. 30 in care of Journal.

LOCATION—Position for young physician to assist physician in general practice in Milwaukee County. State qualifications. Beginning salary $150 per month. Address replies to No. 7 in care of Journal.

LOCATION—In town of 350 population with large outlying dairying area. Seven miles from one hospital and twelve miles from another. Willing to sell complete office equipment and drugs if desired. Excellent clinical records. Address replies to No. 15 in care of Journal.

LOCATION—Opening in established practice with possibilities of a future partnership. Agricultural community; 1,300 population; sixty miles from Twin Cities. Must have Minnesota and Wisconsin license. Salary, office, and residence to start. Hospital facilities. Address replies to No. 60 in care of Journal.

**Ben Franklin knew a thing or two**
**And dressed in faultless style.**
**There's likelihood our fashions would**
**Have caused old Ben to smile.**

● Reversing those lines, many articles of common use in Ben Franklin's days look strange now, except in museums. Take old Ben's glasses, for example. They were "good style" then—but styles change; change for the better as new materials, new designs, new standards of what is smart and becoming push old ideas into obsolescence.

In glasses, the phrase "Styled by Uhlemann" means a great deal more than visible smartness and up-to-date correctness. It is fundamentally a stout assurance of invisible excellence—of lenses that mean perfect performance of your orders; of glasses that fit the wearer's eyes and face; of that basic fine quality that is good style's inseparable mate.

*Every element you and your patient demand in glasses is summed up in three words*—**STYLED BY UHLEMANN**

**UHLEMANN OPTICAL COMPANY**
ESTABLISHED 1907
*Exclusive Opticians for Eye Physicians*
PITTSFIELD BUILDING • CHICAGO, ILLINOIS

*OFFICES:* CHICAGO • DETROIT • TOLEDO • SPRINGFIELD
EVANSTON • DAYTON • PORT HURON • APPLETON • OAK PARK
Prescribe Journal-advertised products and you prescribe the best.

# HOW MANY MILES

## have you run *your* x-ray equipment?

MOST any old car might take you from where you are to where you want to go —bumping along on wheels out of true, puffing and snorting while you wrestle with an antiquated gear shift and fight a stubborn steering wheel. But what a difference when you change from venerable antiques to one of these streamlined beauties of today!

• • •

It's that way with cars; it's that way with x-ray equipment. Old apparatus may still be working—after a fashion. It may produce radiographs, serve for fluoroscopy, possibly even do therapy. But it has none of the automatic precision built into modern equipment that is your assurance of uniform results.

It has none of the effortless ease and simplicity of positioning patient and table and tube, which so much speeds up the efficiency of an x-ray department and very substantially increases its patient capacity.

It lacks most of today's features that contribute so much to absolute electrical safety and fine mechanical precision. And like the car that was good in its days, old x-ray equipment, too, shows its age! Now in Westinghouse x-ray apparatus, transformers are conveniently out of the way. Well illuminated controls are compactly grouped at eye level. The "machine shop look" of tables and tube-stands has given way to well groomed, attractive lines which emphasize the sound engineering and fine craftsmanship that Westinghouse puts into their construction.

If *your equipment* is of honorable age—and in x-ray apparatus that means ten years or so—call in a Westinghouse X-Ray field engineer, soon. Ask him to survey it, without obligation. Then study the detailed specifications he will submit—and judge for yourself how much you will benefit from modernization of your x-ray department!

**WESTINGHOUSE ELECTRIC & MANUFACTURING COMPANY**

WESTINGHOUSE X-RAY DIVISION LONG ISLAND CITY • NEW YORK

When writing advertisers please mention the Journal.

# GROWING COMFORTABLY ON S-M-A

Pretty soft life! Nothing to do but eat, sleep and grow in comfort on S-M-A. It's a happy, healthy first year for the S-M-A fed infant because S-M-A promotes normal, comfortable growth.

In addition to fat, carbohydrate and protein of physiological characteristics and proportions, each feeding of S-M-A provides standardized quantities of iron and vitamin A, $B_1$ and D. Only vitamin C need be supplemented.

Prescribing S-M-A makes life more pleasant for the doctor and the mother, too, because excellent results are obtained simply and quickly.

" " "

***Normal infants relish S-M-A . . . digest it easily and thrive on it.***

" " "

*S-M-A, a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods

**FOR TREATMENT OF FOOD ALLERGY DUE TO SENSITIVITY TO MILK PROTEIN**

**A Special Product**

## HYPO-ALLERGIC MILK

Hypo-Allergic Milk is thermally processed cows' whole milk in which the sensitizing properties of the protein are altered without affecting the caloric value nf the protein or whole milk itself.

It may he used the same as cows' whole milk, as a beverage, or in infant feeding formulae where a sensitivity to milk protein is known to exist.

*Complete information upon request.*

**S.M.A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS**

Prescribe Journal-advertised products and you prescribe the best.

## Here's Your Chance to Brush Up on Chest Conditions

## Attend the

# INSTITUTE on CHEST DISEASES

### to be held in your part of the State this summer

For your information, here is the complete schedule of this summer's institutes:

| Date | Place | Presiding Officer |
|---|---|---|
| Monday, July 21 | KAUKAUNA—Riverview Sanatorium* | Dr. C. D. Boyd |
| Tuesday, July 22 | RHINELANDER—New Central School | Dr. C. A. Richards |
| Wednesday, July 23 | SUPERIOR (HAWTHORNE)—Middle River Sanatorium* | Dr. E. E. Carpenter |
| Thursday, July 24 | RICE LAKE—Land O' Lakes Hotel | Dr. D. L. Dawson |
| Friday, July 25 | STEVENS POINT—Hardware Mutual Insurance Auditorium | Dr. T. L. Harrington |
| Monday, July 28 | KENOSHA—Willowbrook Sanatorium* | Dr. Charles Ulrich |
| Tuesday, July 29 | MADISON—Lake View Sanatorium* | Dr. W. C. Reineking |
| Wednesday, July 30 | PLATTEVILLE—Municipal Memorial Building | Dr. Wilson Cunningham |
| Thursday, July 31 | SPARTA—Hotel Sidney | Dr. Spencer D. Beebe |
| Friday, August 1 | FOND DU LAC—Retlaw Hotel | Dr. S. E. Gavin |

* Doctors attending these institutes will be guests of the sanatorium for dinner. It will be of great assistance to the superintendents if you will let them know ahead of time that you plan to attend.

These meetings are for all doctors. The subject matter will be presented by a group of physicians who have devoted their professional lives to the treatment of diseases of the chest. For further information, see page 603.

The institutes are sponsored by the Wisconsin Anti-Tuberculosis Association in cooperation with the state and county medical societies, the State Board of Health, and county sanatoria.

# For Fall Hay Fever
# SQUIBB POLLEN EXTRACTS

STARTING with August and until the time of frost, the wind-borne weed pollens are the chief offenders in causing hay fever. The following Squibb Allergenic Extracts, depending on locality, are useful at this season:

| | |
|---|---|
| Ragweed Combined | Shadscales |
| Cocklebur | Wormwoods |
| Ragweed and Cocklebur Combined | Sheep Sorrel |
| Russian Thistle | |

These are supplied in 5-cc. vials—which, when used with the Special Diluent Package, offer an economical means of reducing the sensitivity of hay fever sufferers.

Very convenient, too, is the three-vial package of Ragweed Combined and Ragweed and Cocklebur Combined.

Squibb Allergenic Extracts are highly potent, stable and uniform in dosage. They are standardized in protein nitrogen units. This unit has been shown by Cooke and Stull[1] to be a very close measure of allergenic activity.

### Special Prescription Combinations

A service is available to physicians whose patients require combinations of pollen extracts not regularly supplied or in special proportion.

Physicians are invited to write concerning their problems in treating patients with hay fever. Our experience of over twenty years in making Pollen Extracts may be most helpful. Address the Medical Department, E. R. Squibb & Sons, 745 Fifth Ave., New York, N. Y.

[1] Cooke, R. A., and Stull, A.: *J. Allergy* 4: 87, 1933.

## E·R·SQUIBB & SONS

*Manufacturing Chemists to the Medical Profession Since 1858*

Prescribe Journal-advertised products and you prescribe the best.

# THE NEW YORK POLYCLINIC
## MEDICAL SCHOOL AND HOSPITAL
*(The Pioneer Post-Graduate Medical Institution in America, Organized 1881)*

**Urology**

A combined full-time course in Urology, covering an academic year (8 months). It comprises instruction in pharmacology; physiology; embryology; biochemistry; bacteriology and pathology; practical work in surgical anatomy and urological operative procedures on the cadaver; regional and general anesthesia (cadaver); office gynecology; proctological diagnosis; the use of the ophthalmoscope; physical diagnosis; roentgenological interpretation; electrocardiographic interpretation; dermatology and syphilology; neurology; physical therapy; continuous instruction in cysto-endoscopic diagnosis and operative instrumental manipulation; operative surgical clinics; demonstrations in the operative instrumental management of bladder tumors and other vesical lesions as well as endoscopic prostatic resection

**FOR THE**

**GENERAL PRACTITIONER**

Intensive full time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

*For Information Address:* MEDICAL EXECUTIVE OFFICER, 345 West 50th St., New York City

## THE MARY E. POGUE SCHOOL

DOCTORS: You may continue to supervise the treatment and care of children you place in our school. Catalogue on request.

**90 Geneva Road** **Telephone**
**Wheaton, Illinois** **Wheaton 66**

## NORMANDALE SANITARIUM
Madison, Wisconsin

Normandale is a sanitarium for the care and treatment of nervous and mental disorders, inclusive of addictions. All of the modern methods of neuropsychiatric therapy are available. Special accommodations and rates are offered for the care of chronic cases.

Normandale is located on the outskirts of Madison, Wisconsin. This location affords the conveniences of the city and the restful environment of a rural setting.

Inquiries are invited. Telephone:
Fairchild 2486
Medical Director,
M. F. Greiber, M. D.

# MARQUETTE
## SCHOOL OF MEDICINE

**Requirements For Admission** The minimum requirements for admission are three years of such college work as is acceptable towards the Bachelor's degree in an approved college of liberal arts or in a recognized University. The following subjects must be included in these three years: zoology, general chemistry, organic chemistry, English, French or German, physics.

**Instruction** The duration of the course leading to the degree of Doctor of Medicine is five years, the fifth year of which is devoted to a hospital internship. The school year begins about the first of October and ends about the middle of June. The aim is constant coordination of the basic sciences with the clinical subjects applied to curative and preventive medicine.

**Clinical Facilities** Milwaukee County General Hospital, Milwaukee County Emergency Hospital and Dispensary, Milwaukee Children's Hospital and Dispensary, Milwaukee County Insane Hospitals, Acute and Chronic, South View Hospital for Contagious Diseases, Muirdale Sanatorium for tuberculosis, Mt. Sinai Hospital Dispensary, Marquette Eye Clinic, Public Health field work.

For further information address:

**DEAN, MARQUETTE UNIVERSITY SCHOOL OF MEDICINE**
**561 North Fifteenth Street**
**Milwaukee, Wisconsin**

There is no substitute for quality when prescribing lenses for the human eye. Our ORKON CORRECTED CURVE OPHTHALMIC LENSES represent the best produced by Optical Science.

**N. P. Benson Optical Co., Inc.**

Established 1913

MAIN OFFICE: MINNEAPOLIS, MINN.

DULUTH
ALBERT LEA
WINONA

EAU CLAIRE
LA CROSSE
WAUSAU
STEVENS POINT

BISMARCK
ABERDEEN
RAPID CITY

**The SUMMIT HOSPITAL**

OCONOMOWOC, WIS.

Here, in a cordial and homelike environment, we operate a hospital and sanatorium with facilities and personnel adequate to manage your

CHRONIC,
NERVOUS and
MENTAL
CASES

*For further information write or phone*

G. R. Love, M.D.
*Physician in Charge*
The Summit Hospital
Oconomowoc, Wis.

Chicago Office:
Loren W. Avery, M.D.
*Consulting Neuropsychiatrist*
122 So. Michigan Ave.

A natural Beauty Spot — Fireproof, Modern buildings, Moderate rates.

Prescribe Journal-advertised products and you prescribe the best.

# THE STATE MEDICAL SOCIETY OF WISCONSIN

## ORGANIZED 1841

R. P. SPROULE, Milwaukee, President
GUNNAR GUNDERSEN, La Crosse, President-Elect
R. M. KURTEN, Racine, Speaker
CHARLES FIDLER, Milwaukee, Vice-Speaker
IRA R. SISK, Madison, Treasurer

### Councilors

TERM EXPIRES 1942

First District:
H. P. Bowen——Watertown

Second District:
C. E. Pechous——Kenosha

TERM EXPIRES 1943

Third District:
W. T. Clark——Janesville

Fourth District:
B. I. Pippin——Richland Center

TERM EXPIRES 1943

Fifth District:
A. H. Heidner——West Bend
Sixth District:
S. E. Gavin——Fond du Lac

TERM EXPIRES 1941

Seventh District:
H. A. Jegi——Galesville
Eighth District:
G. W. Krahn——Oconto Falls
Ninth District:
H. H. Christofferson——Colby
Tenth District:
F. E. Butler——Menomonie

TERM EXPIRES 1942

Eleventh District:
F. G. Johnson——Iron River
Twelfth District:
H. J. Gramling——Milwaukee
R. E. Fitzgerald——Milwaukee

TERM EXPIRES 1943

Robert W. Blumenthal
——Milwaukee

TERM EXPIRES 1941

Thirteenth District:
J. W. Lambert——Antigo

TERM EXPIRES 1941

R. G. Arveson——Frederic
(Past President)

### Delegates to American Medical Association

Stephen E. Gavin, Fond du Lac, 1942 James C. Sargent, Milwaukee, 1942 Joseph F. Smith, Wausau, 1941

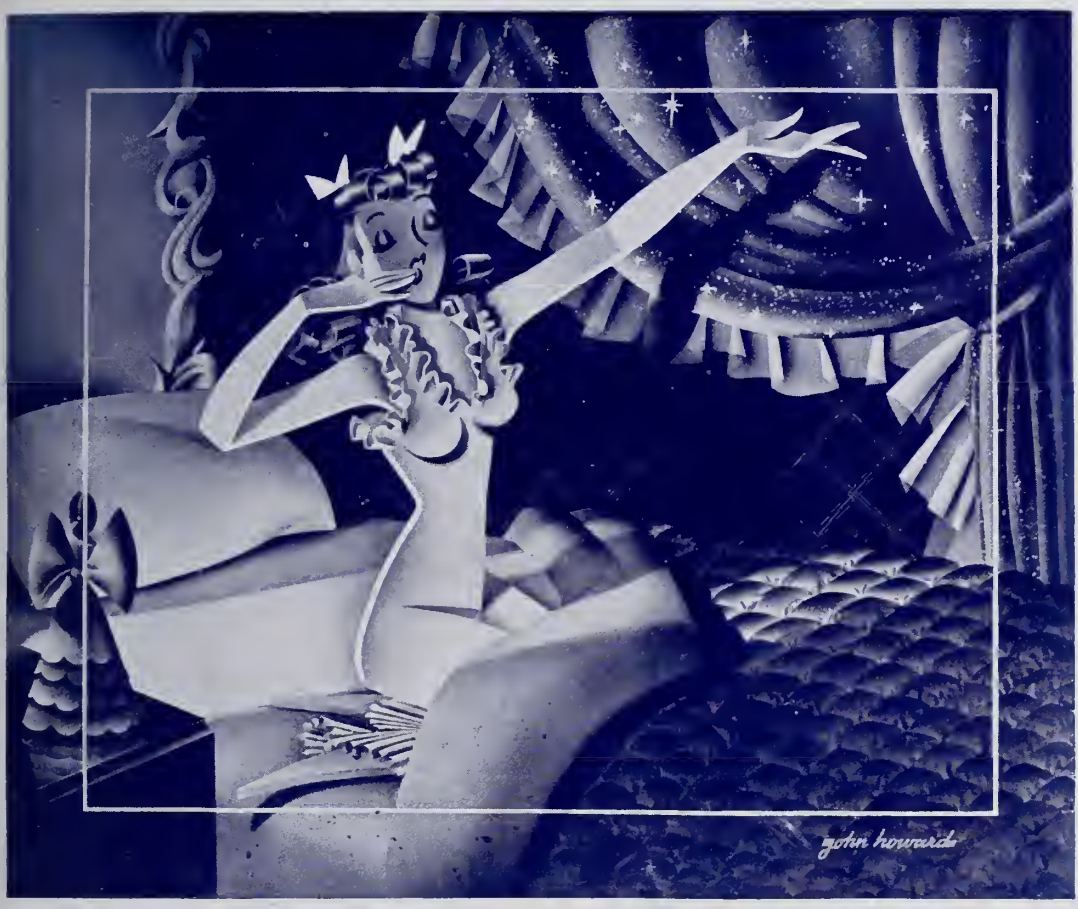
### Alternates

S. J. Seeger, Milwaukee, 1942 F. E. Butler, Menomonie, 1942 C. W. Giesen, Superior, 1941

The Wisconsin Medical Journal, Official Publication
Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Illinois

### List of Executive Officers of County Medical Societies

| County | President | Secretary |
|---|---|---|
| Ashland–Bayfield–Iron | C. A. Grand, Ashland | A. H. Lamal, Ashland. |
| Barron–Washburn–Sawyer–Burnett | H. H. Ainsworth, Birchwood | R. W. Adams, Chetek. |
| Brown–Kewaunee–Door | L. D. Quigley, Green Bay | E. J. O'Brien, Green Bay. |
| Calumet | J. W. Goggins, Chilton | J. A. Knauf, Stockbridge. |
| Chippewa | F. B. Sazama, Chippewa Falls | L. W. Picotte, Chippewa Falls. |
| Clark | J. W. Johnson, Withee | A. P. Hable, Loyal. |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | C. J. Radl, Wisconsin Dells. |
| Crawford | G. R. J. Hammes, Seneca | O. E. Satter, Prairie du Chien. |
| Dane | S. J. Briggs, Madison | D. L. Williams, Madison. |
| Dodge | A. J. Hebenstreit, Juneau | A. G. Hough, Beaver Dam. |
| Douglas | Rudolph Christiansen, Superior | Fred Johnson, Jr., Superior. |
| Eau Claire–Dunn–Pepin | J. C. Baird, Eau Claire | H. S. Fuson, Eau Claire. |
| Fond du Lac | O. F. Guenther, Campbellsport | S. A. Theisen, Fond du Lac. |
| Forest | G. W. Ison, Crandon | G. E. Carroll, Laona. |
| Grant | H. J. McLaughlin, Bloomington | H. L. Doeringsfeld, Platteville. |
| Green | W. G. Bear, Monroe | L. E. Creasy, Monroe. |
| Green Lake–Waushara | J. A. Kelly, Green Lake | D. M. Regan, Berlin. |
| Iowa | T. A. Hagerup, Dodgeville | H. M. Walker, Dodgeville. |
| Jefferson | J. C. Brewer, Jefferson | E. A. Schoenecker, Lake Mills. |
| Juneau | W. T. O'Brien, Mauston | Brand Starnes, New Lisbon. |
| Kenosha | E. F. Andre, Kenosha | L. M. Rauen, Kenosha. |
| La Crosse | M. W. Ward, Bangor | J. C. Fox, La Crosse. |
| Lafayette | S. A. J. Ennis, Shullsburg | E. D. McConnell, Darlington. |
| Langlade | R. J. Portman, Antigo | W. P. Curran, Antigo. |
| Lincoln | G. R. Baker, Tomahawk | L. J. Bayer, Merrill. |
| Manitowoc | T. H. Rees, Manitowoc | T. A. Teitgen, Manitowoc. |
| Marathon | M. L. Jones, Wausau | H. H. Fechtner, Wausau. |
| Marinette–Florence | J. V. May, Marinette | K. G. Pinegar, Marinette. |
| Milwaukee | T. J. Howard, Milwaukee | Mr. James O. Kelley, Ex. Sec., Milw. |
| Monroe | D. C. Beebe, Sparta | T. J. Sheehy, Tomah. |
| Oconto | W. R. Berg, Gillett | C. R. Kwapy, Oconto. |
| Oneida–Vilas | C. A. Richards, Rhinelander | H. J. Westgate, Rhinelander (acting) |
| Outagamie | W. H. Towne, Hortonville | D. M. Gallaher, Appleton. |
| Pierce–St. Croix | C. A. Dawson, River Falls | A. E. McMahon, Glenwood City. |
| Polk | W. B. Cornwall, Amery | G. B. Noyes, Centuria. |
| Portage | H. P. Benn, Stevens Point | T. L. Harrington, Stevens Point. |
| Price–Taylor | H. B. Norviel, Phillips | J. L. Rens, Phillips. |
| Racine | A. M. Lindner, Racine | Beatrice O. Jones, Racine. |
| Richland | R. E. Housner, Richland Center | G. H. Benson, Richland Center. |
| Rock | G. C. Waufle, Janesville | O. V. Overton, Janesville. |
| Rusk | W. F. O'Connor, Ladysmith | M. L. Whalen, Bruce. |
| Sauk | J. F. Moon, Baraboo | C. B. Pope, Baraboo. |
| Shawano | F. L. Litzen, Gresham | E. E. Evenson, Wittenberg. |
| Sheboygan | Anthony Voskuil, Cedar Grove | W. G. Huibregtse, Sheboygan. |
| Trempealeau–Jackson–Buffalo | E. A. Meili, Cochrane | R. R. Richards, Blair. |
| Vernon | W. H. Remer, Chaseburg | R. S. Hirsch, Viroqua. |
| Walworth | H. J. Kenney, Delavan | L. H. Donath, Lake Geneva. |
| Washington–Ozaukee | F. W. Lehmann, Hartford | R. S. Fisher, Allenton. |
| Waukesha | G. S. Jones, Genesee Depot | J. F. Wilkinson, Oconomowoc. |
| Waupaca | A. M. Christofferson, Waupaca | J. W. Monsted, New London. |
| Winnebago | F. G. Jensen, Menasha | E. F. Cummings, Oshkosh. |
| Wood | L. A. Copps, Marshfield | R. W. Mason, Marshfield. |




# Petrolagar*.. Helps Start the Day Right

• When "Habit Time" is neglected and the patient tends to become constipated, consider the use of Petrolagar as an aid to regular comfortable bowel movement. One to two tablespoonfuls daily (see directions on package) provide bland fluid to help soften the feces and bring about an easily passed, well-formed stool. As soon as a regular "Habit Time" has been re-established, the daily dosage of Petrolagar may be gradually diminished until treatment is no longer required.

*Have you prescribed* Petrolagar *recently?*

Samples are Available to Physicians on Request

**Petrolagar—The trademark of Petrolagar Laboratories, Inc., brand emulsion of mineral oil . . . Liquid petrolatum 65 cc. emulsified with 0.4 gm. agar in a menstruum to make 100 cc.*

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

Prescribe Journal-advertised products and you prescribe the best.

# Rogers Memorial Sanitarium

OCONOMOWOC, WIS.
**Telephone 448**

A PRIVATE sanitarium
(incorporated not-for-profit)
for the treatment of
**DISEASES OF THE NERVOUS SYSTEM**
All approved methods of therapy are used

**Fireproof Building**
**Booklet on Request**

*BOARD OF TRUSTEES*

JAMES C. HASSALL, M.D.
FREDERICK PABST
Oconomowoc, Wis.

T. H. SPENCE
MITCHELL MACKIE
MACKEY WELLS
O. R. LILLIE, M.D.
Milwaukee, Wis.

PETER BASSOE, M.D.
RALPH C. HAMILL, M.D.
JOHN FAVILL, M.D.
Chicago, Ill.

W. S. MIDDLETON, M.D.
Madison, Wis.

SCOTT LOWRY
Waukesha, Wis.

*RESIDENT PHYSICIANS*

JAMES C. HASSALL, M.D.
Medical Director

OWEN C. CLARK, M.D.

DONALD A. R. MORRISON, M.D.

Milwaukee Office:
By Appointment

1330 Wells Building
**Telephone Daly 1441**

# MILWAUKEE SANITARIUM

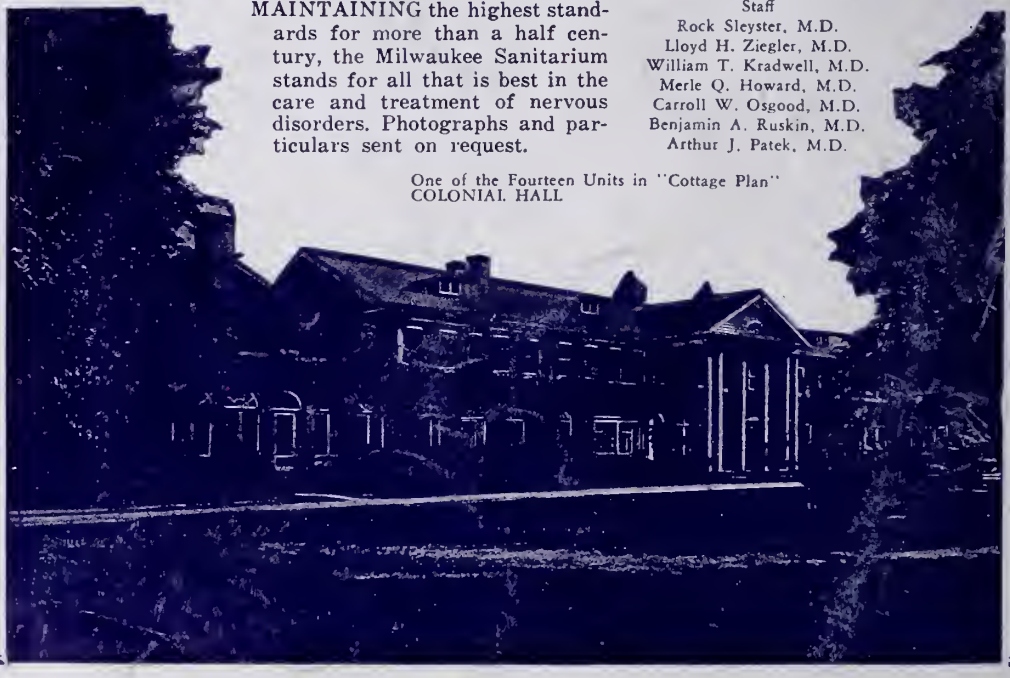
Wauwatosa, Wisconsin

## FOR NERVOUS DISORDERS

(Chicago office—1117 Marshall Field Annex
Wednesdays, 1–3 P. M.)

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

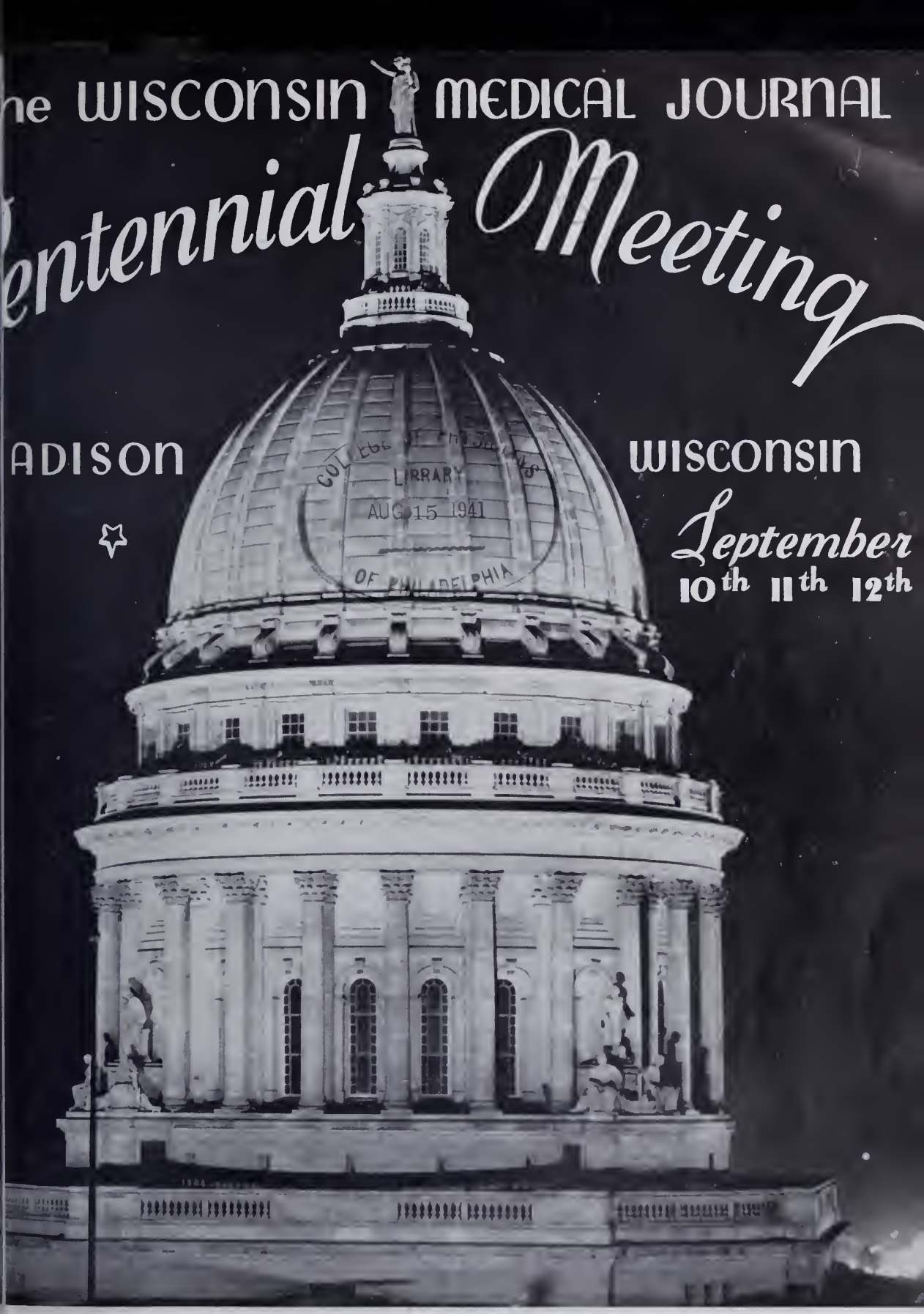
Staff
Rock Sleyster, M.D.
Lloyd H. Ziegler, M.D.
William T. Kradwell, M.D.
Merle Q. Howard, M.D.
Carroll W. Osgood, M.D.
Benjamin A. Ruskin, M.D.
Arthur J. Patek, M.D.



One of the Fourteen Units in "Cottage Plan"
COLONIAL HALL


DEMOCRAT PRINTING COMPANY
MADISON, WISCONSIN

# he WISCONSIN MEDICAL JOURNAL



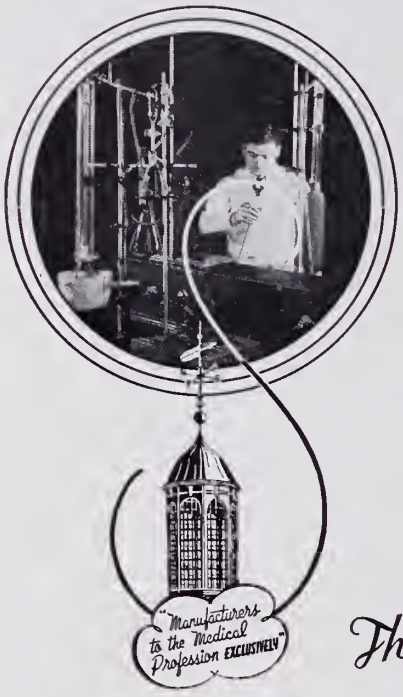

COMPLETE TABLE OF CONTENTS, PAGE 656

lumber 8
uilding

MADISON, WISCONSIN, AUGUST, 1941

Copyright, 1941, by The State Medical Society of Wisconsin

Per Year $3.50
Single Copy 50 Cents




# *Our Steadfast Objective*

. . . at the Lakeside Laboratories is constant improvement of present medications and the regular introduction of new items discovered through tests and research.

The maintenance of this 'ever onward' ideal has called for frequent expansion in the past . . . it is exemplified in Lakeside's 'reaching spire' as a reminder for the future.

The LAKESIDE
MILWAUKEE Laboratories Inc. WISCONSIN

# Waukesha Springs Sanitarium

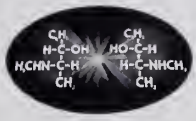
## FOR NERVOUS DISEASES

*BUILDING ABSOLUTELY FIRE-PROOF*

BYRON M. CAPLES, M. D. Medical Director. FLOYD W. APLIN, M. D.

**WAUKESHA, WISCONSIN**

# RACĔPHEDRINE
## *in the Hay Fever Season*



On local application to the nasal mucous membrane, Solution Racĕphedrine Hydrochloride (Upjohn) diminishes hyperemia and reduces swelling, thus bringing comforting relief to the hay fever patient.

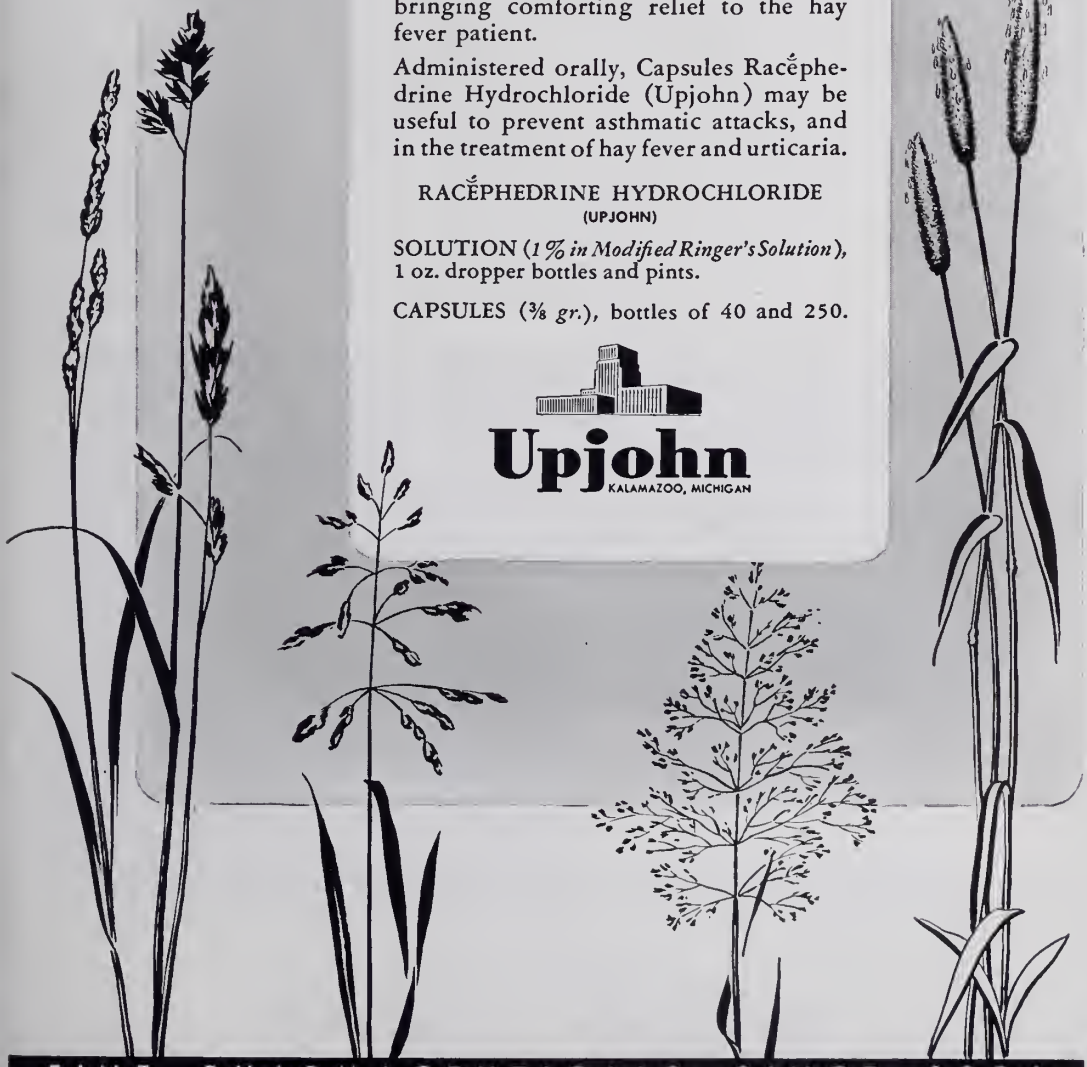
Administered orally, Capsules Racĕphedrine Hydrochloride (Upjohn) may be useful to prevent asthmatic attacks, and in the treatment of hay fever and urticaria.

RACĔPHEDRINE HYDROCHLORIDE
(UPJOHN)

SOLUTION (*1% in Modified Ringer's Solution*), 1 oz. dropper bottles and pints.

CAPSULES (⅜ *gr.*), bottles of 40 and 250.

**Upjohn**
KALAMAZOO, MICHIGAN



FINE PHARMACEUTICALS SINCE 1886

Prescribe Journal-advertised products and you prescribe the best.

# THE WISCONSIN MEDICAL JOURNAL

Volume 40
Number 8

MADISON, WISCONSIN, AUGUST, 1941

Per Year $3.50
Single Copy 50 Cents

## TABLE OF CONTENTS

### SCIENTIFIC ARTICLES

Page

Extra-Abdominal Diseases That May Cause Abdominal Symptoms

1. Repercussions of Personality Disorders by Edward G. Billings, M. D., Denver, Colorado 667
2. Cardiac and Pulmonary Diseases by Arthur R. Elliott, M. D., LL. D., Chicago, Illinois 672
3. Allergic, Hematologic, Endocrine, Deficiency and Infectious Diseases by Frederick W. Madison, M. D., Milwaukee 676

The Practical Value of Gonioscopy for the Understanding, Diagnosis and Treatment of Glaucoma by Peter C. Kronfeld, M. D., Chicago, Illinois 681

### SPECIAL ARTICLES

Keep the Worker on the Job by Paul A. Brehm, M. D., Madison 744

Tax Prognosis 746

Centennial Anniversary Section: Biographies of Pioneer Wisconsin Physicians (continued); Epitomized Record of Progress of Medicine (a reprint) 747, 752

### EDITORIAL

Page

Our Purposes 685

### MISCELLANY

President's Page 686

The Centennial Meeting
- Scientific Program and Entertainment Features Arranged for Centennial Meeting 688
- Meeting High Lights 690
- Program 691
- Scientific Exhibits 699
- Hotel Reservation Blank 703
- Members—1941 House of Delegates 704
- Officers and Councilors, State Medical Society of Wisconsin 705
- Annual Reports of Officers and Committees 708
- Woman's Auxiliary 735

Society Proceedings 739

News Items and Personals 739

Births, Marriages, Deaths 741

Coming Events 742

Society Records 743

Book Reviews 756

Physicians' Exchange Page 764

[Entered as second class matter, June 30th, 1903, at the Post Office at Milwaukee, Wis., under Act of Congress March 3rd, 1879. Transferred to Madison, Aug. 1st, 1929.]

"Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized Aug. 7, 1918."

SACRED HEART SANITARIUM
MILWAUKEE, WISCONSIN

An institution conducted for the diagnosis and treatment of mild nervous disorders and non-infectious diseases; also for rest and recuperation under medical supervision. Equipped with every modern facility for diagnostic purposes. Scientific dietetics, physiomechanotherapy, hydrotherapy, supervised occupational and recreational activities. Literature and rates sent on request.

MEDICAL STAFF
William L. Herner, M.D., Medical Director
Delparde W. Roberts, M.D. — J. Frampton Wyman, M.D.
William F. Ragan, M.D. — Hubert H. Blanchard, M.D.
Frank W. Mackoy, M.D. — L. Tennyson Peyton, M.D.
Ray C. Johnston, M.D.

When writing advertisers please mention the Journal.

## ST. CROIXDALE ON LAKE ST. CROIX

**PRESCOTT, WISCONSIN**

**MAIN BUILDING—One of the 5 Units in "Cottage Plan."**

A Modern Private Sanitarium for the Diagnosis, Care and Treatment of Nervous, Mental and Medical Cases.

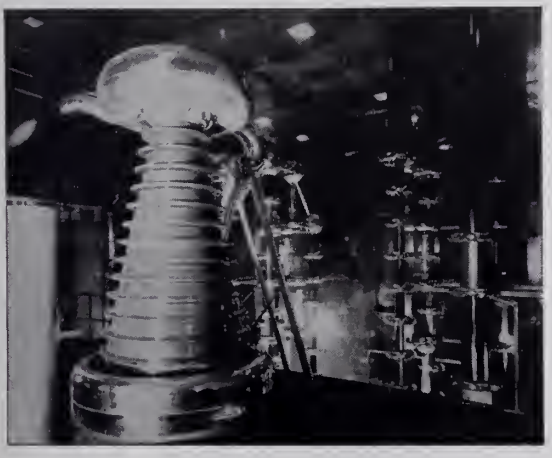
Located on beautiful Lake St. Croix, eighteen miles from the Twin Cities, it has the advantages of both City and Country. Every facility for treatment provided, including recreational activities and occupational-therapy under trained personnel. Milk, cream and butter from our own herd of Tuberculin-tested Registered Guernsey Cows. Inspection and co-operation by reputable physicians invited. Rates very reasonable. Illustrated folder on request.

CONSULTING NEURO-PSYCHIATRISTS
Hewitt B. Hannah, M. D.
Joel C. Hultkrans, M. D.
511 Medical Arts Building
Minneapolis, Minnesota
Tel. MAin 4672

RESIDENT PHYSICIAN
Howard J. Laney, M. D.
Prescott, Wisconsin
Tel. 39

SUPERINTENDENT
Ella M. Mackie
Prescott, Wisconsin
Tel. 69

# Radiation Therapy Institute



Upper End of Tube and Million Volt Generator

of Saint Paul

## CHARLES T. MILLER HOSPITAL

Facilities for Radium and Roentgen Therapy, Including 1,200,000 Volt Constant Potential Installation of Most Advanced Design.

*You are cordially invited to visit the Radiation Therapy Institute and inspect its facilities.*

**Edward Schons, M.D., *Director*  J. P. Medelman, M.D., *Associate Director***

# GROWING COMFORTABLY ON S-M-A

Pretty soft life! Nothing to do but eat, sleep and grow in comfort on S-M-A. It's a happy, healthy first year for the S-M-A fed infant because S-M-A promotes normal, comfortable growth.

In addition to fat, carbohydrate and protein of physiological characteristics and proportions, each feeding of S-M-A provides standardized quantities of iron and vitamin A, $B_1$ and D. Only vitamin C need be supplemented.

Prescribing S-M-A makes life more pleasant for the doctor and the mother, too, because excellent results are obtained simply and quickly.

" " "

***Normal infants relish S-M-A . . . digest it easily and thrive on it.***

" " "

FOR TREATMENT OF FOOD ALLERGY DUE TO SENSITIVITY TO MILK PROTEIN

**A Special Product**

**HYPO-ALLERGIC MILK**

Hypo-Allergic Milk is thermally processed cows' whole milk in which the sensitizing properties of the protein are altered without affecting the caloric value of the protein or whole milk itself.

It may be used the same as cows' whole milk, as a beverage, or in infant feeding formulae where a sensitivity to milk protein is known to exist.

*Complete information upon request.*

*S-M-A, a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods

S.M.A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

When writing advertisers please mention the Journal

*Camp Departments are located in good stores from coast to coast. Here, Camp trained fitters accurately fill your prescriptions for Camp Scientific Supports from large assortments of available stock.*

# THE SUPPORT BEHIND YOUR PRESCRIPTIONS

In good stores, in or near your city, a Camp Department stands ready to carefully interpret your prescriptions for patients who need Scientific Support. Perhaps you have seen a typical Camp Departmental Unit on exhibition at Medical Conventions and already know how completely it is stocked and how thoroughly it is equipped to follow your instructions.

Each Camp Department is staffed by fitters trained in one of the comprehensive S. H. Camp & Company fitting courses held periodically in leading cities. Conducted by the Camp Educational Staff, under medical supervision, these courses give corsetieres a thorough schooling which enables them to fill your orders scientifically and correctly; to properly fit garments for maternity, postoperative and other specialized needs, as well as for general wear.

When you direct your patients to a Camp Dealer, you can do so with assurance that they will be carefully fitted by experts who take pride in their own profession and its faithful service to yours.

CAMP TRADE MARK
*Supports*

Prescribe Journal-advertised products and you prescribe the best.

# Refresh yourself

Pause at the familiar red cooler for ice-cold Coca-Cola. Its life, sparkle and delicious taste will give you the real meaning of *refreshment.*

## Cook County Graduate School of Medicine

**(IN AFFILIATION WITH COOK COUNTY HOSPITAL)**
Incorporated not for profit

*Announces Continuous Courses*

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue, starting every two weeks. General Courses One, Two, Three and Six Months; Clinical Courses; Special Courses. Rectal Surgery every week.

MEDICINE—Two Weeks Intensive Course starting October 6th. Two Weeks Course in Gastro-Enterology starting October 20th. One Month Course in Electrocardiography & Heart Disease every month, except December.

FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course starting September 22nd. Informal Course every week.

GYNECOLOGY — Two Weeks Intensive Course starting October 20th. One Month Personal Course starting August 25th. Clinical and Diagnostic Courses every week.

OBSTETRICS—Two Weeks Intensive Course starting October 6th. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Intensive Course starting September 8th. Informal Course every week.

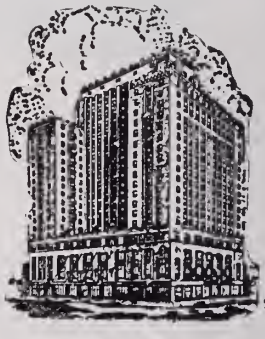
OPHTHALMOLOGY—Two Weeks Intensive Course starting September 22nd. Informal Course every week.

ROENTGENOLOGY — Course in X-ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

Teaching Faculty—Attending Staff of Cook County Hospital

**Address: Registrar, 427 South Honore Street, Chicago, Illinois**



## Your Visit to Milwaukee

**Is Made More Enjoyable by Stopping at the SCHROEDER**

*Metropolitan atmosphere . . .*
*Cocktail Lounge and Circular Bar*
*Coffee Shop with popular prices*

•

The Beautiful EMPIRE Dining Room

**Music and Dancing—At Lunch, Dinner, After Theatre**

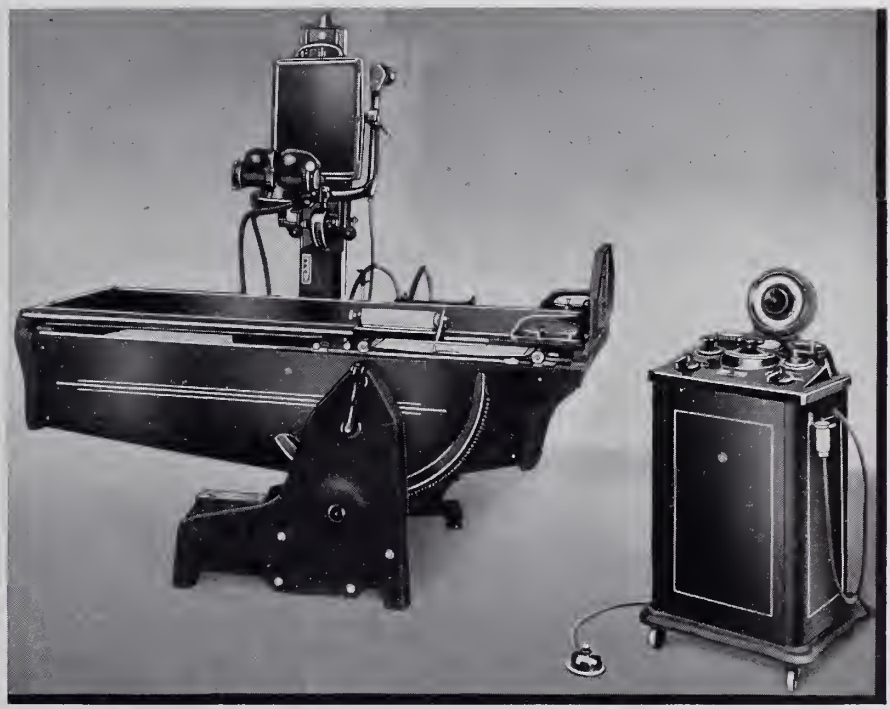
**Music By America's Leading Bands**
**Air Conditioned**

## HOTEL SCHROEDER

MILWAUKEE

**WALTER SCHROEDER, President**

# THE UNIT THAT RAISED THE STANDARD OF 100-MILLIAMPERE RADIOGRAPHY



The General Electric X-Ray way of creating a new diagnostic x-ray unit is to make one to produce finer radiographs than are being obtained with existing equipment in the same range.

This ideal—established with the cooperation of the roentgenological profession—inspires the engineers who design new G-E apparatus. And this same ideal governs the jury charged with testing the unit radiographically as it advances from a crude hand-made model to the finished product by a process of changing and testing until the jury is completely satisfied.

The process is costly but unique and part of the secret of the success of Units like the Model R-39 Combination X-Ray Unit—the unit that raised the standard of 100-milliampere radiography.

Convincing evidence of the new standard is the experience of 358 Model R-39 users. More convincing still would be a radiographic test of your own. To arrange this, simply clip, fill in, and mail the convenient coupon.

☐ I would like a copy of the R-39 catalog.
☐ I would like to make the radiograph test.

Name_____

Address_____

_____

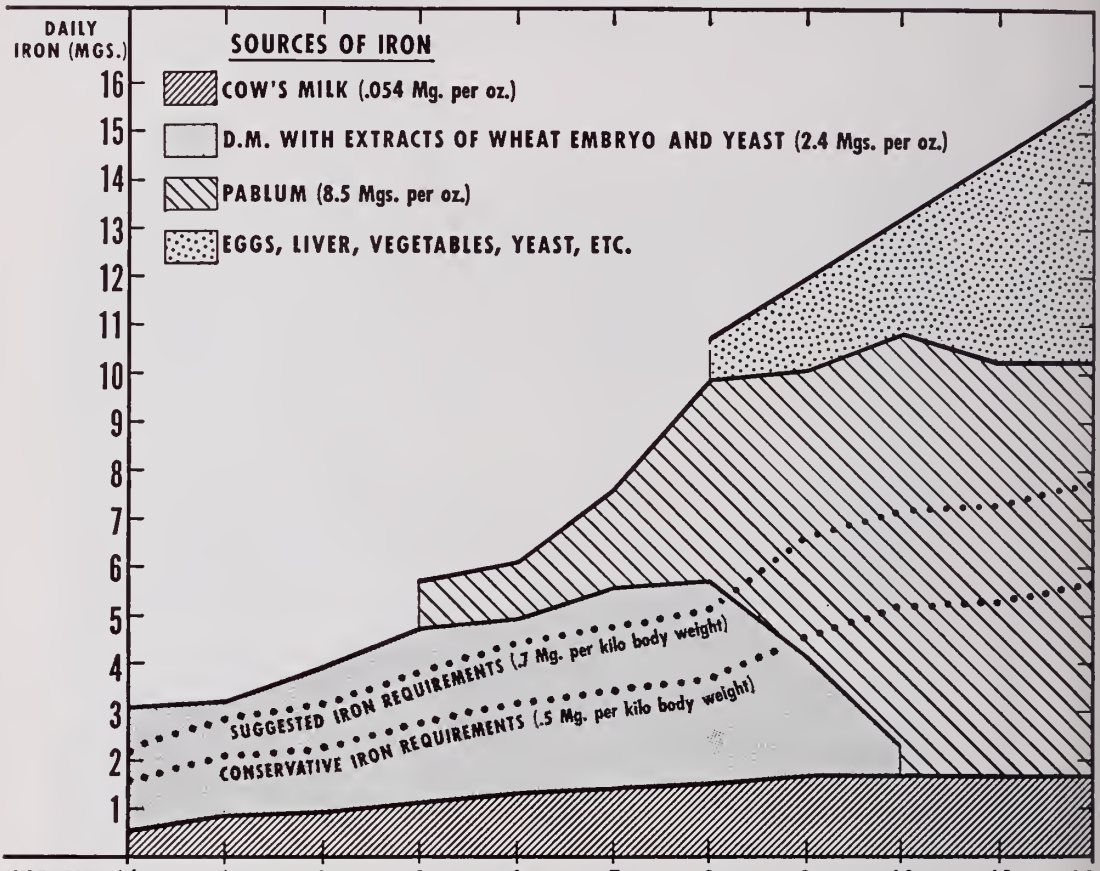
**GENERAL ELECTRIC X-RAY CORPORATION**

2012 JACKSON BLVD. CHICAGO, ILL., U. S. A.

C18

# IRON REQUIREMENTS

## DURING THE FIRST TWO YEARS




| AGE, Mos. | 1/4 | 1 | 2 | 3 | 4 | 5 | 6 | 9 | 12 | 18 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| WEIGHT, Lbs. | 7 | 9 | 10 | 12 | 14 | 15 | 16 | 20 | 22 | 23 | 25 |
| MILK, Oz. | 10 | 16 | 18 | 21 | 25 | 26 | 28 | 32 | 32 | 32 | 32 |
| D.M. WITH EXTRACTS OF WHEAT EMBRYO AND YEAST, Oz. | 1 | 1 | 1¼ | 1½ | 1½ | 1¾ | 1¾ | 1 | ¼ | 0 | 0 |
| PABLUM, Oz. | 0 | 0 | 0 | ⅛ | ¼ | ¼ | ½ | ¾ | 1 | 1 | 1 |

During fetal life the infant accumulates iron in its body. After birth, this supply is rapidly depleted, the hemoglobin frequently dropping to 50% by the third month, especially in prematures. Neither breast milk nor cow's milk is capable of offsetting this loss, as they are deficient in iron. An infant requires one-half milligram of iron per kilogram of body weight. This chart shows that when the carbohydrate and cereal supplements contain iron, a sizeable margin of safety can be maintained, not only during the important first six months, but throughout the first two years of life.

The excess iron thus supplied over iron requirements averages close to 75%, and is needed because some iron is unutilized — a large amount in certain cases. In rapidly growing, or poorly nourished infants, and in the presence of infection, the need for iron may be greater than the chart shows; in some cases, periodic hemoglobin determinations may show the need for iron therapy.

**MEAD JOHNSON & COMPANY, Evansville, Ind., U.S.A.**

When writing advertisers please mention the Journal.

**Q.** Are the proteins of canned meat of high biological value?

**A.** Oh yes. Canning does not influence the biological values of proteins. And, of course, the proteins of meats are excellent sources of the essential amino acids. (1)

(1) 1939. Accepted Foods and Their Nutritional Significance, Council on Foods of the American Medical Association, Chicago.

**The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.**

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

*86¢ out of each $1.00 gross income used for members benefit*

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness

INSURANCE

For ethical practitioners exclusively
(56,000 Policies in Force)

| | |
|---|---|
| LIBERAL HOSPITAL EXPENSE COVERAGE | For $10.00 per year |
| $5,000.00 ACCIDENTAL DEATH<br>$25.00 weekly indemnity, accident and sickness | For $32.00 per year |
| $10,000.00 ACCIDENTAL DEATH<br>$50.00 weekly indemnity, accident and sickness | For $64.00 per year |
| $15,000.00 ACCIDENTAL DEATH<br>$75.00 weekly indemnity, accident and sickness | For $96.00 per year |

*39 years under the same management*

$ 2,000,000 INVESTED ASSETS
$10,000,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

*Send for applications, Doctor, to*

400 First National Bank Bldg. Omaha, Nebraska

Radium Rental Service

By

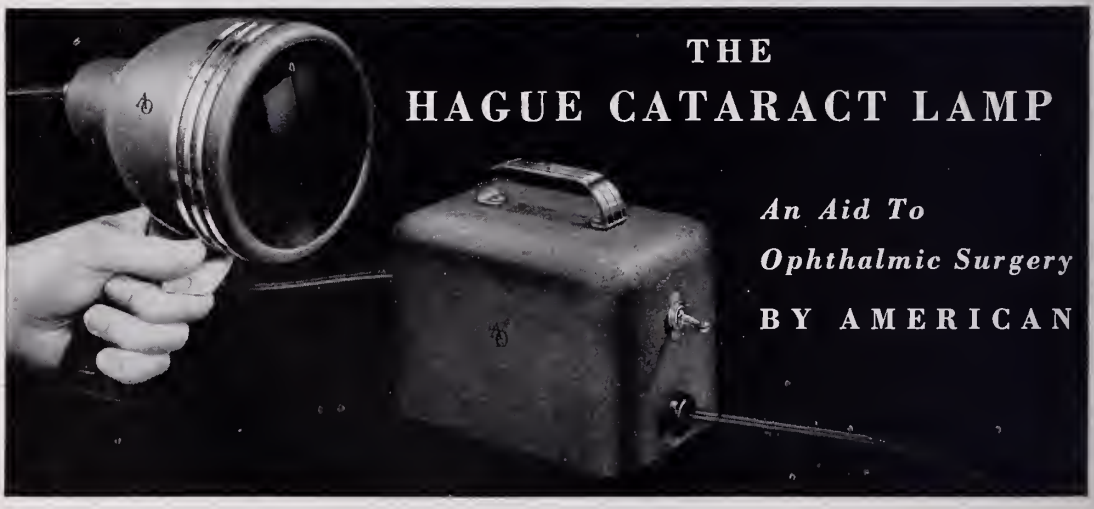
THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO, ILL.
Telephones: Central 2268–2269
Wm. L. Brown, M.D., Director




**Need for an efficient, safe, lightweight portable ultra-violet lamp resulted in the Hague Cataract Lamp. This new bulb type lamp, developed in collaboration with Dr. Elliott B. Hague, Ophthalmologist of Buffalo, New York, is a welcome advance over the cumbersome, stuttering, noisy, carbon arc lamp. Its easy manipulation and handling increase its value in the operating or examination room.**

BY AMERICAN OPTICAL COMPANY

A Reminder from Borden about

# FORMULA FLEXIBILITY

● Dryco offers the physician maximum flexibility in adapting his formulas to the needs of individual infants.

Because of its low fat and high protein content, Dryco can be used alone, or with your preferred carbohydrate addition; or in combination with other milk sources--Klim, fluid milk, Evaporated milk—to give a desired balance of fat and protein.

Dryco is irradiated powdered milk, adjusted as to fat and protein balance to compensate for the difference between cow's milk and breast milk. It has been found successful in clinical experience for more than 20 years.

The Borden Company, 350 Madison Avenue, New York City

*Borden's* **DRYCO**

**A BORDEN PRESCRIPTION PRODUCT**

# WE OFFER YOU

Quality Merchandise

Skilled Workmanship

Intelligent Service

Complete Selection of Bifocals

## THE MILWAUKEE OPTICAL MFG. CO.

208 East Wisconsin Ave.
MILWAUKEE, WISCONSIN

## SHOREWOOD

HOSPITAL • SANITARIUM

2316 E. Edgewood Avenue — MILWAUKEE, WISCONSIN — Phone: EDgewood 0900

*For Nervous Disorders*

A fifty bed hospital and sanitarium. Separate buildings for neurotic and psychotic cases.

*Illustrated booklet sent on request.*

WM. H. STUDLEY, *M.D.*
*Medical Director*
JACK L. KINSEY, *M.D.*
HERBERT W. POWERS, *M.D.*

ESTABLISHED 1898

THE WISCONSIN MEDICAL JOURNAL

VOLUME 40, NO. 8 Copyright, 1941, by The State Medical Society of Wisconsin AUGUST, 1941

# Extra-Abdominal Diseases That May Cause Abdominal Symptoms*

## 1. Repercussions of Personality Disorders†

By EDWARD G. BILLINGS, M. D.
*Denver*

THE data presented are based on a study of over 2,000 patients in the Colorado General Hospital and outpatient department. Examination and treatment were carried out by the Psychiatric Liaison Department working in close collaboration with all departments of the hospital.

It has been the experience of members of this department that at least one of every fourteen patients consulting a physician for his various aches and pains and his disordered bodily functioning is not sick because of primary organic disease. He is sick because of emotional and nervous difficulties which may or may not ultimately lead to irreversible organic changes. Patients requiring psychiatric care, in a teaching general hospital at least, are as a rule seen in consultation by five times more physicians than are patients of other sorts. They are practically always seen at some time by a surgical consultant. The adults, in the vast majority of cases, have complaints referable to the abdomen, and one third (30.6 per cent) present symptoms and signs referable to gastrointestinal malfunctions. Our statistics show that of our female psychoneurotic patients having symptoms involving the alimentary tract, those in the 26-year age bracket have, on an average, undergone without benefit at least one abdominal operation performed in an attempt to alleviate their symptoms. This also was the experience of one half of the male psychoneurotic patients. If the physician dealing with this type of patient approaches the problem of making a diagnosis by first ruling out primary physical disease without at the same time understanding the patient as a person whose organs and functions may be misbehaving because they are in the service of the total personality, the patient will as a rule stay in the hospital twice as long for diagnosis as he would if he were primarily sick physically. The physician will spend four times more time with the patient than he would otherwise have to, and the amount of laboratory procedure used to test the patient (the patient always paying for it, whether or not he has money left to pay the physician) is two to ten times that utilized for the average nonpsychoneurotic patient.

From these statements I do not wish it construed that the services of a psychiatrist are indispensable to the practice of surgery or medicine. Many personality difficulties begin as rather simple reactions to ordinary life situations that should be recognized by any physician. If these were recognized they could be corrected in a great number of instances, provided the physician and surgeon treated the patient as a total personality rather than as the mere host to innumerable organs and functions. The real prevention of mental ill health lies in the hands of the family physician, internist and surgeon to whom the patient first goes for help, not in the hands of the psychiatrist specialist.

The question always arises as to why people find living so strenuous that they react to it with aches and pains, gastric ulcers,

* The following three articles made up a symposium presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

† From the Psychiatric Liaison Department, financed by the Rockefeller Foundation, a division of the Department of Psychiatry of the University of Colorado School of Medicine and Hospitals.

various colopathies, asthma, certain types of arthritis and full-fledged psychoses.

Patients may react and act in an abnormal way and exhibit local bodily symptoms or general functional manifestations because they are intellectually handicapped, they are constitutionally inadequate, they have suffered damage or disease to the central nervous system, they have undergone organic impairment by toxic-infectious agents, they are liable to swings of mood between elation and depression, they are subject to thinking disorders of a schizophrenic type, or they have a special personality make-up that renders them more liable to react sooner and to lighter strains than does the average person.

One third (33.5 per cent) of the patients in the general hospital and in general practice examined and treated by the Psychiatric Liaison Department were of the last type—the psychoneurotic type. Nearly one half (49.3 per cent) of these psychoneurotic patients, on coming in contact with the internist and the surgeon, initially stressed symptoms with reference to the gastrointestinal tract. Only one third of all other reaction types made like complaints. The vast majority of all the patients seen by us complained of abdominal symptoms and manifested signs of variation in the functions of abdominal viscera not primarily at fault.

The organic systems most important in serving in the maintenance of life, in the propagation of the race and in the conservation of efficiency in achieving ambitions and in taking a place socially are the ones most inclined to participate in disorders of the total person. The abdomen, encompassing many such organs and functions, is one of the main "sounding boards," giving off physiologic reverberations of difficulties in volitional, intellectual and emotional activities when the person is subjected to a dose of insecurity, discontent, conflict, fear, or depression.

### Case Report

As one example, I have chosen a case more dramatic than the average only because it can be stated quickly.

S. L., a 16-year-old boy, conscientious and intelligent, was inclined to feel sensitive to what others might think of him and his family because he felt insecure within himself, was a product of a home broken by divorce and had a psychological need to feel reassurance in order to function smoothly and comfortably as a personality. For one year prior to the onset of his acute symptoms, he had complained of periodic nausea, epigastric pain and pain in the right lower part of the abdomen. This began a few days after he had learned that his father had married a woman rather loose morally. Roentgen examination at the time of symptoms revealed marked pylorospasm, with barium sulfate remaining in the stomach for more than six hours, and a spastic ascending colon. Between periods the alimentary tract appeared normal on roentgen examination. The appendix was considered at fault and was removed without delay. The symptoms returned when he went back to his usual environment. Finally the father shot the second wife and was indicted for murder, tried and sentenced to death. On learning the news, the boy experienced a severe gastric hemorrhage, as he did subsquently on being made to testify in court and when he read or heard discussions of the crime. After the first acute and nearly catastrophic reaction, roentgen study revealed an accentuation in the previously stated findings, plus a crater formation in the duodenal bulb, considered definite evidence of a peptic ulcer. Clinical signs were confirmatory. Treating the lad as a patient with peptic ulcer proved ineffectual. Treating him as a personality with peptic ulcer as a complication was effective. By administering antispasmodics for a few days, instituting dietary control measures for two weeks and helping him to resolve some of his conflicts and thereby regain better emotional control, he was rendered free from symptoms and the clinical signs cleared quickly.

In this case one sees a personality so made up as to be sensitive to the life experiences to which he was subjected and reacting with general emotional tension and anxiety. Some of the visceral expressions of this emotionality, made possible by the hypothalamic integration of higher functions with the autonomic and hormonal government of the viscera under consideration, were pylorospasm, gastroduodenal secretory variations and probable gastric arteriolar and capillary reactions. Thus, discomfort and digestive problems arose. With continued vascular and secretory responses and the mechanical effects of the pylorospasm, such as further constriction of the vessels and gastric retention, the stomach and duodenal mucosa suffered to the extent of ulceration with hemor-

rhage. This boy fundamentally was emotionally sick, and this state led to irreversible structural changes; he had an inadvertent appendectomy, with the extra strain involved, and a gastroduodenal lesion.

### Analysis of Cases

Any system of organs, especially of the hollow or tubular ones, of which musculature, secretory structures and blood vessels are a part and predominantly under the control of the autonomic nervous system, is inclined to participate in emotional reactions and therefore give rise to signs and symptoms. The stomach and first part of the duodenum, the colon and the rectoanal portions of the alimentary tract, the common bile duct, the uterus, the fallopian tubes, the ureters and the gallbladder, through their participation in emotional reactions, accounted in that order of frequency for most of the abdominal distress in our patients.

The scope of this paper does not permit a discussion of all the abdominal "alarm signals" of personal distress. Since, as has been stated, over one half (52.3 per cent) of the psychoneurotic patients presented symptoms and signs of disordered gastrointestinal functions, I shall limit my remaining comments to some of our findings in these cases.

We have analyzed to date the case records of but sixty-nine of the 193 psychoneurotic patients with gastrointestinal participation. These patients were chosen because all were completely and carefully examined medically, surgically, neurologically and psychiatrically, by means of standard, routine laboratory tests, as well as by means of gastrointestinal roentgen studies, gastric analytic methods and sigmoidoscopic procedures.

The average age at which patients of this group began to experience difficulties was 27.6 years, the women having their first difficulties at 26.9 years and the men about three years later (at 29.9 years). Analysis of the records shows that manifestation of tension and strain began after about three to four years of obligation to assume and maintain as well as possible the responsibilities of mature life, such as marriage, the bearing and supporting of children, a more critical view of the future and the handling of personal conflicts resulting from discrepancies between ambitions and actual capacity. The onset of symptoms sufficient to make the patient realize that he was ill—that is, the time that physiological repercussions became disturbing—usually followed some occurrence or combination of circumstances acting as a precipitating factor. In order of frequency, the precipitating factors were a sudden increase in strain and tension, such as could be produced by irregularity in work or promotion (in 58 per cent of cases), a specific emotion such as apprehension, fear, bereavement or anger (in 48 per cent), medical statements incriminating some innocent organ or a diversity in medical opinion, usually the result of incomplete examinations and failure to consider the patient as a person (in 39 per cent) and marital problems leading to conflict (in 34 per cent).

One-fourth (26 per cent) of the patients began their statements with specific references to gastrointestinal malfunctions; 14.4 per cent made such references second to one or two preliminary statements concerning other physical feelings and 60 per cent described gastrointestinal symptoms combined with various complaints. The five symptoms most frequently complained of were constipation (by 60 per cent of the patients), "gas" with general or local abdominal discomfort (by 56 per cent), nausea and vomiting (by 48 per cent), general abdominal pain and "dyspepsia" (by 42 per cent) and epigastric pain (by 34 per cent). Other complaints with reference to the abdomen in order of frequency were abdominal pain in the lower right portion, disturbed appetite, pain said to be related to meals, gaseous eructations, mucoid stools and rectoanal "pressure" or pain.

A small proportion (1.4 per cent) of the psychoneurotic patients studied recognized their symptoms for what they were, namely, manifestations of emotional disorder.

The second and by far the larger group was composed of patients who had no real understanding of their symptoms. They presented a clinical display of various types of nervousness, trembling, tics, tremors and

tension or hypochondriac insistence on aches and pains that were multiple, or diffuse, affecting any and all organs but especially those of the gastrointestinal system. In this group there were several types of reaction. First, there was the type of patient with a rather undescribable reaction, showing tremors, reflex hyperactivity and emotional and vasomotor instability. These were the minor reactions, classifiable as states of general nervousness often confused with toxic, exhaustive and dietary deficiency disorders with symptomatic nervousness. The second type, showing tension and irritable weakness or neurasthenic reactions, was chronically irritable and weak and, besides the gastrointestinal symptoms, complained of "exhaustion" and subjective fatigability, head pressure, poor memory, poor sleep, various aches and pains and visual difficulties. They often showed, too, exaggerated or reduced reflexes and insistent sexual activities such as emissions, erections and vaginal sensations. These persons, to all intents, translated their disappointments and feelings of failure into exhaustion, sleeplessness, etc., which kept them inactive and unable to care for their daily responsibilities. The third type of patient in the second group was exemplified by those who, after mentioning such gastrointestinal symptoms as nausea, vomiting, constipation and diarrhea, complained of attacks of palpitation, choking, perspiration, weakness, faintness and fear of death or insanity. These patients showed an anxiety syndrome and often displayed tics, tremors, muscular spasms, rapid pulse, flushing of the skin and labile basal rates. Fifty per cent at some time received a wrong diagnosis and were treated as patients with hyperthyroidism. The fourth type consisted of hysterical patients, who, without realization of what was occurring, were attempting to solve their problems with pseudoneurologic and atypical sensory disturbances and physiologic reactions expressing some sentiment, attitude or fear—for example, vomiting for disgust. The fifth type in this large second category were the hypochondriacs, who were unduly aware of all or special bodily functions and produced symptoms for every system touched on by the doctor. The gastrointestinal system, the heart and the pelvic organs were incriminated in the order given.

Indirect examination of these patients showed that 60 per cent had manifested even in childhood evidence of being susceptible to ordinary strains of living. This was indicated by such so-called "neuropathic traits" as excessive timidity, enuresis, nail biting, tantrums, vasomotor instabilities, emotionally produced digestive upsets, allergic-like reactions, stuttering, fears, tics and too marked submissiveness.

Such susceptibility to strain did not show in some until adolescence was reached. At this time the temperamental instability often appeared as undue emotionality, overconscientiousness, too rigid ethical and moral standards, too marked consciousness of the body, a tendency to fear trouble in the future or excessive feelings of inadequacy or of being isolated from the group.

In adulthood, these patients often were outwardly calm but really were shy, timid, indecisive, too rigid, in need of being dependent on some one, suggestible or prone to dwell on past experiences and to anticipate the future with anxiety and apprehension.

Thus, such persons are temperamentally poorly equipped to assume comfortably the issues of life. When life becomes strenuous they react in a variety of ways, already mentioned, usually without knowing why. Any person will react with symptoms if he is subjected to inordinate stress. The so-called neurotic reacts sooner and to lighter burdens.

Besides being temperamentally poorly equipped to meet the complexities of mature life, the types of personality inclined to react psychoneurotically are loosely organized biologically. They often need more than the average amount of sleep, they are often underweight, asthenic and viseroptotic and they possess unstable autonomic and endocrine systems, as indicated by lability of pulse rate, dermatographia, menstrual dysfunctions, circulatory instability, carbohydrate and water imbalance, etc. Patients of these types likewise react unduly to infections and operations.

As a result, these special types of personalities often undergo still further handicaps

because of a failure to be understood as persons with certain potentialities, as well as because of the tendency of traditionally minded physicians to think first of the organ and finally of the possessor of the organ. Space does not permit an evaluation of the many tabulated diagnoses and the variety of ineffectual therapies attempted with these patients, except to say that the sixty-nine underwent 166 major surgical procedures during their illnesses, of which seventy-nine were abdominal operations which were done specifically to alleviate their symptoms but actually were instrumental in increasing them.

Such physical constitutions as have been described react more turbulently than do the average to emotional upsets. The most frequently noted clinical findings with specific relation to gastrointestinal functions in the sixty-nine cases under consideration were varying abdominal tenderness in the region referred to by the patient (in 59 per cent); spasm of a part of the large bowel shown by roentgen examination (in 47 per cent), with visceroptosis being noted in 20.5 per cent; a palpable, ropy and usually tender colon (in 39 per cent); definite roentgen evidence of pylorospasm (in 38 per cent), with retention of barium sulfate in over one third (37 per cent); general loss of weight from a few to 22 pounds (10 Kg.); marked fluctuations in the basal metabolic rates to the positive and the negative side; roentgen evidence of gastric hypermotility and hypomotility (in 22 per cent), and roentgen evidence of a sluggishly functioning gallbladder (in 20 per cent). Gastric bleeding was demonstrated in 20 per cent of the cases, and sigmoidoscopic studies revealed in 20 per cent varying mucosal pictures (due to vascular constriction and dilatation), excessive secretion of mucus, muscular spasm and, in two cases, noninfectious ulcers of the mucous membrane. In no cases were there demonstrable infecting organisms of etiologic significance.

## Conclusions

What does all this lead to? I feel that it means simply that one can seldom, in the psychiatrically ill patient, understand gastrointestinal functions and malfunctions by taking only what is known of the organs or their functions or of the digestion as a whole. In other words, to evaluate vomiting due to gastric trauma or as a reflex phenomenon from an infected gallbladder requires one approach. To explain the vomiting of disgust is another matter, for it is not a digestive phenomenon. Instead, it is an emotional overflow and is a personality disorder in that it has meaning as to the state of the personal functioning of the patient.

In the diagnosis of any of the personality-determined disorders producing abdominal symptoms, it is most important to obtain a complete statement in the patient's own words of the circumstances under which the complaint began, without asking what caused the trouble—the patient probably doesn't know—and a personal history of his reactions to life and his behavior that will give insight into the nature of his reactive capacity. A complete physical and neurologic examination with indicated laboratory tests should always be done. Likewise his mood, sentiments and attitudes, his beliefs, his thinking and his memory should by direct examination be as surely tested as his ability to down and pass through his alimentary tract a barium sulfate-laden meal.

The next most important procedure is to explain the disorder to the patient in words that he can understand and not to instill in him further anxiety and insecurity by making some organ or bacterium the scapegoat unless, of course, the clinical findings indicate that it is. If this is done in an orderly and understanding way and if the patient is essentially one for psychiatric care, treatment is 50 per cent accomplished, for the patient begins to understand and to see opportunities for correcting the problems rendering him ill.

To understand personality-determined alimentary disturbances it is necessary to use a different perspective, also worthy of scientific respect, namely that of considering the

patient as a mentally integrated person and examining him as such.

**Acknowledgment**

The author wishes to express gratitude to Miss Esther M. Dimchevsky, Mrs. Florence Lewis and Miss Vivian Gallegos for their assistance in the preparation of statistics and in the editing of this manuscript; to the Commonwealth Fellows in Psychiatry and the physicians of the United States Public Health Service who assisted in the examination and treatment of patients, and to the many staff members of the Colorado General Hospital who collaborated in the clinical care of the patients studied.

## 2. Cardiac and Pulmonary Diseases

By ARTHUR R. ELLIOTT, M. D., LL.D
*Chicago*

THERE is a certain whimsicality in the etymologic derivation of the word "abdomen." It is generally accepted that the term is derived from the Latin verb *abdere*, meanto hide or to conceal. In a medical sense one may say that there is more truth than poetry in this implication. Not only do the thick muscular walls of the abdomen conceal the many organs contained therein from any but indirect methods of examination, but special peculiarities of nerve supply under certain circumstances lead to bizarre and incongruous symptomatic manifestations which often mislead the unwary. It is this capacity for masquerade that has earned for the abdomen the name "sounding board" for the body and has given to the stomach the reproach of being the "liar of the abdomen." The anatomic organization of the abdominal viscera displays an amazing adaptation for their intricate physiology, and so long as all proceeds normally and smoothly, perfect harmony in reciprocal function is maintained. This wonderful balance among so many highly sensitive interdependent functions goes on in an orderly and regulated manner so long as no abnormal stimulus is introduced to disturb the equipoise. When this does occur, sensory and motor dysfunction results and symptoms of more or less severity appear, depending on the intensity of the abnormal stimulus. Such stimulus need not necessarily be proprioceptive within the abdomen but may arise outside the abdomen and be carried over via the nervous communications to cause many confusing and deceptive symptoms, which appear to have their origin inside the abdomen itself. It is the difficulties encountered in interpreting the significance of abdominal pain and its accompaniments that bring the surgeon and internist into most intimate cooperation. Physicians and surgeons everywhere are keenly alive to the importance of this problem. The subject is, of course, not new, but it remains a matter of intense interest regarding which the last word has by no means been said. That it still remains open for discussion indicates a realization of how disastrous it may prove to deal with a small cog in a complicated machine without taking into account the mechanism as a whole.

A brief review, by no means exhaustive, of American medical literature for the past five years reveals more than fifty contributions dealing with the difficulties of differentiating between abdominal symptoms of intra-abdominal and of extra-abdominal origin. So thoroughly has the matter been discussed that at this date he who runs may read, and errors of diagnosis are due not so much to lack of knowledge as to lack of care. Undoubtedly abdominal pain and other regional sensory discomforts are in the vast majority of cases due to disease within the abdomen, but exceptions are not rare and seem to increase as experience grows. Ignoring the possibility of their existence invites error which may do serious damage to the patient. The nerve supply of the abdominal wall derives from the lower seven intercostal nerves. Each of these spinal nerves has afferent fibers to the internal organs as well as to the skin and muscles of the parietes, so that it is obvious how a pain may arise in one place and be felt elsewhere. Moreover, the sympathetic and parasympathetic divisions of the autonomic nervous system come into close contact with the cerebrospinal tract at various thoracic levels; consequently impulses to and from the organs and thence to the skin are capable of producing what is called referred pain. This interweaving of nerve supply and reactions increases the difficulties of the situation.

Unfortunately, there is no method of exact diagnosis, such as electrocardiographic ex-

amination in heart disease, analysis of the blood in anemias, examination of the sputum in respiratory infections and urinary and functional studies in renal disease. The results of physical examination are often puzzling and indefinite. Pain, which is the major complaint demanding interpretation, is made a complex phenomenon through the similarity of the nerve supply of the abdominal viscera to that of contiguous organs, such as the heart and lungs. Furthermore, to be remembered, is the great variation in susceptibility to pain-producing stimuli in different persons. Response may be very different both quantitatively and qualitatively because pain is made up of two components, i. e., the local cause and the affectivity of the patient, so that what appears a slight and bearable discomfort in one person may be magnified into agony in a hypersensitive subject.

### Cardiac Disease

Enough has been said to emphasize the fact that abdominal symptoms, even of severe grade, may have their origin entirely outside the abdomen in some contigous organ. The most striking example is furnished by the occasional case of acute coronary occlusion with localization of pain in the upper part of the abdomen. No other extra-abdominal condition so closely counterfeits acute abdominal emergencies. Not enough emphasis can be placed on the similarity between the shocklike collapse and abdominal angina of acute coronary occlusion and the so-called "acute surgical abdomen." The resemblance may be so strong as to make it almost, if not entirely, impossible to distinguish between the two conditions. It certainly is not necessary to point out the possible disastrous results of ill advised operation on a person with cardiac disease in perilous condition or, on the other hand, the risk which increases with each passing hour, of postponing operation for acute inflammatory or obstructive lesions while waiting for a definite diagnosis to evolve. If the condition is perforated peptic ulcer, it almost certainly demands immediate surgical attention. With ruptured gallbladder or acute pancreatitis, speedy intervention is just as necessary and even with simple acute appendicitis or disease of the gallbladder, the trend is more and more not to delay. Unfortunately, there is no sure and speedy way of making a differential diagnosis between any of these surgical emergencies and the occasional attack of coronary occlusion with purely abdominal symptoms. Time is an important element, since the patient with an acute abdominal condition cannot safely be kept waiting, and a carefully taken and complete clinical history cannot always be obtained, certainly not often from the patient himself, who is in more or less profound shock and suffering intense pain. It is easy to err if forced to a decision without proper study, for in the difficult and puzzling case there are the clinical aspects of an emergency and the need for action is apparently clear. It may appear more in the patient's interest to explore the abdomen than to delay until a completely satisfactory diagnosis can be arrived at. For this reason occasional mistakes are inevitable.

Suppose that a middle-aged patient is seen for the first time manifesting every evidence of severe, even agonizing, pain in the abdomen. The pain appeared suddenly, with nausea and perhaps vomiting. The patient is in a condition of shocklike collapse, with ashen gray pallor, rapid pulse, diffuse abdominal tenderness and some muscular resistance to palpation. There is little, if any, elevation of body temperature and but slight leukocytosis. The condition appears to present a classic picture of some acute abdominal emergency, and yet, knowing that coronary occlusion may produce a similar picture, one must proceed carefully. Not much can be predicated on the patient's age, for it is known that abdominal surgical emergencies may come at any time of life and that, moreover, coronary thrombosis does occur in rare instances in the comparatively young. If a history is procurable, antecedent symptoms are carefully investigated. Were angina-like discomforts in the chest experienced, especially after exertion? What radiation had the pains and were they constrictive? Had increasing dyspnea been noticed? Did the patient have high blood pressure? Was an

electrocardiogram ever made and is it available for inspection? Interrogations such as these must be made to develop the cardiovascular end of the problem. On the other hand, equal care must be taken to secure all information about preceding abdominal symptoms, especially as to recurrent colic-like pains, evidence of an ulcer syndrome, persistent flatulence and eructations, constipation, jaundice, etc. The fact must be recognized that in many cases of chronic disease of the gallbladder there occur mild angina-like pains referred to the chest, often suggestively persistent after meals, and that, on the other hand, recurrent mild but genuine angina may closely simulate disease of the gallbladder if the discomfort is referred to the upper part of the abdomen and is apparently relieved by belching. Unfortunately, little if any help can be secured from the cardiogram in the first few hours following occlusion. After all, the cardiograph is merely a large galvanometer that registers the characteristics of an electric current, and the electric charge may continue through a heart muscle, the seat of infarction, until the area involved has undergone actual degenerative softening. This may not develop for several days after occlusion with infarction; consequently for a similar period the expected variations in the tracing may not appear. Otherwise it would be a simple matter to take a tracing and thereby identify the case of cardiac disease.

The acute abdominal emergencies which coronary occlusion may simulate are perforated peptic ulcer, acute pancreatitis, cholelithiasis with cholecystitis and intestinal obstruction. Coronary occlusion may manifest itself in just as startling a manner as any one of these critical conditions. It is accompanied by clearcut symptoms and signs and should be readily recognized in 90 per cent of cases, provided one may leisurely make a complete examination and observe the progress of the condition. This is not always possible, for often the situation has the aspect and urge of an emergency and the surgeon is called on to decide whether to operate and must form his judgment on the basis of information available. Gallstone colic with cholecystitis is the condition most frequently simulated by coronary occlusion. The pain must be especially carefully studied. Although often as severe as that found in coronary occlusion, it is rarely accompanied by the same degree of shock and collapse unless rupture of the gallbladder has taken place. Dyspnea and cyanosis are much less apt to be present. The pain may be more spasmodic and the patient may toss in bed from side to side in his agony. This is in contrast to the tense stillness of the cardiac patient, who appears afraid to move. Moreover, as a rule less morphine is required to relieve the pain of gallstones, it being a striking fact that frequently the drug must be given in large doses to control the angina of coronary occlusion. The pain and tenderness of gallstones are more localized than the abdominal pain of coronary disease, and transmission is to the subscapular area, rarely into the chest anteriorly and never down the arms. Bile may be present in the urine, and, although this may occur also with coronary disease, it does so rarely.

In acute pancreatitis, the pain is extreme and the patient goes quickly into total shock. There is little likelihood that the discriminating observer will mistake referred coronary symptoms for this fulminating abdominal catastrophe. The upper part of the abdomen is distended, with a boardlike rigidity that cannot be relaxed by any expedient employed. There is frequent vomiting, and the abdominal facies is typically present.

In perforated peptic ulcer, the pain is intense and so sudden that the patient can usually tell the exact moment of its commencement. It is felt in the upper part of the abdomen but as a rule radiates downward instead of upward. Rigidity comes on early and is boardlike. Shock develops tardily and is of lighter grade than is usual in severe coronary occlusion. The pulse rate and blood pressure for a time remain within normal limits. There is no pain in the lower part of the chest, substernal region or arms, and no sign of cardiac failure. The clinical history is more apt to be of assistance in diagnosis than with coronary disease.

The presence or absence of fever, leukocytosis and a light grade of jaundice is of uncertain help in differentiating between acute abdominal conditions and coronary thrombosis, since they may or may not be features of each. It may seem that I have magnified the importance of coronary occlusion as a confusing factor in diagnosis of abdominal disease. After all, coronary occlusion with localization of severe symptoms in the abdomen is not a frequent occurrence. In its infrequency, perhaps, lies its danger, since the surgeon may be caught off guard and operate inadvertently. Before I leave this subject, it might be well to note that abdominal pain in coronary accidents is not always due to the occlusion itself but may be due to sudden swelling of the liver, with painful distention of its capsule produced by heart failure from a large infarction. Another point worth emphasizing is that vascular disease within the abdomen itself is analogous to coronary disease and may be the means of producing less severe but nevertheless painful and confusing abdominal symptoms. The pains, occurring usually in the aged sclerotic patient, represent a kind of abdominal claudication that has become known as angina abdominis. The underlying disease is arteriosclerosis of the mesenteric arteries, so that ischemic pains arise from insufficient blood supply during active intestinal digestion. In consequence, distress and colicky pains, often severe, occur after meals. They may be aggravated by hearty eating, exertion and emotional excitement. They are relieved by restriction of the diet, bodily rest and hot applications. In this respect the condition is not unlike the ulcer syndrome. The patient progressively loses weight and strength and has much flatulence and belching. Little difficulty need arise in recognizing the occasional cases of this disease if the age and the cardiovascular and constitutional characteristics of the patient are taken into account.

### Pulmonary Disease

I shall now briefly consider the circumstances that may arise during the course of pulmonary diseases to cause confusion in the diagnosis of abdominal conditions. The interrelations of the thoracic and the abdominal systems are numerous. The visceral pleura is devoid of pain sense; the parietal pleura is richly endowed with sensory fibers from the intercostal nerves. The lower six intercostal nerves, besides supplying the lower one third or more of the parietal pleura and the costal part of the diaphragmatic pleura, also supply the whole abdominal wall, skin and muscles. In pleurisy, if the inflammation is severe there may be some abdominal rigidity, but this is not so marked and definite as in peritoneal irritation; moreover, it can usually be overcome by gradual and gentle manipulation after the patient's initial fear of being hurt is overcome. If the pleural inflammation is low, so as to involve the diaphragmatic pleura, the pain may be referred along the intercostal nerves to the abdominal wall, and if it is severe, acute abdominal disease may be simulated. Tenderness over the tenth rib is suggestive, and synchronization between deep-breathing movements and pain point to pleurisy rather than to abdominal involvement. Urgent, catchy dyspnea and marked acceleration of breathing are more generally associated with respiratory infections and vomiting with abdominal disease.

The simulation of acute abdominal disease, especially appendicitis, by lower lobe pneumonia is well known. The pain may be referred to the right lower quadrant, with even some tenderness and muscular resistance at McBurney's point. The differential diagnosis is particularly difficult in cases in which involvement of the lung is centrally located without definite physical signs demonstrable by examination of the chest. It is in these cases that roentgen examination is invaluable. The difficulties are especially marked in cases of primary pneumonia in infants and children, in which the disease is often ushered in with severe abdominal pain and vomiting. Riesman rather facetiously remarked that it is even more desirable to detect the pulmonary lesion in adults than in children because children with pneumonia who have an abdominal operation usually recover, whereas adults rarely do.

LIBRARY OF THE
COLLEGE OF PHYSICIANS

Although dyspepsia and persistent abdominal discomfort may be initial symptoms in pulmonary tuberculosis, there is little risk that confusion will arise and bring speculation as to need of surgical intervention unless progressive emaciation awakens suspicion of carcinoma. Time being of less importance in the case of pulmonary tuberculosis, leisure is available for the employment of roentgen examination and other diagnostic aids to solve the problem.

Spontaneous pneumothorax is another thoracic condition that may produce a clinical picture resembling an acute abdominal emergency. Some authors, notably Steigmann and Singer, have contended that this occurs more frequently than is usually supposed and that it is often overlooked. Partial pneumothorax is extremely difficult to detect by physical examination. A roentgenogram will usually solve the problem.

### Mimicry Never Perfect

I have briefly discussed a few of the difficulties which arise at times in the diagnosis of acute abdominal disease. Others might be referred to, but they are less important. Sudden pain in the upper part of the abdomen is a symptom common to diseases of several different systems of the body, and the pain with associated sensorimotor phenomena may be the same in all. Errors are possible in either direction. One should bear in mind, however, that the mimicry of disease is never perfect, although it may easily deceive the unwary and may even cause the most skillful unhappy moments. Error may be avoided only by care and the utilization of every available diagnostic procedure.

There are certain clearcut clinical pictures in which the history, location and character of associated pain and the laboratory findings encourage the clinician to make a definite diagnosis. He must not forget that each of these can be simulated by other conditions, intra-abdominal and extra-abdominal, in a small percentage of cases. Each case presents its individual problem, but almost invariably this is capable of solution if the diagnostic procedure is thorough and the reasoning of the clinician logical.

## 3. Allergic, Hematologic, Endocrine, Deficiency and Infectious Diseases

By FREDERICK W. MADISON, M. D.
*Milwaukee*

THE diseases of allergic, hematologic, endocrine, deficiency and infectious origin that may produce abdominal symptoms are many and varied. This discussion will include only those in which abdominal symptoms are of relatively frequent clinical occurrence and are of such nature as to present problems in differential diagnosis.

*Allergic.*—The importance of allergy in diagnosis of abdominal conditions has become increasingly apparent in recent years as gastrointestinal and genitourinary syndromes of allergic origin have slowly assumed clinical form and definition. The allergens responsible for abdominal manifestations are largely of the ingestant type and, in ordinary experience, principally foods. Gastrointestinal allergic reactions are of two general types, which have been designated etiologically as "minor" and "major" and clinically as "acute" and "chronic."*

The "acute" type of reaction occurs as a rule in a person who has a few food sensitivities which are easily recognized and probably well known to him. A typical reaction starts soon after the ingestion of the offending food, with swelling of the membranes of the mouth and throat and perhaps urticarial lesions. Epigastric pain, which may be severe, nausea and vomiting follow promptly. Examination at an early stage shows that the patient is acutely distressed and afebrile, with pallor, sweating, tenderness and moderate muscular spasm in the epigastrium. After a few hours the pain shifts to the lower part of the abdomen, gradually diminishes, and is followed by diarrhea of varying intensity, which lasts for twelve to twenty-four hours. Differential diagnosis of acute allergic reactions must include consideration of perforated ulcer, biliary colic, acute pancreatitis, coronary occlusion and acute gastroenteritis of chemical or infectious origin but is usually

* Squier, T. L.: Gastro-intestinal Allergy, Wisconsin M. J. 39: 595, (Aug.) 1940.

not difficult because of the characteristic history of ingestion of known allergenic foods and of prodromal oral and cutaneous manifestations.

The "chronic," or "major," allergic reaction presents much more difficulty from the diagnostic standpoint. The symptoms are varied and indefinite and of long duration. "Bad breath," "bad taste in the mouth," "sour stomach," "gas," vague abdominal discomfort after eating, periods of spastic constipation and diarrhea perhaps with mucus in the stool are among the more common manifestations. There is often a history of associated allergic responses such as urticaria, migraine or vasomotor rhinitis either in the patient himself or in some member of his family. Physical examination usually gives negative results except occasionally to reveal tenderness over the descending colon or distention of the cecum. Laboratory examinations reveal little except occasionally eosinophilia. Roentgen examination is apt to be of negative value, though exceptionally one finds unexplained pylorospasm, increased gastric or intestinal activity or spasm of the lower bowel. Differentiation from gastric or duodenal ulcer, disease of the gallbladder, renal disease, appendiceal disease or intermittent obstruction of the bowel is at times extremely difficult and can be made only after exhaustive study and perhaps a trial period of allergic control. Whether gastrointestinal allergic reactions may be a pathogenic factor in some instances of chronic ulcerative colitis and of regional ileitis is a problem which has not been solved but which deserves serious consideration.

Allergic reactions in the genitourinary tract are less well defined at present than those occurring in the gastrointestinal tract, but they probably are at times of equal importance in the diagnosis of abdominal disease. It is well recognized that uterine reactions of allergic origin may produce severe pain in the lower part of the abdomen. They are usually recognized by the patient as being of uterine type and are often related to the ingestion of known allergens or to the injection of antigenic substances. I have observed three reactions of this type following the parenteral administration of liver extract. Sensitivity and irritability of the bladder occasionally occur as a result of allergic reaction. Ureteral spasm is an uncommon but dramatic allergic manifestation that may cause great diagnostic difficulty. The symptoms are those of ureteral colic of any origin and may attain extreme severity. At the height of the attack the kidney may be considerably distended and very tender. Roentgen and cystoscopic examinations fail to show organic obstruction but if done at the height of the attack may show narrowing of the ureter or transient hydronephrosis. The duration of severe pain is apt to be one to three days, with residual soreness which may remain for several days more. The diagnosis of ureteral spasm of allergic origin can be made only after thorough study of the urinary tract has failed to show evidence of organic disease and after administration of an allergenic substance has produced a typical recurrence of the symptoms or roentgen evidence of ureteral spasm.

*Hematologic.*—Hematologic diseases are likewise an important and not uncommon source of abdominal symptoms. Because of the presence in the abdomen of the spleen, liver and lymph nodes, all of the proliferative diseases of the hematopoietic tissues may be associated with abdominal manifestations. In erythremia and myelogenous leukemia there is very commonly enlargement of the liver and the spleen. Particularly in the spleen is this enlargement apt to be the source of discomfort which may be severe. Differentiation of the splenic tumors of these diseases from other tumors of the left side of the abdomen is often difficult but always important because of their favorable therapeutic response to radiation. In the lymphadenoses the presence of large groups of enlarged lymph nodes in the abdomen may present a difficult problem. Particularly is such involvement apt to occur in the right lower quadrant; then differentiation from appendiceal lesions may prove to be troublesome. If time is not an important factor, the favorable response of adenopathy to radiation is a most valuable differential aid.

In the so-called Banti syndrome, the identity and pathogenesis of which is still un-

determined, the occurrence of massive gastrointestinal hemorrhage in young patients without roentgen evidence of an obvious source of bleeding is often of considerable significance in diagnosis.

Recurrent abdominal crises with pain in the epigastrium and left hypochondrium are a prominent part of the clinical picture of the intrinsic hemolytic anemias, of which the best known examples are congenital hemolytic icterus and sicklecell anemia. The history and the characteristic hematologic findings, including evidences of hemolysis, are usually sufficient to establish the correct diagnosis and to prevent confusion with other syndromes concerned with the upper part of the abdomen.

Most puzzling of all the hematologic diseases encountered in diagnosis of abdominal conditions is the syndrome known as Henoch-Schönlien or anaphylactoid purpura. The clinical picture may be dominated by abdominal pain and tenderness and simulate that of any of the acute abdominal crises. A history of preceding episodes of similar nature, coincidental involvement of joints, increased capillary erythropermeability and evidence of bleeding in the urinary or gastrointestinal tract are usually present and are of great value in differential diagnosis.

*Endocrine.*—Diseases of the endocrine glands are less commonly encountered in diagnosis of abdominal conditions but may on occasion present difficult problems. In hyperthyroidism, stimulation of the autonomic components of the nervous system may lead to gastrointestinal disturbances of varying types, which commonly include nausea and vomiting or diarrhea. Diagnosis should not be difficult if the possibility of such a mechanism is kept in mind. It is to be noted that not infrequently gastrointestinal symptoms may be the only clue to underlying hyperthyroidism. Abdominal examination of patients with these conditions almost invariably fails to reveal abnormal findings. The gastrointestinal atony of hypothyroidism is also significant in some instances.

*Deficiency.*—The neuromuscular hyperactivity of calcium deficiency as seen in hypoparathyroidism may likewise cause gastrointestinal disturbances. In the lesser degrees of deficiency, the only evidence may be increased peristaltic activity throughout the small and the large intestines. In the more severe deficiencies it is probable that pylorospasm may attain sufficient magnitude to cause pyloric obstruction.

Gastrointestinal symptoms are also seen in varying degrees in adrenal insufficiency. Obstinate constipation with hard dry stools is commonly present in the more chronic phases, whereas in acute insufficiency vomiting, abdominal pain, tenderness and rigidity may reach proportions that make differential diagnosis from other acute abdominal crises extremely difficult. Except in adrenal hemorrhage, however, the other manifestations of adrenal insufficiency are adequately evident to make diagnosis possible. Neoplastic tumors of the adrenal gland occasionally are encountered in differential diagnosis of abdominal masses, but again other evidences of abnormal adrenal activity, such as hypertension and alterations in sexual characteristics, are usually present.

Diabetes mellitus does not often produce abdominal problems. It is well to remember however that occasionally in diabetic coma there is abdominal rigidity that may prove to be very puzzling. A diagnosis of an acute surgical abdominal condition in a case of diabetic coma should be made with the greatest caution, and if possible surgical intervention should be delayed until the coma has passed.

Deficiency states occasionally produce abdominal symptoms of some importance. Avitaminoses as seen clinically are apt to be multiple and to present a bizarre group of symptoms. Anorexia is perhaps the most common gastrointestinal manifestation. Diarrhea occurs occasionally in vitamin C deficiency and with regularity in nicotinic acid deficiency. In the latter condition, it is usually severe and in elderly people leads to incontinence of a type closely simulating that seen with a partially obstructing fecal impaction.

Protein deficiency is probably encountered more frequently than is recognized. Serum protein determinations should be made when free fluid is present in the abdomen and in

all instances of postoperative obstruction at the site of a gastrointestinal anastomosis.

*Infectious.*—Systemic infections are not uncommon causes of abdominal symptoms. The distended abdomen of typhoid fever associated with elevated temperature and areas of localized tenderness may prove to be difficult to interpret, even after the diagnosis of the systemic infection has been made. Syphilis must be ruled out with great care in all instances of hepatomegaly and should be given consideration in the case of unusual diseases of the stomach and bowel. The gastric crises of tabes dorsalis may be encountered in the diagnosis of pain in the upper part of the abdomen. The incidence of tuberculous lesions in the abdomen seems to be definitely declining, but they will never lose their position as one of the most difficult of all problems in diagnosis of abdominal disease. Tuberculosis of the intestine is most commonly seen in association with an open lesion of the respiratory tract and should always be suspected when stubborn digestive symptoms appear in a patient who is known to have such a lesion. Tuberculosis of the mesenteric lymph nodes is occasionally encountered and must be considered in the differential diagnosis of intra-abdominal adenopathies. Tuberculosis of the pelvic organs and of the peritoneum may be suspected on physical examination but is still very commonly discovered or its presence verified only at the operating table.

Perhaps the most important and certainly the most common systemic infection that enters into abdominal diagnosis in clinical medicine is the acute infectious gastroenteritis that has come to be known by the laity and the medical profession alike as "intestinal flu." The clinical picture of acute onset of fever, general malaise, skeletal aching and violent vomiting followed by or associated with severe watery diarrhea and lasting for twenty-four to seventy-two hours is well known. The nature of the systemic symptoms, the short and self-limited course and the frequent occurrence in epidemic form at the time of year when influenzal infections are apt to appear have led to the feeling that the syndrome represents a gastrointestinal form of influenza. Whether or not such an etiologic interpretation is correct, there has been an unfortunate tendency to label all acute gastrointestinal disorders "intestinal flu" and, because of the usual self-limited course, to give them scant attention. Not a few of them have proved either to have been appendicitis at the onset or to have shown secondary involvement of the appendix. To avoid such serious errors, abdominal examination should be made in every instance of acute gastroenteritis, not only at the onset but also at frequent intervals until the infection has subsided. Tenderness is commonly present over the entire colon but may be limited to the ascending portion, in which case differentiation from suppurative appendiceal lesions must be made with great care.

Lastly, chemical intoxications may cause a bizarre abdominal picture, as in the case of lead poisoning, and should always be kept in mind in evaluation of unusual digestive or abdominal symptoms.

*Summary.*—A group of miscellaneous states due to extrinsic factors, extra-abdominal diseases, or systemic diseases, which may produce abdominal symptoms and signs, has been reviewed and differential diagnosis briefly discussed.

## DISCUSSION

Carl W. Eberbach, M. D., Milwaukee: These papers present clearly the pitfalls in the diagnosis of abdominal disease. I recall the favorite boast of one of my professors of surgery, who impressed his students with the thought that he was a "medical man who operates." As surgeons are constantly compelled to make rapid decisions, they too often make snapshot diagnoses and fall into the traps described.

Dr. Elliott's discussion of the acute diseases above the diaphragm which may simulate acute abdominal conditions is of particular interest to the surgeon, as such diseases constitute a large percentage of surgical emergencies, often requiring immediate action. A thorough-going knowledge of the differential diagnosis of acute diseases of the upper part of the abdomen is therefore necessary at all times. He has covered the problem of coronary disease and its possible confusion with lesions of the upper part of the abdomen so completely that there is little left to be said. I should like to point out, however, that now and then the process is reversed, and disease of the gallbladder simulates coronary disease. The patient may be allowed to suffer from shocking attacks of colic for a long time without

relief. It is important that physicians and surgeons become conscious of coronary disease while thinking of disease of the gallbladder, but they must remain open-minded about other possibilities. A year ago I was asked to see a patient known to have gallstones, whose acute attacks of gallstone colic so closely imitated attacks of coronary disease that he was thought to have both lesions by a competent internist. After much deliberation, cholecystectomy was done, and the patient has had no attacks since. This is not an uncommon experience. An interesting observation has been made many times in the literature, and again recently by Breyfogel, that there is a much higher incidence of disease of the gallbladder in patients dying from coronary disease than in those dying from other causes. It is important that this striking association be kept in mind.

Among the most troublesome problems confronting the surgeon, and perhaps the most common, are certain diseases described by Dr. Billings and Dr. Madison as the psychoneuroses, avitaminoses and allergies to food. Of these, I think the psychoneuroses with abdominal symptoms are managed the most unsatisfactorily. In a careful study of the patient, no organic lesion is found. As a rule, the diagnosis is chronic appendicitis. Most physicians and surgeons have not the patience or the interest to investigate the reactions of such unfortunate persons to their environment. Nothing by way of treatment at the hands of the physician or surgeon benefits them, and they are left to their own devices. Having received no benefit from their physicians, they seek the cultists, and these healers thrive because the psychic effect of their manipulations frequently brings relief. If the patients are unfortunate enough to be operated on, and it is usually the appendix that meets with the first attack, they go from bad to worse. It is not uncommon to find them with many operative scars on their abdomens. One of my patients had had eight abdominal operations performed before she appeared at my office, and was begging for more. If members of the medical profession made it their business to deal with such patients conscientiously and intelligently, the cultists would starve.

Of the diseases described by Dr. Madison, I was particularly interested in avitaminosis. In the last twenty years, I have seen patients die of intestinal hemorrhage from no apparent cause. During the past few years, two patients were referred to me with intestinal hemorrhage so severe that the red blood cell count was less than 1,000,000 and the hemoglobin content too low to be read by the ordinary methods. It was thought that there might be an eroded vessel in the base of a gastric or duodenal ulcer, though there was no history of ulcer. The only symptoms were extreme weakness, headaches, thirst, dyspnea and tarry stools. There was no pain, nausea or vomiting.

As previous experience with this type of case had showed that no lesions were demonstrable by roentgenogram and that at autopsy nothing was seen but punctuate hemorrhagic spots in the upper intestine, no attempt was made to locate the bleeding point but the patients were immediately given transfusions of enough blood to exceed the loss by hemorrhage, which continued. They were fed on high caloric, smooth diets in spite of the bleeding and given large doses of vitamin C daily. The ordinary combined vitamins were also administered in large amounts, together with preparations of iron. From ten to fifteen transfusions of 500 cc. of blood each were required to tide the patients over. They slowly gained in strength and recovered completely. Roentgen studies later showed no gastrointestinal lesions. Tests of the coagulation time of the blood and prothrombin determinations showed nothing abnormal.

The condition was obviously an avitaminosis, probably a vitamin C deficiency. There appeared to be an increased permeability of the capillaries of the intestine, which was responsible, though the true mechanism of the escape of blood is not entirely understood. One of the patients was operated on and a careful exploration revealed nothing abnormal, although the small intestine contained much blood. With such patients one is dealing with extra-abdominal disease that manifests itself as a surgical emergency, yet it is clearly a nonsurgical problem.

## MARQUETTE ALUMNI LUNCHEON

The annual luncheon of the alumni of the University of Marquette School of Medicine will be held during the Centennial Meeting of the State Medical Society of Wisconsin,—Thursday noon, September 11, at the Park Hotel.

Detailed information concerning this event may be secured from Dr. W. J. Ganser, 119 Monona Avenue, Madison.

# The Practical Value of Gonioscopy for the Understanding, Diagnosis and Treatment of Glaucoma*

By PETER C. KRONFELD, M. D.
*Chicago*

THE term "gonioscopy," implying examination of the chamber angle with the ophthalmoscope, was first mentioned in the ophthalmologic literature more than thirty years ago. In its original form this new method was difficult and applicable only to eyes with deep anterior chambers. Although made easier and applicable to almost every human eye through the introduction of the contact glass, gonioscopy remained the scientific hobby of a few investigators until about five years ago when it began to transpire from the work of Troncoso and O. Barkan that in certain clinical situations a peek into the chamber angle discloses findings of practical value.† It became generally known that the technique of gonioscopy could be acquired in three or four short sittings and that the cost of the necessary equipment was slight compared to the value of the information obtained by gonioscopy. The chamber angle can be examined very satisfactorily with an ordinary flashlight acting as light source and a strong binocular loupe or the head of the corneal microscope serving as magnifying device. The only piece of gonioscopic equipment which is not found in the regular ophthalmologic armamentarium is the special contact lens which can now be obtained in glass or in plastic. Busy ophthalmologists who make many gonioscopic examinations every day prefer to mount the binocular microscope and the light source on a floor stand or wall bracket. These supports are very convenient but fall into the group of gonioscopic luxuries.

## Use in Diagnosis

The gonioscopic findings in cases of primary glaucoma may be grouped under three headings:

1. The spatial relationship between the ciliary portion of the iris and the lateral wall of the angle.
2. Abnormal tissue elements in the angle.
3. Topographic changes in the angle resulting from antiglaucomatous operations.

The normal spatial relationship between iris and lateral wall of the angle is characteristically altered in so-called primary glaucoma. After glaucoma has been present for a certain time, portions of the iris lying opposite the corneoscleral trabeculum form adhesions with the latter—the glaucomatous peripheral anterior synechia. This formation of adhesions usually starts in the upper portion of the angle, involving first the most peripheral portion of the trabeculum. From there the adhesion spreads in meridional as well as in circumferential direction until the entire corneoscleral trabeculum over the entire circumference is covered by iris. The original chamber angle thereby becomes obliterated and a new angle is formed, the apex of which lies approximately at the posterior end of Descemet's membrane.

The time in the evolution of glaucoma at which the formation of the synechiae begins varies in the different forms of glaucoma. In simple chronic glaucoma the anterior synechiae form, as it were, during the last act of the drama, whereas in the congestive incompensated variety of glaucoma the anterior adhesions develop relatively early. In the extreme form of incompensation, the acute attack, the entire circumference of the trabeculum may become firmly covered by iris within the first twenty-four hours of the attack. For most forms of primary glaucoma it holds true that the glaucoma is definitely established before permanent synechiae form. While the latter cannot be considered

* From the Illinois Eye and Ear Infirmary, Chicago (Dr. H. S. Grade, director). Read before the Section on Ophthalmology of the State Medical Society of Wisconsin at its 99th anniversary meeting, Milwaukee, September, 1940.

† For a comprehensive review of the subject with complete bibliography the reader is referred to the article by H. S. Sugar which appeared in the August, 1940, number of the American Journal of Ophthalmology.

the primary cause of most forms of glaucoma, the development of the synechiae probably aggravates the insufficiency of the pressure-regulating apparatus of the eye.

Does gonioscopy give any clue about the mechanism of primary glaucoma before the synechiae form? In the cases of primary glaucoma, in which the anterior chamber is moderately deep or only slightly shallow, the appearance of the chamber angle during the pre-synechial stage does not differ from that of the nonglaucomatous eye except for the presence of pigment in the trabeculum. This fact has led O. Barkan to revive the old theory that pigment infiltration of the trabeculum was the cause of primary glaucoma. According to this author, pigmentation of the trabeculum is a frequent, if not a constant finding, in so-called primary glaucoma. He states:

"Pigment dust and granules permeate the trabecula over Schlemm's canal. Some cling to the surface and project from it into the aqueous, like barnacles on the hull of a ship; others infiltrate the pores, and pigment dust permeates to the walls of Schlemm's canal itself. The amount of pigment deposition as well as its extent relative to the total circumference is closely correlated to the stage of the glaucomatous process, its duration and so forth . . . In the compensated, simple, chronic noninflammatory cases of glaucoma it appears obvious to us that stoppage of the pores of the trabecula constitutes the immediate and sole cause of the reduced outflow of intraocular fluid."

In my experience, pigmentation of the trabeculum occurs more frequently and more markedly in glaucomatous than in nonglaucomatous patients, but I have not been able to convince myself of the strict correlation between pigmentation of the trabeculum and glaucoma. There definitely are glaucomatous eyes with very little or no pigmentation and nonglaucomatous eyes with fairly marked pigmentation. It is true, however, that one occasionally sees an apparently primary glaucoma in a young person in whom the pigmentation is so striking that one cannot help linking it up somehow with the increased intraocular tension. These cases, however, are rare. As far as the lesser degrees of pigmentation are concerned, I am not convinced that their presence indicates impaired function of the canal of Schlemm. From the picture of an open chamber angle, with or without trabecular pigmentation, I would rather not draw any conclusions concerning the function of Schlemm's canal. I would even go as far as to say that in the presynechial stage of ordinary primary glaucoma with moderately deep chamber, gonioscopy gives no clue regarding the mechanism of glaucoma.

A different situation prevails with regard to glaucoma with shallow chamber. There, gonioscopy reveals narrowing of the entrance to the chamber angle, that is, the space between root of the iris and the corneoscleral junction. In these cases gonioscopy also shows that crowding to the periphery of the iris, as it occurs under the influence of mydriatics or during emotional upsets, may close the entrance to the chamber angle and thereby lead to a sudden acute embarrassment of the intraocular fluid circulation. In the more marked degrees of shallowness of the chamber, the more peripheral (posterior) portions of the lateral angle wall and the angle itself may be hidden from view by the bulge of the iris. The portion of the lateral wall that is visible gonioscopically may thus serve as a measure of the forward-displacement of the iris or the shallowing of the chamber. This is the principle of goniometry, a gonioscopic method for measuring the chamber depth devised by H. S. Gradle and H. S. Sugar.* To what degree "provocability" of the intraocular tension by mydriatics is correlated to narrowness of the entrance to the chamber angle is being studied by H. S. Sugar at the Illinois Eye and Ear Infirmary. In cases of shallow chamber without signs of glaucoma, gonioscopy is of practical value inasmuch as it enables one to recognize those cases in which dilation of the pupil may close the entrance to the chamber angle. On the other hand, studies of this kind reveal that in eyes with a generally shallow chamber, the entrance to the angle may be of such width that even marked dilation of the pupil does not interfere with the flow of fluid toward the chamber angle.

* Am. J. of Ophth. 23:1135, 1940.

Abnormal tissue elements are found in the chamber angle in various forms of secondary glaucoma and of the glaucoma occurring in children and adolescents under the picture of hydrophthalmos. In some of these cases delicate iris-like tissue fills the chamber angle and extends forward to the end of Descemet's membrane. It is understandable that a trephine opening made in this region is readily filled in by proliferation of this abnormal, persistent embryonic tissue, for which reason iris inclusion operations offer a better chance of permanent drainage in these cases. Actually, iridoenkleisis has proved successful in a small number of cases of hydrophthalmos reported by S. Gifford.

There are other occasions in the treatment of glaucoma in which gonioscopy helps one decide on the most suitable type of operation for a given case.

### Use in Treatment

In a case of far advanced glaucoma which after several years of compensated course has just begun to be mildly incompensated and in which the tension under miotics varies between 40 and 50 mm. of mercury (Schiötz), trephining is probably the operation of choice among the majority of ophthalmologists in this country. If made in the usual location, that is, with the center of the trephine opening just slightly behind the limbus, the operator is apt to find the iris adhering to the scleral half of the plug. In other words, the trephining has been made partly in the area of the glaucomatous peripheral anteriar synechia. The portion of iris which is adherent to the trephined rim of sclera can, of course, be partly excised, but the trephine hole remains surrounded in its posterior half by closely adherent iris which by proliferation may fill in the trephine hole. Ciliary processes may prolapse into the hole, a condition usually followed by circumscribed cyclitis with exudation, whereby again the hole may become closed. For a successful trephine operation it is essential that iris and ciliary processes keep away from it.

It is therefore advisable to investigate before a trephine operation whether there is enough room in the area contemplated. If synechiae extend far forward, the trephine opening will have to be moved further into the cornea which necessitates extensive splitting of the cornea or moving of the insertion of the conjunctiva onto the cornea, a procedure similar to that advocated by Verhoeff.* Another possibility would be to perform, instead of the trephine, an iris inclusion operation, the success of which is apparently not influenced by pre-existing glaucomatous synechiae.

One important lesson that gonioscopy has taught us is that absence of the anterior chamber for several days invariably entails the formation of peripheral anterior synechiae which are not essentially different from those adhesions that develop spontaneously in primary glaucoma. Such synechiae may develop in any case of intra-ocular surgery after which the anterior chamber remains collapsed for several days. Their extent in meridional direction appears to be dependent upon the duration of absence of the anterior chamber. Since after the trephine operation the chamber tends to be abolished for longer periods than after iris-inclusion operation without sclerectomy, the postoperative synechiae are most marked after trephine operation.

This finding is open to different interpretations. Some ophthalmologists reason that the existence of a glaucoma in the presence of an open angle before the operation proves the ineffectiveness of the angle as an outlet for intraocular fluid, and that, therefore, the loss of this angle is of no significance. As long as the trephine opening acts as a safety valve it is true that the loss of the function of the original chamber angle is not noticeable. If, however, no permanent drainage through the trephine opening is established, the postoperative synechiae definitely add to the insufficiency of the pressure-regulating apparatus of the eye that existed before the operation, and the glaucoma is usually rendered more severe, as far as one can judge from the behavior of the intraocular tension under the same amount of miotics as before the operation. There are ophthalmologists who endeavor to avoid these postoperative

* E. Verhoeff, Am. J. of Ophth. 19:46, 1936.

adhesions by restoring the anterior chamber at the end of the operation by injecting saline or air into it. How effective these measures are in preventing postoperative synechiae is not definitely known at this time.

A serious embarrassment of the fluid-exchange of the eye is caused by such synechiae if they develop after cataract extractions. Ordinarily there is no permanent drainage established through the operative incision, so that the eye depends on its natural fluid outlets, of which the chamber angle is doubtlessly the most important one. Actually, extensive peripheral anterior synechiae after cataract extraction are invariably associated with secondary glaucoma.

These postoperative adhesions are one example of the value of gonioscopy for the evalution of operative results. Another example is the cleft between sclera and ciliary body produced by a cyclodialysis. This cleft can easily be seen gonioscopically, the magnification provided by any binocular loupe being sufficient for its recognition. If, after a cyclodialysis, such a cleft is plainly visible, the prognosis is very good, because in patients with such a cleft the tension usually remains below 18 mm. of mercury without the use of miotics. A cyclodialysis after which no supraciliary cleft can be seen gonioscopically practically always proves to be a failure in the sense that the course of the glaucoma is not appreciably altered by the operation.

## Conclusion

In closing, I hope to have shown that gonioscopy is of definite practical value in the treatment of glaucoma. Gonioscopy has heralded in a period of simple mechanical concepts with regard to glaucoma, some of which have already been proved to be too simple and too mechanical. Gonioscopy has definitely contributed toward the solution of *some* of the problems of glaucoma, which is all that could be expected, since gonioscopy sees glaucoma from only one angle.

## DISCUSSION

G. L. McCormick, M.D., Marshfield: When I was first asked to discuss Dr. Kronfeld's paper, it seemed to me that I should decline and ask that someone do so who knew more about the subject of gonioscopy. However, upon second thought, it seemed to me that I represented one of the group whom Dr. Kronfeld wished especially to reach and that he might possibly wish to get some idea of what impression he had made.

In talking to various friends engaged in the practice of ophthalmology, I gather that gonioscopy as an office procedure has, up to the present, aroused little enthusiasm. Many state that they have not used it at all; others may say, "Yes, I looked once or twice, but I didn't see anything." The more or less general impression seems to be that gonioscopy is a highly technical procedure involving the acquisition of expensive equipment and the development, after long tedious study, of the ability to use it.

We should be grateful to Dr. Kronfeld for dispelling these ideas. The special contact lens which is necessary can be procured though an optical company and costs in the neighborhood of $40. Nearly all of us already possess a slit lamp with corneal microscope, or if we do not we can use a binocular loupe. The means of illumination need not be expensive, and lastly, with a little persistent effort we may confidently expect to see something.

It seems to me that gonioscopy is first of all of value because it adds to our store of scientific knowledge of the eye. The lids, conjunctiva, and cornea are more or less an open chapter to those who look. Aqueous, iris, lens, and anterior vitreous may be studied with the aid of the slit lamp and the fundus with an ophthalmoscope. The angle of the anterior chamber, however, has always been to the majority of us, a more or less indefinite area. We may understand its histologic structure and realize its importance, but we have heretofore had no accurate understanding of its peculiar shape and the relationship of the various structures it contains. For this reason alone we should welcome the advent of gonioscopy.

More particularly, gonioscopy is of value in the study of the chamber angle in cases which present abnormalities of the angle. Cysts and tumors occur in this region. Foreign bodies may hide here. Congenital anomalies, injuries, hematomata, iris inversion, iridodialysis may all be studied more thoroughly if one does gonioscopy.

Of still more importance, apparently, is the use of gonioscopy in glaucoma. We all realize how baffling and perplexing glaucoma can be; how much we need to know about its causes and treatment. This procedure should be particularly valuable in glaucoma because it gives us a means of visualizing the very region which we attack, either by medical or surgical approach. It is very disappointing to me that study of the chamber angle does not give us solution of the underlying cause of primary glaucoma. Seemingly Barkan's idea of blocking of the corneoscleral trabeculum by pigment granules cannot be accepted as yet. However, we are able to fol-

*(Continued on page 754)*

# THE WISCONSIN MEDICAL JOURNAL



**The Council on Scientific Work**

E. R. SCHMIDT, Madison — EBEN J. CAREY, Milwaukee, *Chairman* — C. J. SMILES, Ashland
G. W. KRAHN, Oconto Falls — KARL H. DOEGE, Marshfield — W. S. MIDDLETON, Madison *(ex officio)*

**Editorial Staff**

KARL H. DOEGE, Marshfield, Medical Editor

**Collaborators**

THE COUNCIL

H. P. BOWEN ----------Watertown
C. E. PECHOUS----------Kenosha
W. T. CLARK----------Janesville
B. I. PIPPIN-------Richland Center
A. H. HEIDNER--------West Bend
S. E. GAVIN----------Fond du Lac
H. A. JEGI----------Galesville
G. W. KRAHN----------Oconto Falls
H. H. CHRISTOFFERSON----Colby
F. E. BUTLER----------Menomonie
F. G. JOHNSON----------Iron River
H. J. GRAMLING--------Milwaukee
R. E. FITZGERALD----Milwaukee
ROBERT W. BLUMENTHAL ----------Milwaukee
J. W. LAMBERT----------Antigo
R. G. ARVESON----------Frederic (Past President)



**Annual Subscription--------Three Dollars-Fifty Cents Single Copies--------Fifty Cents**

Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Ill.

**Address all communications to THE WISCONSIN MEDICAL JOURNAL, Madison**

Volume 40 — AUGUST, 1941 — Number 8

OFFICIAL PUBLICATION OF THE STATE MEDICAL SOCIETY OF WISCONSIN



Copyright by the Society, 1941


« « « EDITORIAL » » »

## Our Purposes

"THE purposes of this Society shall be * * * to extend medical knowledge and advance medical science * * *."

This purpose, quoted from the Constitution and By-Laws of our Society, has continued for one hundred years. It is fulfilled through the anniversary meetings and through other postgraduate activities. The scientific program for our Centennial Meeting to be held in Madison on September 10, 11, and 12 continues to carry out this purpose, having been molded to meet the present problems of the physician in his care and treatment of disease and injury. Emphasis is placed upon injuries, realizing that accidents from automobiles and modern home appliances present new problems, as well as do accidents in industry. In the general scientific sessions and the round-table discussions, chemotherapy and the role of medicine in military preparedness are emphasized.

In recent years we have found a new means "to extend medical knowledge and advance medical science,"—that of scientific exhibits, and in the Great Hall of the Memorial Union Building will be found displays emphasizing the new advances in the care and treatment of the sick. The purpose of extending medical knowledge and advancing medical science has been an undeviating one through the century.

Our purpose also is "to promote friendly intercourse among physicians." This is accomplished through the opportunities to visit with old friends, renew acquaintanceships, and attend the social events which are provided for members and their wives at meetings of the Society.

Each member has an opportunity to assist in the fulfillment of the purposes of the Society by attending the annual sessions where he will find opportunities for extending his scientific knowledge and participating in the social entertainment.

# . . . . THE PRESIDENT'S PAGE . . . .

## Hats Off!

THERE are times when it becomes fitting to commend an officer of the state for unusual services rendered to the community over which he exercises executive control. I refer to Julius P. Heil, the Governor of the State of Wisconsin.

We have had splendid boards of medical examiners in past years. Many men of our Society have given unselfishly of their time and effort to see that those qualified, and those alone, were licensed in our state.

I certainly need not expand on the qualifications of our good councilor, Dr. Christofferson, or our past-president, "Ted" Arveson. Dr. "Ernie" Miller is a past-president of the Milwaukee Academy of Medicine. Dr. Ruffolo is a respected physician of Kenosha.

The law demands that an osteopath serve on the board. To this position was appointed Dr. E. C. Murphy, of Eau Claire, who had served on the board for a number of years.

It can be seen readily that Governor Heil gave considerable thought to the appointment of these men. Service to the state transcended party affiliations. It is the opinion of many men with whom I have talked that this is as fine a group of men as could be found in the State of Wisconsin. Hats off to Julius Heil!

Ralph P. Sproule

# THE Centennial MEETING

# Scientific Program and Entertainment Features Arranged For Centennial Meeting

## Nathan B. Van Etten to Be Centennial Dinner Speaker
## Centennial Award to Be Presented
## Round-Table Luncheons

### SCIENTIFIC PROGRAM

Eben J. Carey

The Centennial Meeting, planned by the Council on Scientific Work under the chairmanship of Dr. Eben J. Carey, will bring to Wisconsin physicians a program unparalleled in the ninety-nine previous annual sessions of the Society. The names of the guest speakers follow:

**Lt. Col. Albert N. Baggs, Med. Res.**, National Headquarters, Selective Service System, Washington, D. C.

**Theodore Bast**, Ph. D., department of anatomy, University of Wisconsin Medical School, Madison.

**Conrad Berens**, New York City, New York.

**T. K. Brown**, associate professor of clinical obstetrics and gynecology, Washington University School of Medicine, St. Louis, Missouri.

**Frank E. Burch**, professor of ophthalmology, University of Minnesota Medical School and University of Minnesota Graduate School, Minneapolis; St. Paul, Minnesota.

**Fremont A. Chandler**, associate professor of bone and joint surgery, Northwestern University Medical School, Chicago.

**Clarence A. Dykstra**, president, University of Wisconsin, Madison.

**C. A. Elvehjem**, Ph. D., University of Wisconsin Medical School, Madison.

**James A. Evans**, The Lahey Clinic, Boston, Mass.

**Morris Fishbein**, editor, The Journal of the American Medical Association; assistant clinical professor of medicine, Rush Medical College, University of Chicago, Chicago, Illinois.

**Robert I. Harris**, associate professor of surgery, Toronto University, Toronto, Ontario, Canada.

**Henry F. Helmholz**, professor of pediatrics, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota.

**Philip S. Hench**, associate professor of medicine, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota.

**Russell D. Herrold**, associate professor of surgery, University of Illinois College of Medicine, Chicago, Illinois.

**Vincent C. Johnson**, assistant professor of roentgenology, University of Michigan Medical School, Ann Arbor, Michigan.

**Julius Lempert**, New York City, New York.

**Mr. Harry A. Nelson**, director, Workmen's Compensation, Industrial Commission of Wisconsin, Madison.

**A. H. Parmelee**, clinical professor of pediatrics, Rush Medical College, University of Chicago, Chicago; Oak Park, Illinois.

**John W. Towey**, superintendent and medical director, Pinecrest Sanatorium, Powers, Michigan.

**A. Verbrugghen**, associate clinical professor of surgery, Rush Medical College, University of Chicago, Chicago, Illinois.

**Theodore Walsh**, head of department of otolaryngology, Washington University School of Medicine, St. Louis, Missouri.

**George Wilson**, professor of clinical neurology, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania.

**Henry W. Woltman**, professor of neurology and psychiatry, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota.

**Nathan A. Womack**, associate professor of clinical surgery, Washington University School of Medicine, St. Louis, Missouri.

Dr. Erwin R. Schmidt, the member of the Council on Scientific Work in charge of the scientific program, has announced that the emphasis during the first day will be on the care and treatment of injuries.

Thursday morning will be devoted exclusively to the various sectional meetings of the Society. The Council on Scientific Work

this year has combined sections, that there may be a free interchange of ideas on mutual problems when the special subjects are discussed. The Friday afternoon session will emphasize military problems of medicine from a scientific standpoint, and the practical application of the Selective Service System by the examining physicians in Wisconsin.

Erwin R. Schmidt

Each noon will be devoted to round-table luncheons, a feature of our meeting which is growing in popularity every year. A variety of subjects are listed for each of the three days. At these luncheons, which are limited to twenty members of the Society, an opportunity is presented for each attendant to enter into personal discussions with the round-table leaders.

## SCIENTIFIC EXHIBITS

Karl H. Doege

The scientific exhibits which have been secured by Dr. Karl H. Doege, who is in charge of this feature of the meeting, are discussed in detail on page 699. The Council on Scientific Work, as a result of its accumulated experience in the preparation and presentation of scientific programs, this year will introduce in the scientific exhibits, anatomic dissections so that physicians may have an opportunity to see both normal and pathologic conditions and discuss their particular problems with the attendants at the exhibits.

A second feature of the scientific exhibits will be a fluoroscopic unit located on the main stage of Great Hall, where all scientific exhibits will be housed. Here an opportunity will be given to demonstrate fluoroscopy in orthodiascopy. The individual members attending the meeting, if they wish, may act as demonstrators for orthodiascopic mensuration. There will be subjects on hand at all times in order that physicians may witness this application of fluoroscopy.

## CENTENNIAL DINNER

Nathan B. Van Etten

In the Hotel Loraine on Wednesday evening, September 10, the Society will hold its centennial dinner.

Dr. Nathan B. Van Etten, past-president of the American Medical Association, will discuss before members of the Society and their wives "The Triumphs of Optimism." Other features of the dinner will be the presentation of the Centennial Award. The recipient will not be announced until the award is actually presented.

The character of the award will also be maintained in confidence, but it will follow the theme of the Centennial Meeting of the State Medical Society. No other speakers are scheduled for the evening, but plans have been made to present entertainment in keeping with the occasion.

## AIR-COOLED

Unique entertainment of quality will feature the Theater Hour on Thursday evening. The spacious, air-cooled Memorial Union Theater, seating over 1,200 persons, has been set aside for the stage performance which will be both novel and interesting.

Inquiries by members throughout the state as to the character of the Thursday evening performance indicate the possibility of a packed house, but no reservations are now being accepted. In an effort to permit members the utmost latitude in making their Centennial Meeting plans, a special announcement of the plans for Thursday evening will be made at a later date. At that time members will also be given an opportunity to make reservations.

Following the Theater Hour, members and their guests will be welcomed at the Rathskeller in the basement of the Union Building, where refreshments will be served, and music in keeping with the rich atmosphere of this replica of the famous German social centers will be played.

# Meeting High Lights

## TUESDAY, SEPTEMBER 9 . . .

P. M.
1:00 Golf, Maple Bluff Country Club
6:30 House of Delegates—Play Circle, Memorial Union

## WEDNESDAY, SEPTEMBER 10 . . .

A. M.
8:00 Registration—Council Room, Memorial Union
9:00 General Session—Memorial Union Theater
10:00 Recess to view exhibits
10:30 General Session—Memorial Union Theater

P. M.
12:10 Round-Table Luncheons—Hotel Loraine
2:00 General Session—Memorial Union Theater
2:30 House of Delegates—Play Circle, Memorial Union
3:00 Recess to view exhibits
3:30 General Session—Memorial Union Theater
6:45 Annual Dinner—Crystal Ballroom, Hotel Loraine
- Granting of Centennial Award
- Address, Nathan B. Van Etten, past-president, American Medical Association
- Social Entertainment

## THURSDAY, SEPTEMBER 11 . . .

A. M.
8:00 House of Delegates—Play Circle, Memorial Union
9:00 Sections on Medicine, Surgery, and Orthopedics—Memorial Union Theater
Sections on Obstetrics, Gynecology, and Pediatrics—Play Circle, Memorial Union
Sections on Radiology and Urology—Georgian Grill, Memorial Union
Section on Otolaryngology—Old Madison Room, Memorial Union

P. M.
12:10 Round-Table Luncheons—Hotel Loraine
2:00 Section on Ophthalmology—Old Madison Room, Memorial Union
2:00 General Session—Memorial Union Theater
3:00 Recess to view exhibits
3:30 General Session—Memorial Union Theater
8:00 Social Entertainment

## FRIDAY, SEPTEMBER 12 . . .

A. M.
9:00 General Session—Memorial Union Theater
10:00 Recess to view exhibits
10:30 General Session—Memorial Union Theater

P. M.
12:10 Round-Table Luncheons—Hotel Loraine
2:00 General Session—Memorial Union Theater

# OUR GUEST SPEAKERS

DR. A. VERBRUGGHEN

Associate Clinical Professor of Surgery, Rush Medical College, University of Chicago, Chicago, Illinois

DR. MORRIS FISHBEIN

Editor, The Journal of the American Medical Association; Assistant Clinical Professor of Medicine, Rush Medical College, University of Chicago, Chicago, Illinois

PRESIDENT CLARENCE A. DYKSTRA

University of Wisconsin

DR. HENRY W. WOLTMAN

Professor of Neurology and Psychiatry, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota

DR. FREMONT A. CHANDLER

Associate Professor of Bone and Joint Surgery, Northwestern University Medical School, Chicago, Illinois

MR. HARRY A. NELSON

Director, Workmen's Compensation, Industrial Commission of Wisconsin, Madison

## WEDNESDAY MORNING, SEPTEMBER 10 . . .

8:00 **Registration**
Council Room, Memorial Union

## GENERAL SESSION . . .

**Memorial Union Theater (air-conditioned)**

9:00 Transport and First Aid of Accident Cases
Joseph M. King, associate clinical professor of surgery, Marquette University School of Medicine, Milwaukee

9:20 Head Injuries
A. Verbrugghen, associate clinical professor of surgery, Rush Medical College, University of Chicago, Chicago, Illinois

9:40 Fractures of the Extremities
Herman C. Schumm, associate professor of orthopedic surgery, University of Wisconsin Medical School; clinical professor of orthopedic surgery, Marquette University School of Medicine, Milwaukee

**10:00 Recess to view exhibits**

10:30 Address of Welcome
President Clarence A. Dykstra, University of Wisconsin, Madison

11:00 Fractures of the Spine
Fremont A. Chandler, associate professor of bone and joint surgery, Northwestern University Medical School, Chicago, Illinois.

11:20 Crushing Wounds of the Body
Peter A. Midelfart, Eau Claire

**11:40 Recess to view exhibits**

# WEDNESDAY NOON . . .

## ROUND—TABLE LUNCHEONS 12:10—1:45 P. M.

Hotel Loraine

1. The Neurologic Problems in General Practice—Medical and Surgical
   John L. Garvey, clinical professor of neurology, Marquette University School of Medicine, Milwaukee
   David Cleveland, associate clinical professor of neurosurgery and assistant professor of anatomy, Marquette University School of Medicine, Milwaukee
2. When and When Not to Transport Patients With Traumatic Injuries
   Herman C. Schumm, associate professor of orthopedic surgery, University of Wisconsin Medical School; clinical professor of orthopedic surgery, Marquette University School of Medicine, Milwaukee
3. Surgical Patients and Their Mental Problems
   Joseph Pessin, Madison
4. Emergency Problems in General Practice
   R. G. Arveson, Frederic
5. The Relationship of Surgery to Hypertension, Myocardial Failure, Angina Pectoris, and the Heart
   Vincent Koch, Janesville
6. Hand Infections
   Albert R. Tormey, Madison
7. The Home, Office and Hospital Treatment of Back Pain
   John O. Dieterle, Milwaukee
8. Feeding Problems in Infants
   H. Kent Tenney, associate professor of pediatrics, University of Wisconsin Medical School, Madison
9. Fractures and Their Emergency Treatment
   Walter P. Blount, Milwaukee
10. Section on Cardiology. Chemotherapy in the Treatment of Subacute Bacterial Endocarditis
    A. G. Koehler, Oshkosh
11. Past-Presidents

# WEDNESDAY AFTERNOON . . .

## GENERAL SESSION . . .

Memorial Union Theater (air-conditioned)

2:00 Injuries to the Thoracic Cage and Contents
   Joseph W. Gale, associate professor of surgery, University of Wisconsin Medical School, Madison

2:20 Injuries to the Abdominal Wall and Contents
   Matthew A. McGarty, La Crosse

2:40 Nerve Injuries
   David Cleveland, associate clinical professor of neurosurgery and assistant professor of anatomy, Marquette University School of Medicine, Milwaukee

3:00 Recess to view exhibits

3:30 American Medicine and the People's Health
   Morris Fishbein, editor, The Journal of the American Medical Association; assistant clinical professor of medicine, Rush Medical College, University of Chicago, Chicago, Illinois

4:00 Late Neurologic Manifestations in Cases of Injury
   Henry W. Woltman, professor of neurology and psychiatry, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota

4:20 Sequelae in Bone and Joint Injuries
   Robert E. Burns, professor of orthopedic surgery, University of Wisconsin Medical School, Madison

4:40 Evaluation of Injury for Compensation
   Mr. Harry A. Nelson, director, Workmen's Compensation, Industrial Commission of Wisconsin, Madison

## HOTEL ACCOMMODATIONS

For the convenience of members of the State Medical Society of Wisconsin, reservations for hotel accommodations will be handled through a central committee. Members are urged to make their reservations early. A schedule of rates and your reservation blank appear on page 703.

# OUR GUEST SPEAKERS

DR. T. K. BROWN

Associate Professor of Clinical Obstetrics and Gynecology, Washington University School of Medicine, St. Louis, Missouri

DR. JULIUS LEMPERT

Research Fellow in Otology, Tufts Medical College, Boston; Surgical Director, Lempert Ear Clinic, New York City, New York

DR. A. H. PARMELEE

Clinical Professor of Pediatrics, Rush Medical College, University of Chicago, Chicago, Illinois

DR. CONRAD BERENS

Chairman, American Board of Ophthalmology; Associate Professor of Ophthalmology, New York University; Surgeon, New York Eye and Ear Infirmary, New York City, New York

DR. THEODORE WALSH

Head of Department of Otolaryngology, Washington University School of Medicine, St. Louis, Missouri

DR. FRANK E. BURCH

Professor of Ophthalmology, University of Minnesota Medical School and University of Minnesota Graduate School, Minneapolis; St. Paul, Minnesota

## THURSDAY MORNING, SEPTEMBER 11 . . .

### COMBINED SECTIONS ON MEDICINE, SURGERY, AND ORTHOPEDICS . . .

Memorial Union Theater (air-conditioned)

Chairmen: Merritt L. Jones, Wausau; Frederick W. Madison, associate clinical professor of medicine, Marquette University School of Medicine, Milwaukee

9:00 Fractures of the Os Calcis
John O. Dieterle, Milwaukee

Discussants:
9:20 Ralph M. Carter, Green Bay
Arthur G. Sullivan, Madison

9:30 Modern Bone Graft Surgery
Chester Schneider, Milwaukee

Discussants:
9:50 H. L. Greene, Madison
Robert E. Burns, Madison

10:00 Recess to view exhibits

10:30 Epidemic Infectious Jaundice in Wisconsin
L. M. Morse, Stevens Point

Discussants:
10:50 W. D. Stovall, professor of hygiene, University of Wisconsin Medical School, Madison
R. L. MacCornack, Whitehall

11:00 Modern Trends in Treatment of Hypertension—With Especial Reference to the Use of the Kidney Anti-Pressor Substance
F. D. Murphy, clinical professor of medicine, Marquette University School of Medicine, Milwaukee

*(Combined Sections on Medicine, Surgery, and Orthopedics, continued)*

Discussants:

11:20 C. M. Kurtz, assistant professor of medicine, University of Wisconsin Medical School, Madison

N. W. Bourne, Milwaukee

## COMBINED SECTIONS ON OBSTETRICS, GYNECOLOGY, AND PEDIATRICS . . .

**Tripp Commons, Memorial Union**

Chairmen: John W. Harris, professor of obstetrics and gynecology, University of Wisconsin Medical School, Madison; M. G. Peterman, Milwaukee

9:00 The Treatment of Puerperal Infections

T. K. Brown, associate professor of clinical obstetrics and gynecology, Washington University School of Medicine, St. Louis, Missouri

Discussant:

9:20 Roland S. Cron, clinical professor of obstetrics and gynecology, Marquette University School of Medicine, Milwaukee

9:30 The Management of Cervical Malignancy

Harold W. Shutter, Milwaukee

Discussant:

9:50 Carl S. Harper, assistant clinical professor of obstetrics and gynecology, University of Wisconsin Medical School, Madison

10:00 Recess to view exhibits

10:30 The Joint Responsibility of Obstetrics and Pediatrics in the Problems of the Newborn

A. H. Parmelee, clinical professor of pediatrics, Rush Medical College, University of Chicago, Chicago; Oak Park, Illinois

Discussants:

10:50 R. M. Greenthal, Milwaukee

R. W. Roethke, Milwaukee

11:00 Contact Infections in Childhood, Particularly Tuberculosis

Karl E. Kassowitz, associate clinical professor of pediatrics, Marquette University School of Medicine, Milwaukee

Discussants:

11:20 The Upper Respiratory Infections

K. B. McDonough, assistant professor of pediatrics, University of Wisconsin Medical School, Madison

11:30 The Venereal Infections

F. R. Janney, assistant clinical professor of pediatrics, Marquette University School of Medicine, Milwaukee; Wauwatosa

## SECTION ON OTOLARYNGOLOGY . . .

**Old Madison Room, Memorial Union**

Chairman: F. A. Davis, professor of ophthalmology, University of Wisconsin Medical School, Madison

9:00 Nasal Therapy in Common Colds

Theodore Walsh, head of department of otolaryngology, Washington University School of Medicine, St. Louis, Missouri

Discussant:

9:30 M. P. Andrews, Manitowoc

9:40 Symposium on the Labyrinth

9:40 Opening of Symposium

William E. Grove, clinical professor of otolaryngology, Marquette University School of Medicine, Milwaukee

9:50 Embryological Observations Bearing on the Problem of Otosclerosis

Theodore Bast, Ph.D., department of anatomy, University of Wisconsin Medical School, Madison

10:20 The Lempert Fenestration for the Restoration of Air Conduction Hearing on Otosclerosis

Julius Lempert, research fellow in otology, Tufts Medical College, Boston; surgical director, Lempert Ear Clinic, New York City, New York

10:50 The Function of the Non-Acoustic Labyrinth

J. Grant MacKenzie, Madison

Discussant:

11:20 Wellwood M. Nesbit, professor of otolaryngology, University of Wisconsin Medical School, Madison

11:30 Recess to view exhibits

## COMBINED SECTIONS ON RADIOLOGY AND UROLOGY . . .

Georgian Grill, Memorial Union

Chairmen: T. J. Pfeffer, Racine; Walter Sexton, Marshfield

9:00 Examination of the Skull by X-ray Methods

Vincent C. Johnson, assistant professor of roentgenology, University of Michigan Medical School, Ann Arbor, Michigan

Discussants:

9:20 H. W. Hefke, Milwaukee

S. A. Morton, Milwaukee

9:30 Case Reports:

9:30 Esophageal Diverticulum

F. H. Kuegle, Janesville

9:35 A Therapeutic Case Report

A Diagnostic Case Report

E. A. Pohle, professor of radiology, University of Wisconsin Medical School, Madison

9:40 Peritendinitis Calcarea

F. W. Mackoy, clinical professor of roentgenology, Marquette University School of Medicine, Milwaukee

9:45 Malignant Tumor of the Kidney in Infant

H. W. Hefke, Milwaukee

9:50 Case Finding in Tuberculosis

H. M. Coon, Statesan

10:00 Recess to view exhibits

10:30 Cancer of the Bladder

John B. Wear, associate professor of urology, University of Wisconsin Medical School, Madison

Discussant:

10:50 Cyril G. Richards, Kenosha

11:00 Chemotherapy in Urinary Infection

Russell D. Herrold, associate professor of surgery, University of Illinois College of Medicine, Chicago, Illinois

Discussant:

11:30 Walter Kearns, Milwaukee

## THURSDAY NOON . . .

### ROUND—TABLE LUNCHEONS 12:10—1:45 P. M.

Hotel Loraine

1. The Treatment of Vaginitis
   T. K. Brown, associate professor of clinical obstetrics and gynecology, Washington University School of Medicine, St. Louis, Missouri
2. Chemotherapy in Ophthalmology
   Conrad Berens, chairman, American Board of Ophthalmology; associate professor of ophthalmology, New York University; surgeon, New York Eye and Ear Infirmary, New York City, New York
3. Some New Ocular Therapeutics
   Frank E. Burch, professor of ophthalmology, University of Minnesota Medical School and University of Minnesota Graduate School, Minneapolis; St. Paul, Minnesota
4. The Fenestration Operations for Otosclerosis
   Julius Lempert, research fellow in otology, Tufts Medical College, Boston; surgical director, Lempert Ear Clinic, New York City, New York
5. The Therapy of Sinusitis in the Light of Recent Advances in Nasal Physiology
   Theodore Walsh, head of department of otolaryngology, Washington University School of Medicine, St. Louis, Missouri
6. Pneumonia—Serum and Chemotherapy
   F. D. Murphy, clinical professor of medicine, Marquette University School of Medicine, Milwaukee
7. Methods for Control of Skin Cancer
   Harry R. Foerster, assistant professor of dermatology, University of Wisconsin Medical School; assistant clinical professor of dermatology, Marquette University School of Medicine, Milwaukee
   H. W. Hefke, Milwaukee
8. Urinary Infections
   Ira R. Sisk, professor of urology, University of Wisconsin Medical School, Madison
9. Bedside Medicine and Newer Drugs
   William S. Middleton, dean, University of Wisconsin Medical School, Madison
10. Office Proctology
    Karver L. Puestow, associate professor of medicine, University of Wisconsin Medical School, Madison
11. Allergy: Its Diagnosis and Treatment
    T. L. Squier, associate clinical professor of medicine, Marquette University School of Medicine, Milwaukee
12. Clinical Management of Thyroid Disease
    Arnold S. Jackson, Madison

*(Round-Table Luncheons, continued)*

13. Accessory Sinuses and Their Treatment
    Wellwood M. Nesbit, professor of otolaryngology, University of Wisconsin Medical School, Madison
14. Developments in the Treatment of Peritonitis
    E. H. Mensing, Milwaukee
15. Sulfonamid Group and Use in Treatment—Outside of Pneumonia
    Harold Marsh, Madison
16. Use of Sex Hormones
    E. L. Sevringhaus, professor of medicine, University of Wisconsin Medical School, Madison
17. Roentgen Diagnosis of Lesions of the Skull Including Lesions of the Mastoids and Paranasal Sinuses
    Vincent C. Johnson, assistant professor of roentgenology, University of Michigan Medical School, Ann Arbor, Michigan

# THURSDAY AFTERNOON . . .

## SECTION ON OPHTHALMOLOGY . . .

**Old Madison Room, Memorial Union**

Chairman: F. A. Davis, professor of ophthalmology, University of Wisconsin Medical School, Madison

2:00 Chronic Infections of the Eye Other Than Tuberculosis and Gonorrhea
Conrad Berens, chairman, American Board of Ophthalmology; associate professor of ophthalmology, New York University; surgeon, New York Eye and Ear Infirmary, New York City, New York

Discussant:

2:30 E. E. Neff, associate professor of ophthalmology, University of Wisconsin Medical School, Madison

2:40 Tuberculosis of the Eye
F. H. Haessler, Milwaukee

Discussant:

3:10 Lyman Copps, Marshfield

3:20 Ocular Manifestations of Head Injuries
Frank E. Burch, professor of ophthalmology, University of Minnesota Medical School and University of Minnesota Graduate School, Minneapolis; St. Paul, Minnesota

Discussant:

3:50 E. G. Nadeau, Green Bay

4:00 Present Status of Vitamin Therapy
Edgar S. Gordon, Madison

Discussant:

4:30 C. A. Elvehjem, Ph. D., University of Wisconsin Medical School, Madison

## GENERAL SESSION . . .

**Memorial Union Theater (air-conditioned)**

2:00 The Management of Endocervicitis
T. K. Brown, associate professor of clinical obstetrics and gynecology, Washington University School of Medicine, St. Louis, Missouri

2:20 The Problem of the Running Ear
Otis M. Wilson, Wausau

2:40 Eczema
Harry R. Foerster, assistant professor of dermatology, University of Wisconsin Medical School; assistant clinical professor of dermatology, Marquette University School of Medicine, Milwaukee

3:00 Recess to view exhibits

3:30 Wringer Injuries
Irwin Schulz, Milwaukee

4:00 Bronchitis
Charles F. Burke, Madison

4:20 Cesarean Section in Wisconsin
William C. Keettel, Bureau of Maternal and Child Health, State Board of Health, Madison

4:40 Chemotherapy With the Sulfonamid Group
Henry F. Helmholz, professor of pediatrics, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota

### CENTENNIAL ANNIVERSARY INVITATIONS

If you know of any former Wisconsin physicians who might enjoy returning to the state for the Centennial Anniversary Meeting of the State Medical Society, send their names and present addresses to the Society and special invitations will be extended to them to attend the centennial session.

# OUR GUEST SPEAKERS

DR. HENRY F. HELMHOLZ

Professor of Pediatrics,
University of Minnesota
Graduate School,
Minneapolis;
The Mayo Clinic,
Rochester, Minnesota

DR. PHILIP S. HENCH

Associate Professor
of Medicine,
University of Minnesota
Graduate School,
Minneapolis;
The Mayo Clinic,
Rochester, Minnesota

DR. JAMES A. EVANS

The Lahey Clinic,
Boston, Massachusetts

DR. GEORGE WILSON

Professor of
Clinical Neurology,
University of Pennsylvania
School of Medicine,
Philadelphia, Pennsylvania

DR. NATHAN A. WOMACK

Associate Professor
of Clinical Surgery,
Washington University
School of Medicine,
St. Louis, Missouri

DR. ROBERT I. HARRIS

Associate Professor
of Surgery,
Toronto University,
Toronto, Ontario,
Canada

## FRIDAY MORNING, SEPTEMBER 12 . . .

### GENERAL SESSION . . .

**Memorial Union Theater (air-conditioned)**

9:00 Pulmonary Tuberculosis and Erythema Nodosum: A Roentgenologic Study

L. W. Paul, associate professor of radiology, University of Wisconsin Medical School, Madison

9:20 Cardiac Accidents and Their Management

James A. Evans, The Lahey Clinic, Boston, Massachusetts

9:40 Pathogenesis of Tumors of the Lung

Nathan A. Womack, associate professor of clinical surgery, Washington University School of Medicine, St. Louis, Missouri

**10:00 Recess to view exhibits**

10:30 President's Address

10:50 Secretary's Report

10:55 Address of Chairman of Council

11:05 Drugs in Intractable Pain

M. H. Seevers, associate professor of pharmacology, University of Wisconsin Medical School, Madison

11:25 Classification and Management of Rheumatoid Disease

Philip S. Hench, associate professor of medicine, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota

**11:40 Recess to view exhibits**

# FRIDAY NOON . . .

## ROUND—TABLE LUNCHEONS 12:10—1:45 P. M.

Hotel Loraine

1. Emergency Thrombophlebitis and Its Treatment
   James A. Evans, The Lahey Clinic, Boston, Massachusetts
2. Pain Relief and Sedation
   M. H. Seevers, associate professor of pharmacology, University of Wisconsin Medical School, Madison
   A. J. Quick, associate professor of pharmacology, Marquette University School of Medicine, Milwaukee
3. Practical Hints in the Treatment of Arthritis
   Philip S. Hench, associate professor of medicine, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota
4. The Selective Service System and the Examining Physician
   Lt. Col. Robert N. Baggs, Med-Res., National Headquarters, Selective Service System, Washington, D. C.
   Reservations for this table are not limited to twenty
5. The Place of Surgery in the Treatment of Tuberculosis
   H. M. Coon, Statesan
6. How Early Tuberculosis Can Be Detected in the Office
   John W. Towey, superintendent and medical director, Pinecrest Sanatorium, Powers, Michigan
7. X-ray Conference on Unusual Films
   L. W. Paul, associate professor of radiology, University of Wisconsin Medical School, Madison
   J. N. Sisk, Madison
   Ivan G. Ellis, Madison
8. Measures to Produce Collapse Therapy in Tuberculosis
   T. L. Harrington, Stevens Point
9. Practical Treatment of Heart in the Home
   Chester M. Kurtz, assistant professor of medicine, University of Wisconsin Medical School, Madison
10. The Use of Biopsy in Diagnosis
    W. D. Stovall, professor of hygiene, University of Wisconsin Medical School, Madison
11. Bedside Medicine and Newer Drugs
    F. D. Murphy, clinical professor of medicine, Marquette University School of Medicine, Milwaukee

# FRIDAY AFTERNOON . . .

## GENERAL SESSION . . .

Memorial Union Theater (air-conditioned)

2:00 Neuropsychiatry and Some of Its Medicolegal Complications
Theresa Limberg Rogers Memorial Lecture
George Wilson, professor of clinical neurology, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania

2:30 Recent Advances in the Use of Human Serum and Plasma
Maurice Hardgrove, Milwaukee

2:50 War Time Amputations
Robert I. Harris, associate professor of surgery, Toronto University, Toronto, Ontario, Canada

3:10 The Selective Service System and the Examining Physician
Lt. Col. Albert N. Baggs, Med-Res., National Headquarters, Selective Service System, Washington, D. C.

### RESERVATIONS FOR ROUND-TABLE LUNCHEONS

Your reservation blank for the round-table luncheons at our Centennial Meeting will be mailed the latter part of August. These luncheons are scheduled for all three days of the meeting,—September 10, 11 and 12.

# Scientific Exhibits

### BOOTHS 100 AND 101

**Consultations in Obstetrics, With Manikin Demonstrations**

*Carl S. Harper, Madison*

A group of obstetricians and gynecologists will demonstrate forceps procedures, podalic versions, diagnosis of position and presentation, rotary version, and so forth, on the obstetrical phantom, and will discuss cases with individual physicians who wish to present problems.

### BOOTHS 102 AND 103

**Tuberculosis Survey Work With Miniature Film**

*Wisconsin State Board of Health*

The use of miniature films representing the photographic image of the fluoroscopic screen has rapidly developed as one of the most important case-finding aids in tuberculosis control programs throughout the country. The use of this type of film has been especially recognized by the army and navy for use with its present far-reaching defense program. The Army is using a 4 by 5 inch film and the navy is using the 35 mm. film. Both of these methods have their very definite indication of value, and the use of the films has been made available in the state by the Wisconsin State Board of Health. Miniature films are widely used because they are inexpensive. However, it should be understood that this type of film is merely used as a screening process and that it is in this way that its greatest value can be utilized.

Representative samples of both types of film, and the separate and distinct spheres of usefulness of each, will be displayed in this exhibit.

### BOOTH 104

**Wringer Injury**

*Surgical Staff, Milwaukee Children's Hospital*

The exhibit will consist of kodachrome and black and white transparencies of cases and charts. It will depict the following experience of the surgical staff of the Milwaukee Children's Hospital in treating forty patients requiring hospital care:

1. This injury always involves the upper extremity. 2. As a rule, the most serious damage occurs in the upper arm. 3. Damage to the hand may be permanently crippling. 4. The degree of injury may vary from moderate contusion of the skin to necrosis

and slough of skin, fat, fascia, nerves, vessels, muscle, and even of bone. 5. Two deaths occurred from the injuries. 6. At times the question of amputation is a serious one. 7. Many patients require skin graft, but difficulty is often encountered in obtaining satisfactory "takes" because of devitalized surrounding structures. 8. The degree and depth of injury are difficult to evaluate shortly after injury. Many patients are admitted ten to fourteen days after injury with a history of having been seen by a physician shortly after injury and the serious consequences not appreciated. 9. Proper early treatment may prevent later serious tissue loss.

Wringer injury in children is considered a clinical entity.

### BOOTH 105

**Surgeons' Quarters at Fort Winnebago**

*Daughters of the American Revolution*

Recently the Surgeons' Quarters at Fort Winnebago (Portage) have been restored as a permanent symbol of the introduction of medicine in central Wisconsin. At the exhibit presented at this meeting will be shown many historical relics of life at the fort a hundred years ago. Many of the items now form a part of the quarters at Portage, while still others will be donated for the exhibit by organizations and individuals throughout the state. Typical of the relics to be shown are old maps, pictures, war communications, books, an antiquated mortar and pestle, and old furniture. It is anticipated that this will be an exceedingly interesting exhibit, particularly apropos to this year's centennial celebration of the State Society.

### BOOTHS 106 AND 107

**Wisconsin Rheumatism Association**

*M. C. Borman, Milwaukee*

This exhibit will present the various procedures which can be used by the general practitioner in the treatment of arthritis in the home. Emphasis will be placed upon early methods in the treatment of arthritis. Prevention of deformity, a function of the family physician, will also be stressed. Rest, exercise, physical therapy, and various procedures to produce heat will be demonstrated. Actual demonstrations of massage will be demonstrated by trained technicians.

### BOOTH 109 AND STAGE

**Mortality Studies and Cardiovascular Disease**

*Robert H. Feldt, Assistant Medical Director, The Northwestern Mutual Life Insurance Company*

A graphic representation of the prognostic significance of certain cardiovascular impairments will be exhibited. Mortality reports based on large-scale statistical studies give us an insight into prognosis which supplements clinical experience. The charts to be exhibited were prepared from material already published representing contributions from many life insurance companies covering over 1,000,000 lives. The effect of various heart murmurs on the mortality ratio, as well as some interesting ideas on the subject of blood pressure, will be shown.

### BOOTH 109 AND STAGE

**Radiology of the Heart and Great Vessels**

*J. E. Habbe, Milwaukee*

By diagrammatic sketches and full-size roentgenograms and orthodiagrams, the manner of conducting a roentgenologic investigation of the heart and thoracic vessels will be demonstrated. Consideration will be given to the simplifying of roentgen mensuration, and emphasis will be placed on this point as one of the more important functions of the roentgenologist in arriving at a conclusion, based primarily on roentgenologic evidence, for or against cardiac disease. Some material will also be presented showing the application of kymography in the detection of abnormalities of cardiovascular pulsations and in differentiating cardiovascular from other mediastinal lesions.

A fluoroscopic unit for orthodiascopy will be made available by one of the x-ray manufacturing companies, and orthodiascopic mensuration of members of the Society will be done at stated intervals each day on those who may request it.

### BOOTH 110

**The Electrocardiogram, Help or Hindrance?**

*Cardiology Department, State of Wisconsin General Hospital*

This exhibit will consist of tracings representing the typical patterns seen in coronary occlusion with infarction of the anterior wall, posterior wall, and lateral wall of the left ventricle, coronary sclerosis, various types of bundle branch block, pulmonary infarction, hypertensive heart disease and acute pericarditis. In addition, there will be a number of electrocardiograms which fall within the normal range but which were taken on patients known to have serious heart disease. Emphasis will be placed on the practical importance of the electrocardiogram and its proper place in diagnosis.

### BOOTH 111

**Medical Library Service**

*University of Wisconsin Medical School*
*Gladys Ramsey, Librarian*

At its exhibit this year the Medical Library Service will again explain the extension loan system whereby physicians of Wisconsin may borrow the latest medical textbooks and literature without cost, except for postage and mailing. Many new medical text and reference books will be on display, as well as current periodicals and journals. Comprehensive lists of publications and letters explaining the service will be distributed to the physicians visiting the booth.

### BOOTHS 113, 114, 115 AND 116

**Applied Anatomy**

*Marquette University School of Medicine*

This exhibit will consist of dissections demonstrating the anatomy of the female perineum and female reproductive system, dissections of the male perineum and male reproductive system, and dissections showing the anatomic relations in inguinal hernia. The dissections will be supplemented by models of the female pelvis, perineum, and reproductive system and the male perineum and reproductive system. A series of transparencies of the anatomy of the male and female reproductive systems and the inguinal region will also be presented.

### BOOTHS 113, 114, 115 AND 116

**Applied Anatomy**

*University of Wisconsin Medical School*

Most laboratories of anatomy are glad to have interested physicians use their equipment and materials. Some take advantage of these facilities, but many do not appreciate that the laboratories are for them as well as for the undergraduates. It is thought that occasional anatomical exhibits at the meetings of the State Society will remind the physicians that the laboratories are open to them on their own terms.

The exhibit this year will be a series of dissections of the upper extremity by Dr. Otto Hibma and Dr. Roy B. Larsen. Members of the departments of anatomy and surgery will demonstrate the preparations.

### BOOTH 117

**Vitamin Deficiency in Pregnancy**

*State of Wisconsin General Hospital*

Acute and latent vitamin deficiencies may be seen in pregnancy. The acute deficiencies, nearly always associated with severe hyperemesis gravidarum, will be illustrated by charts showing both the clinical and laboratory aspects of the problem.

The latent deficiencies occur more frequently, but they are difficult to recognize and their true significance is not completely understood. The demands of normal pregnancy and their influence on deficiency create an obstetric problem which involves the pregnant woman and her unborn infant as well. Results of current investigations along these lines will be shown.

### BOOTH 118

**External Diseases of the Eye**

*Lyman A. Copps, Marshfield*

This exhibit will consist of a series of colored photographs of external eye diseases. Its purpose is to acquaint the general practitioner with certain eye diseases, to assist him in determining whether or not a patient should be referred to a specialist.

### BOOTHS 122 AND 123

**100 Years of Progress in the Fight Against Tuberculosis**

*Wisconsin Anti-Tuberculosis Association*

This exhibit will be divided into three panels, with six diorama type illustrations, two in each panel. These illustrations will show a number of important events in the fight against tuberculosis during the last 100 years. As another part of the exhibit, 35 mm. films taken throughout the state during trips of the Association's trailer will be shown.

### BOOTHS 124 AND 125

**Cancer of the Gastrointestinal Tract**

*James A. Jackson, Arnold S. Jackson and J. Newton Sisk, Jackson Clinic, Madison*

This will be an exhibit of moulages, transilluminated drawings, charts, and roentgenograms showing cancer of the stomach, small and large intestines, and rectum. The technique of various surgical procedures such as the use of the Petz suture machine for gastric resection, the Devine operation for resection of the large bowel, and the new operation for cancer of the rectosigmoid are to be illustrated by moulages. A case of total gastrectomy, including the preoperative and postoperative roentgenograms, the gross specimen and the follow-up, will be displayed. Motion picture films illustrating types of operations will be shown.

### BOOTHS 126 AND 127

**Human Serum and Plasma**

*R. Smith, P. Voigt, and M. Hardgrove, Columbia Hospital, Milwaukee*

This exhibit will show the modern treatment of shock and burns with human serum and plasma. Dried products which are of value in the treatment of these conditions occurring as the result of war injuries will be demonstrated. Procedures for the preparation and use of the substances will be explained.

### BOOTH 128

**Fixation of Intertrochanteric Fractures of the Hip; Angles on Fractures**

*H. L. Greene and L. V. Littig, Madison*

In this exhibit will be demonstrated a method, utilizing a special nail, for internal fixation of intertrochanteric fractures of the femur. The treatment of fractures of this type by the special nail allows the same freedom and semi-ambulatory convenience as fractures of the neck of the femur treated by internal fixation.

Another part of the exhibit will consist of radiographs of the wrist, elbow, and knee joints. The angle formed by the joint surface with the axis of the shaft will be demonstrated in the normal and in the

fracture case. Emphasis is to be placed on the importance of reducing the fracture so that the angles involved are returned to as near normal as possible.

### BOOTHS 129 AND 130

**Drivers' Safety Tests**

*Motor Vehicle Department, Madison*

The drivers' safety tests of the Motor Vehicle Department of Wisconsin will be on display and available for demonstration purposes, with an attendant always at hand to explain the procedures.

Stereoscopic eye tests measure vision efficiency of each eye; muscular imbalance, both lateral and verticle; and fusion and depth perception. Poor results in any of these tests may be the reason for eye fatigue in driving.

A glare test, as a part of the equipment, illustrates the reason why tilting the headlights is a safety necessity in driving. A color test (Ishihara type) will quickly identify any color weakness.

A steering coordination test shows how well the eyes and hands cooperate, while a perception and brake reaction test shows the time which elapses between the sight of danger and the application of the brakes.

The tests measure certain physical characteristics of individuals. When weaknesses are discovered, the individual is told how he may drive to compensate for his defects.

### BOOTH 131

**Biopsy Diagnosis**

*State of Wisconsin General Hospital*

This exhibit will show indications for methods of removing biopsies for histological examination and the technique for making frozen sections of the fresh unfixed tissue. This will be accomplished with placards indicating the salient points connected with this method of diagnosis, and by demonstration of frozen section technique. There will be someone in the booth continuously to demonstrate the technique, and during each morning and afternoon there will be a lecture emphasizing details which cannot be shown in the exhibit.

### BOOTHS 132 AND 133

**State Laboratory of Hygiene**

This exhibit is designed to show the distribution of rabies in this state, the incidence of the disease in the last ten years, and the methods of diagnosis. It will consist of charts, demonstration of methods of preparing material and shipping it to the laboratory, and the diagnostic procedures used in this laboratory. There will be colored photographs showing the Negri body and the bodies that may be confused with it, and the methods of animal inoculation.

There will also be a section devoted to the demonstration of communicable diseases, as well as a section on special laboratory methods useful in the diagnosis of incipient tuberculosis, the progress in the patient following treatment, and the period when the case has reached a non-communicable stage. A lecture will be given during each forenoon and afternoon.

### BOOTH 134

**Testicular Deficiency**

*Walter Kearns, Milwaukee*

This exhibit will demonstrate by means of transparencies of photographs, colored charts, drawings, etc., the methods of treatment in various types of hypogonadism; causes, methods of examination, and treatment of male infertility; and an improved method of extraction and determination of androgens in the urine.

A 16 mm. film on this same subject matter will be shown.

### BOOTHS 135 AND 136

**Health Achievements in Wisconsin**

*State Medical Society of Wisconsin*

Society members visiting this booth will have an opportunity to preview the Society's new film strip, "Health Achievements in Wisconsin." This film, together with an appropriate manuscript, has been prepared under the guidance of the Committee on Health and Public Instruction for use by members of the Society in discussing health achievements of our state before lay groups. Copies of this film strip and manuscript, as well as projectors for showing the film, will be available at the State Society office shortly after the annual meeting. This project is a further effort on the part of the Society to enlighten the people of the state on the progress made by medical science and its practical application in the improvement of their health.

Another part of this exhibit will be devoted to acquainting the physicians in the state with the Society's cooperative efforts with the Industrial Commission in the field of workmen's compensation insurance. Special emphasis will be placed upon the purpose, preparation, and distribution of the workmen's compensation panels and an explanation of the open panel agreement between the Society and the insurance carriers in the state.

### BOOTH 137

**Neurological Anatomy and Neurological Surgery**

*David Cleveland, Milwaukee*

In this exhibit will be neuroanatomic models, x-ray films, drawings, and charts to illustrate various types of neuroanatomic lesions, such as peripheral nerve lesions, protruding intervertebral discs, etc. Encephalography and ventriculography in tumors and cerebral injuries, and illustrations as to the proper type of treatment for these conditions, will also be included.

# Accommodations

## For Centennial Meeting

**Please make reservations early—Mail reservation slip to the State Medical Society of Wisconsin.**

### SCHEDULE OF RATES

| Hotel | Room Prices Double | Single |
|---|---|---|
| Loraine | $ 5.00 up | $2.50 up |
| Park | 3.00 up | 2.50 up |
| Belmont | 3.00 up | 2.00 up |
| Claridge Apartment Hotel | 10.00 for four people | |
| | 5.00 for three people | |
| | 4.00 for two people | |

Other public accommodations utilizing campus space will be available after hotel accommodations are filled.

### THIS IS YOUR RESERVATION BLANK—MAIL NOW

To
Dr. Lindley V. Sprague, Chairman
Hotel Committee
State Medical Society of Wisconsin
917 Tenney Building
Madison, Wisconsin

Number in party ____ Single rooms ____
Arrive ____ Double bed ____
Depart ____ Twin beds ____
My wife ____ (will) _____ (will not) Room suite ____
accompany me. Rate $____

Please reserve these accommodations. (For prompt confirmation, please list the name of each hotel guest to be included under this reservation.)

First Choice Hotel _____ Signed _____

Second Choice Hotel _____ Street _____

Third Choice Hotel _____ City _____ State _____

## MEMBERS—1941 HOUSE OF DELEGATES

| *Society* | *Delegate* | *Alternate Delegate* |
|---|---|---|
| Ashland–Bayfield–Iron | J. W. Prentice, Ashland | A. H. Lamal, Ashland |
| Barron–Washburn–Sawyer–Burnett | A. S. White, Rice Lake | R. W. Adams, Chetek |
| Brown–Kewaunee–Door | P. R. Minahan, Green Bay | W. W. Kelly, Green Bay |
| | O. A. Stiennon, Green Bay | W. E. Leaper, Green Bay |
| Calumet | F. P. Knauf, Kiel | N. J. Knauf, Chilton |
| Chippewa | C. N. B. Hatleberg, Chippewa Falls | A. J. Somers, Chippewa Falls |
| Clark | H. H. Christofferson, Colby | M. C. Roseĸrans, Neillsville |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | L. V. McNamara, Montello |
| Crawford | C. A. Armstrong, Prairie du Chien | G. M. Sargeant, Prairie du Chien |
| Dane | A. R. Tormey, Madison | S. A. McCormick, Madison |
| | H. E. Marsh, Madison | A. J. Boner, Madison |
| | L. W. Peterson, Sun Prairie | A. T. Smedal, Stoughton |
| | Louis Fauerbach, Madison | N. A. Hill, Madison |
| Dodge | A. G. Hough, Beaver Dam | A. A. Hoyer, Beaver Dam |
| Douglas | T. J. O'Leary, Superior | Charles W. Giesen, Superior |
| Eau Claire–Dunn–Pepin | S. L. Henke, Eau Claire | B. F. Johnson, Mondovi |
| Fond du Lac | D. J. Twohig, Fond du Lac | J. C. Devine, Fond du Lac |
| Forest | H. C. Marsh, Crandon | G. E. Carroll, Laona |
| Grant | J. D. Glynn, Lancaster | E. H. Spiegelberg, Boscobel |
| Green | N. E. Bear, Monroe | L. E. Creasy, Monroe |
| Green Lake–Waushara | A. A. Beck, Wautoma | L. J. Seward, Berlin |
| Iowa | S. B. Marshall, Hollandale | H. M. Walker, Dodgeville |
| Jefferson | G. E. Eck, Lake Mills | O. F. Dierker, Watertown |
| Juneau | C. A. Vogel, Elroy | A. R. Kaufman, Mauston |
| Kenosha | G. C. Schulte, Kenosha | W. C. Stewart, Kenosha |
| La Crosse | F. A. Douglas, La Crosse | A. H. Gundersen, La Crosse |
| Lafayette | R. B. Quinn, Darlington | Not reported |
| Langlade | C. E. Zellmer, Antigo | W. P. Curran, Antigo |
| Lincoln | F. C. Lane, Merrill | R. G. Baker, Tomahawk |
| Manitowoc | E. C. Cary, Reedsville | T. H. Rees, Manitowoc |
| Marathon | J. F. Smith, Wausau | E. E. Flemming, Wausau |
| Marinette–Florence | A. T. Nadeau, Marinette | J. W. Boren, Marinette |
| Milwaukee | J. O. Dieterle, Milwaukee | B. J. Birk, Milwaukee |
| | C. W. Eberbach, Milwaukee | E. A. Brzezinski, Milwaukee |
| | Charles Fidler, Milwaukee | S. J. Darling, Milwaukee |
| | R. E. Galasinski, Milwaukee | G. S. Flaherty, South Milwaukee |
| | J. L. Garvey, Milwaukee | P. J. Niland, Milwaukee |
| | L. W. Hipke, Milwaukee | P. E. Oberbreckling, Milwaukee |
| | Irwin Schulz, Milwaukee | E. D. Schwade, Milwaukee |
| | E. J. Carey, Milwaukee | L. J. Van Hecke, Milwaukee |
| | J. W. Smith, Milwaukee | H. J. Farrell, Milwaukee |
| | R. A. Toepfer, West Allis | J. P. Conway, Milwaukee |
| | D. F. Pierce, Hales Corners | J. J. Pink, Milwaukee |
| | S. M. Markson, Milwaukee | Aaron Yaffe, Milwaukee |
| | J. C. Griffith, Milwaukee | J. R. Regan, Milwaukee |
| Monroe | C. D. Beebe, Sparta | C. S. Phalen, Sparta |
| Oconto | A. F. Slaney, Oconto | C. R. Kwapy, Oconto |
| Oneida–Vilas | W. S. Bump, Rhinelander | I. E. Schiek, Rhinelander |
| Outagamie | C. D. Neidhold, Appleton | D. W. Curtin, Little Chute |
| Pierce–St. Croix | A. E. McMahon, Menomonie | O. H. Anderson, Plum City |
| Polk | L. O. Simenstad, Osceola | K. F. Johnson, Frederic |
| Portage | E. E. Kidder, Stevens Point | R. J. Stollenwerk, Stevens Point |
| Price–Taylor | J. D. Leahy, Park Falls | H. B. Norviel, Phillips |
| Racine | T. C. Hemmingsen, Racine | E. C. Pfeifer, Racine |
| Richland | George Parke, Sr., Viola | W. C. Edwards, Richland Center |
| Rock | H. E. Kasten, Beloit | H. A. Raube, Beloit |
| | W. A. Munn, Janesville | W. T. Clark, Janesville |
| Rusk | L. M. Lundmark, Ladysmith | W. F. O'Connor, Ladysmith |
| Sauk | J. A. Booher, La Valle | O. V. Pawlisch, Reedsburg |
| Shawano | F. L. Litzen, Gresham | A. A. Cantwell, Shawano |
| Sheboygan | C. J. Weber, Sheboygan | A. C. Radloff, Plymouth |
| Trempealeau–Jackson–Buffalo | R. L. MacCornack, Whitehall | Robert Krohn, Black River Falls |
| Vernon | W. M. Trowbridge, Viroqua | W. H. Remer, Chaseburg |
| Walworth | C. J. Brady, Lake Geneva | E. M. Case, Delavan |
| Washington–Ozaukee | O. J. Hurth, Cedarburg | C. H. Kalb, Grafton |
| Waukesha | J. C. Hassall, Oconomowoc | R. E. Davies, Waukesha |
| Waupaca | J. H. Murphy, Clintonville | R. K. Irvine, Manawa |
| Winnebago | A. G. Kochler, Oshkosh | J. P. Canavan, Neenah |
| Wood | K. H. Doege, Marshfield | F. X. Pomainville, Wis. Rapids |

# OFFICERS

## STATE MEDICAL SOCIETY OF WISCONSIN

R. P. SPROULE
Milwaukee
President

GUNNAR GUNDERSEN
La Crosse
President-Elect

R. M. KURTEN
Racine
Speaker

CHARLES FIDLER
Milwaukee
Vice-Speaker

I. R. SISK
Madison
Treasurer

# COUNCILORS

## STATE MEDICAL SOCIETY OF WISCONSIN

S. E. GAVIN
Fond du Lac
Chairman of Council, 6th District

H. P. BOWEN
Watertown
Councilor, 1st District

C. E. PECHOUS
Kenosha
Councilor, 2nd District

W. T. CLARK
Janesville
Councilor, 3rd District

B. I. PIPPIN
Richland Center
Councilor, 4th District

A. H. HEIDNER
West Bend
Councilor, 5th District

H. A. JEGI
Galesville
Councilor, 7th District

G. W. KRAHN
Oconto Falls
Councilor, 8th District

H. H. CHRISTOFFERSON
Colby
Councilor, 9th District

F. E. BUTLER
Menomonie
Councilor, 10th District

F. G. JOHNSON
Iron River
Councilor, 11th District

H. J. GRAMLING
Milwaukee
Councilor, 12th District

R. E. FITZGERALD
Milwaukee
Councilor, 12th District

R. W. BLUMENTHAL
Milwaukee
Councilor, 12th District

J. W. LAMBERT
Antigo
Councilor, 13th District

R. G. ARVESON
Frederic
Past President

# Annual Reports of Officers and Committees to the 1941 House of Delegates

## 1. REPORT OF COUNCIL

Councilors: First district, *H. P. Bowen*, Watertown; second district, *C. E. Pechous*, Kenosha; third district, *W. T. Clark*, Janesville; fourth district, *B. I. Pippin*, Richland Center; fifth district, *A. H. Heidner*, West Bend; sixth district, *S. E. Gavin*, chairman, Fond du Lac; seventh district, *H. A. Jegi*, Galesville; eighth district, *G. W. Krahn*, Oconto Falls; ninth district, *H. H. Christofferson*, Colby; tenth district, *F. E. Butler*, Menomonie; eleventh district, *F. G. Johnson*, Iron River; twelfth district, *H. J. Gramling*, *R. E. Fitzgerald*, *Robert W. Blumenthal*, Milwaukee; thirteenth district, *J. W. Lambert*, Antigo; past-president, *R. G. Arveson*, Frederic.

Minutes of all Council meetings held since September, 1940, with the exception of the June meeting, have been published in The Wisconsin Medical Journal. The minutes of the June meeting will be published in the September issue. These Journals are available to all members, and thus no effort is made to summarize the minutes here.

The Council may wish to amplify this report when the House is in session.

### Amendments to the By-Laws

At the 1940 annual meeting, the House added a new chapter to the By-laws with respect to the establishment of scientific sections. The Council indicated in its 1940 report that in event of adoption of that particular by-law, it would propose amendments to the Constitution and By-Laws to permit each section to elect a delegate to the House of Delegates so as to give the section of certainty a voice on the floor of the House. Such proposals were made following the action of the House of Delegates, and having laid on the table one year will therefore be voted on. Their publication here is to comply with the requirements of the Constitution.

A. Amend Chapter XII of the By-laws entitled "Scientific Sections" by adding Section 6 to read:

> Each section so established shall have the privilege of electing a delegate and alternate to the House of Delegates.

B. Amend Article V of the Constitution entitled "House of Delegates" by inserting after the word "societies" the following:

> and one delegate representing each section of the Society organized under the By-Laws.

For the information of the House of Delegates, the Council, at its January, 1941, meeting approved sections on (1) radiology, (2) eye, ear, nose and throat, (3) orthopedic surgery, and (4) cardiology.

---

Dr. L. W. Peterson, delegate from Dane County, offered the following amendments to the Constitution and By-Laws at the 1940 annual session. Having laid on the table for one year, the constitutional amendment will be voted on at the forthcoming session, and if adopted the amendment to the By-Laws will be in order:

> Amend the Constitution by numbering the present contents of Article X as Section 1 and creating Section 2 of Article X to read:
>
> The House of Delegates, by adoption of a By-Law, may provide for a special classification of members at per capita reduced dues where such classification may be applied generally throughout the state, and has no special application to individual members or to individual societies.
>
> Amend Chapter VIII of the By-laws by creating Section 4, to read:
>
> Physicians and graduates, training as hospital residents or as research fellows, may be admitted to membership in the county society upon payment of dues not to exceed twelve dollars ($12) yearly, of which at least six dollars ($6) shall be remitted to the State Society.

### Hospital Practice

Dr. M. C. Rosekrans, Neillsville, introduced an amendment in the 1940 House of Delegates which, after consideration, was referred by the House of Delegates to the Council for examination. This amendment proposed to create a new chapter in the By-laws enunciating a generally recognized principle that any hospital organized as an eleemosynary institution which is the only available institution within a given area should erect no barrier against those licensed to practice medicine and surgery who desire to serve on the staff of such institutions and who are professionally and ethically competent to do so. The Council reports that after consideration of the situation which impelled the introduction of this proposal it is of the opinion that the situation in Wisconsin is not such as to require formal action of this character at the present time. Such misunderstandings as have arisen from time to time have been eliminated generally within a year or so. The Council recommends no further action with reference to this proposal.

### Secretary's Office

For the present the secretary's office is being managed under the direction of George B. Larson who has been designated as acting secretary. Mr. Larson has the assistance of an experienced office staff, and it will be the purpose of the Council to secure that continuity of policy and management which offers assurance that the State Medical Society of Wisconsin will continue to rank as one of the most active and energetic societies in the country.

### Report on Necrology

The Council has the sad duty of reporting the deaths of the following physicians since the last anniversary meeting. Members of the Society are indicated by bold-face type.

**Addleman, I. M.** ——— Wausau
**Beier, A. L.** ——— Chippewa Falls
Belding, G. H. ——— Milwaukee
Boden, J. E. ——— Milwaukee
Brueckbauer, H. G. ——— Sheboygan
**Campbell, E. L.** ——— Superior
Dodson, C. A. ——— Palmyra
Duclos, A. A. ——— Wisconsin Dells
Erling, A. E. ——— Milwaukee
Esch, J. I. ——— La Farge
**Fencil, Y. J.** ——— Casco
Frey, G. R. ——— Milwaukee
Gerend, A. ——— Wood
Gunn, F. H. ——— Eau Claire
Guttman, Paul ——— Kellnersville
Guzzetta, Philip ——— Milwaukee
Haggerty, E. E. ——— La Farge
**Hannen, P. H.** ——— Milwaukee
**Hosmer, M. S.** ——— Ashland
Jenner, A. G. ——— Milwaukee
Kalling, H. ——— Black River Falls
**Knox, E. S.** ——— Green Bay
**Lapham, E. A.** ——— Phillips
**Leigh, A. B.** ——— Kaukauna
Lynch, C. V. ——— Milwaukee
**MacArthur, D. S.** ——— La Crosse
Maxson, A. S. ——— Milton Junction
McCarthy, G. W. ——— Kenosha
McCorkle, S. C. ——— West Allis
**McGill, P. G.** ——— Superior
McGovern, John ——— Wisconsin Dells
**McGovern, J. J.** ——— Milwaukee
McKnight, G. B. ——— Fond du Lac
**Mills, N. P.** ——— Appleton
Minahan, J. R. ——— Green Bay
**Mishoff, I. D.** ——— Milwaukee
**Morrison, W. W.** ——— Edgerton
**O'Hora, C. M.** ——— Beaver Dam
**O'Leary, Mary J.** ——— Milwaukee
Oliver, L. H. ——— Waupun
**Pearson, L. M.** ——— Wausau
**Pfeil, R. C.** ——— Milwaukee
Phipps, F. J. ——— Benton
Regner, J. A. ——— Deronda
Ripley, H. M. ——— Kenosha
Ryan, E. S. ——— Sheboygan
Sayle, R. G. ——— Milwaukee
**Schlegel, H. T.** ——— Wausau
Schmitz, W. C. ——— Manitowoc
Schoenfeld, C. J. ——— La Crosse
Seaman, G. E. ——— Madison
Teschan, R. F. ——— Milwaukee
Thompson, A. B. ——— Milwaukee
Waddle, H. C. ——— Janesville
**Waite, R. A.** ——— Milwaukee
**Watkins, W. C.** ——— Oconto
Whitcomb, Lena ——— Albany

## 2. REPORT OF THE SECRETARY

### Membership

The active membership with dues paid for the year of 1941 was 2,232 as of July 31. Ninety-nine of our members were in military or naval service as of that date, and their dues are prorated at $2.10 per month for each month they were actually in practice this year. Realizing the sacrifice these men are making in leaving their practices to serve their country, the Council voted to waive dues during each member's period of military or naval service. In this way, these men may continue their membership and keep in close touch with medicine in Wisconsin. It is estimated that the active membership for this year will approximate 2,500.

### Office Effort

As is usual during those years in which the legislature is in session, a great amount of time and energy of the secretary's office has been devoted to study and analysis of controversial public health proposals and to the many committee appearances that are a resulting necessity. The report of the Committee on Public Policy, which presents in summarized form the activities with respect to public health legislation, is contained in this issue of The Journal, and there is no need to add further to it other than to express the personal appreciation of the office for the generous and personal assistance given by the Committee on Public Policy and members throughout the state.

Your secretary reported at the 1940 annual meeting that "of necessity the central office of the Society must act in both a correlating and executive capacity for all committee and Society effort. At times it is difficult to clear matters with dispatch, but every effort is exerted to expedite the business of the Society."

The work involved in the planning of the centennial anniversary meeting, in the legislature, and in connection with activities of your many committees has drawn heavily upon the time of the executive office during the last year. With a non-legislative year ensuing, a greater proportion of time may be devoted to other fields and to the continuation and furtherance of the Society's declared policy of representing to the best of its ability the interests of the health of the people of this state.

## 3. REPORTS OF STANDING COMMITTEES

### COMMITTEE ON CANCER

*Charles Fidler, chairman, Marcos Fernan-Nunez, R. L. Alvarez, H. L. Schwartz, H. H. Morton, R. C. Thompson, C. A. Richards, E. E. Evenson, J. W. McGill, E. F. Schneiders, T. A. Teitgen, Erich Wisiol, G. E. Eck, D. J. Tuohig*

The Committee on Cancer throughout the last year has continued its cooperation with other groups interested in this field.

Among the problems which have been considered are the securing of speakers for public meetings, the selection of literature for distribution to the public, and efforts to give a further understanding of the aims and purposes of the Women's Field Army to the physicians in Wisconsin.

The committee authorized the purchase of the so-called cancer or electric woman for exhibit purposes at meetings, conventions, fairs and similar public gatherings. The committee likewise has continued its efforts to make available to physicians information concerning cancer. To this end the Women's Field Army was advised to make available for the annual spring postgraduate courses the sum of $200 to help defray the cost of a speaker on the subject of cancer.

During the year the chairman of the committee attended a special regional conference of the Women's Field Army at Rochester, Minnesota. The first day of this conference was devoted to a symposium on cancer and the following day was devoted to the general problem of organization work. The Committee on Cancer has approved the calling of a statewide meeting of the officers of the Women's Field Army representing the various counties so that they may have an opportunity to become more intimately acquainted with the aims and purposes of the organization. This one-day meeting will take place on Friday of the annual meeting of our Society. Some sessions will be scheduled for the Memorial Union while others will be conducted in the Loraine Hotel. The officers of the Women's Field Army will also be given an opportunity to view the scientific exhibits of the State Medical Society.

The Women's Field Army continues to disseminate information on cancer. In the course of one year they have distributed over 300,000 pieces of literature and have obtained many pages of publicity in newspapers and several hours of radio time. In addition to the distribution of literature and talks at public gatherings and over the radio as means of public education in the field of cancer, the Women's Field Army has started in a small way to promote cancer education through visual means such as by exhibits. In the 1941 campaign, the Women's Field Army collected a total of $5,570.46.

The work of the Committee on Cancer continues to be one of importance that the efforts of the Women's Field Army may be directed properly.

### ADVISORY COMMITTEE ON CARE OF CRIPPLED CHILDREN

*H. K. Tenney, chairman, J. B. MacLaren, H. L. Greene, J. O. Dieterle, Herman Schumm, C. M. Kurtz*

About a year ago the Advisory Committee on Care of Crippled Children suggested that the Crippled Children Division discontinue the practice of holding general orthopedic clinics in various parts of the state. Instead, the plan was adopted of having one qualified orthopedist assigned to each of the orthopedic schools to which he would make a semi-annual visit and examine only the children attending that school. Any other patients seen by him at that time were to be on a consultation basis. It is hoped that this scheme will assist in a more accurate appraisal of the benefits derived by each child from the rather extensive physical therapy program being carried out in the schools. In general the new plan seems to be functioning well although some details remain to be worked out.

Recently several requests have been received for reestablishment of some type of field clinic in certain parts of the state. Plans are therefore being considered to meet this demand, but the committee does not contemplate a return to the old style heterogeneous clinic that carried with it so much confusion.

It is of interest to know that the Federal Government regards the Crippled Children Division of Wisconsin as one of the best in the country. This seems to us to be an important consideration because the functioning of the division, through our state laws and through the cooperation of the State Medical Society, is really under local control. And in these days of increasing governmental control in all fields, we are most anxious to demonstrate that a project such as the care of handicapped children can function effectively without losing the liaison that now exists between state agencies and the State Medical Society. However, in order to cooperate with the Childrens Bureau and comply with the letter of their laws, a physician is to be appointed to the Crippled Children Division to act as coordinator on various medical problems. His complete functions are as yet undetermined, but it is hoped that through his efforts the effectiveness of the care to the crippled child can be still further increased.

### COMMITTEE ON GRIEVANCES

*W. A. Ryan, chairman, A. J. Patek, R. M. Kurten*

At the 1937 session of the House of Delegates, the medical defense fund was terminated and the Committee on Medical Defense, renamed as the Committee on Grievances, was assigned the task of studying thoroughly the broad subject of malpractice claims and insurance. The committee has functioned continually in this new field since the 1937 session, thoroughly to acquaint itself with the problems arising in the field of malpractice insurance. The number of companies writing this type of coverage is decreasing, and consequently premiums are increas-

ing and coverage is being restricted. A subject of considerable discussion during this last year, as well as study and investigation, has been the advisability of securing malpractice insurance for the members of the Society by "mass purchase" of insurance through a common agency. The committee recognizes the subject of insurance as being of everyday importance to the physicians of the state, that they may be protected against the hazards of this type of litigation, so frequently unfounded. Whether other forms of insurance coverage can be written to offer the same protection as that now prevalent is still uncertain. The committee recommends that the subject be continued as a live topic of interest, that all that may be constructively accomplished in this field may not only be studied, but its values ascertained, so that the members of the Society may be continually informed on the matter.

## COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

*W. J. Egan, chairman, F. B. Sazama, J. A. Riegel*

The activities of the Committee on Health and Public Instruction during the last year have been centered almost exclusively on the preparation of a film strip depicting the health achievements and advances in Wisconsin. This film strip will be comprised of approximately seventy-five still pictures and titles arranged in sequence, and will be accompanied by a manuscript. It is designed for the use of members of the Society when appearing before lay audiences to discuss health in Wisconsin. This film strip will be presented in detail in the September issue of The Wisconsin Medical Journal and will be one of the features of the State Medical Society's scientific exhibit at the Memorial Union in September.

Another feature of the work of the Committee on Health and Public Instruction was the preparation and distribution of "Health Achievements in Wisconsin." This pamphlet was prepared for use by physicians for distribution to their patients via the waiting-room table or by mail. While wide distribution has been made of this pamphlet, it is felt that not all of the possible avenues of distribution have been exhausted by members of the Society. It is suggested that every member place this pamphlet on his waiting-room table and that additional copies be obtained for distribution to friends and influential citizens of the local communities.

Throughout the last year the committee has continued to issue the daily and weekly press releases.

## COMMITTEE ON INDUSTRIAL HEALTH

*S. J. Seeger, chairman, E. O. Gertenbach, H. L. Greene*

The House of Delegates of the State Medical Society of Wisconsin, at its meeting in Milwaukee in September, 1940, adopted a special report of the Committee on Industrial Health advocating greatly expanded activities of the Society to promote preemployment and periodic health examinations in industry under the plan of free choice of physician from panels prepared by the Society.

This program, which has been outlined previously and is to be a continuous effort of the Society, was set up on the following basis:

1. Circularization of the members of the State Medical Society of Wisconsin with data on the periodic examination program, specifically to learn what members wish to participate in it, if given an opportunity.
2. Compilation of a combined panel for each county of the state, listing the physicians who are members of the Society who are ready to undertake the care of industrial injuries and to participate in the periodic health examination program when adopted by the several employers.
3. Printing of panels annually by the Society (40,000 copies).
4. Mailing of panels, each compiled on a county basis, to the employers in each county.
5. Simultaneous mailing to 40,000 employers, of printed announcements concerning the posting of the open panel for the care of compensation injuries and industrial diseases, with emphasis on the Industrial Commission's approved health examination program and the willingness of the Society to cooperate in its establishment in any given industry, with special emphasis upon free choice under the open panel.
6. By continuous effort throughout the year, to elaborate upon this employer announcement by personal communications to each of the nearly 40,000 employers subject to the Workmen's Compensation Act.

In addition, your committee recommended, and the House of Delegates approved, the establishment of a program of field work by a full-time physician for the State Medical Society.

According to the estimates made at that time the first portion of the program would call for an initial payment of $2.60 per member for the first year and $2 per year thereafter, whereas the second portion of the program would cost from $3 to $3.50 per member per year.

At the meeting of the Council which was held in January, 1941, this body approved a budget of $3,571 for the first portion of the program, and a budget of $6,850 for the second portion of the program, making a total of $10,421 for this work. Of the amount appropriated, the headquarters office reports that to date $3,747 has been expended for the preparation and distribution of the workmen's compensation panels and the material from the Industrial Commission on physical examination of employes in industry. Only one circularization was undertaken.

Your committee reports that the first portion of the program has been carried out.

A second educational effort will be undertaken before the expiration of the current year. All employers will be recircularized, urging their participation in the program of the Industrial Commission for the physical examination of employes in industry. The value and desirability of the pre-employment examinations and periodic reexamination of the employes in industry will be stressed to the 40,000 Wisconsin employers who are subject to the Workmen's Compensation Act.

The second portion of the program has not been inaugurated because of the difficulty of securing personnel. Members of your committee have made serious efforts to secure a proper individual to head this work, and in doing so have contacted several national organizations and professional leaders in the field. The difficulty in securing an individual of the proper type is accentuated by the greatly expanded activity in industry, by the demand for individuals on the part of government and by the fact that no definite assurance can be given regarding the permanency of such a position.

The Wisconsin Medical Journal has given full cooperation in the publishing of various articles and papers related to industrial health. A list of these articles is given:

Physical Examinations of Industrial Workers—Paul A. Brehm, M. D.—September, 1940.

Pre-Employment Physical Examinations—Harry A. Nelson—October, 1940.

Industrial Health as it Relates to National Preparedness—S. J. Seeger, M. D.—November, 1940.

Physicians and the Workmen's Compensation Act—Reprint (with some corrections and alterations) of pamphlet issued by State Medical Society, June 15, 1940, to its membership—December, 1940.

Industrial Health—Paul A. Brehm, M. D.—January, 1941.

The Key Position—Editorial—January, 1941.

Industrial Health—Where Now?—Editorial—February, 1941.

Physicians' Obligation on Open Panel—Editorial—March, 1941.

The Relationship of the Nurse in Industry and to the Physician—S. J. Seeger, M. D.—March, 1941.

Keep the Worker on the Job—Paul A. Brehm, M. D. (A series of five articles appearing in the Journal) February, March, May, June, August, 1941.

Requests for Workmen's Compensation Panels Pour Into State Society Office—Editorial—April, 1941.

Over 40,000 Workmen's Compensation Panels Mailed to Wisconsin Employers—Editorial—March, 1941.

Immediately following the circularization of Wisconsin's 40,000 employers with material on the open panel agreement and the Workmen's Compensation Act, the State Medical Society was deluged with requests for additional copies of the various county panels and for information concerning the Workmen's Compensation Act. Requests were received for from one panel to fifty extra ones, for panels for adjacent counties, for panels for posting in sheds, vineries, warehouses, schools and branch offices. Requests have been received from all sections of the state, from the small villages to the metropolitan area of Milwaukee.

The acceptance of the panels by employers was enthusiastic, indicating that they are being posted by thousands of employers, many of whom in the past used a limited panel. These employers previously used a limited panel under the impression that they were complying with the old provision of the compensation law which provided that the employer post a panel of at least five physicians where more than five physicians resided. This section of the Workmen's Compensation Act was amended in the 1939 session of the legislature to provide that the employer be required to give the employe a "reasonable choice" in selecting his attending physician.

The distribution of the printed panels to all Wisconsin employers marks a turning point in the operation of the Workmen's Compensation Act. Many employers are now, for the first time, in fact, giving their employes a wide latitude in the choice of their attending physician. With the actual posting of the Society's panel, the employes will know that they are privileged to exercise reasonable choice in selecting their physician.

A total of approximately 1,800 physicians indicated an interest in industrial medicine and asked to be placed on the panels.

A meeting of the members of the Committee on Industrial Health was held on April 25, 1941 in Madison. Others attending were Dr. R. P. Sproule, president, Mr. Harry Nelson, director of the Workmen's Compensation Division, Mr. J. G. Crownhart, secretary, Mr. J. O. Kelley, secretary of the Medical Society of Milwaukee County, and Dr. P. A. Brehm of the Industrial Hygiene Unit of the State Board of Health. At that time Mr. Nelson expressed himself as greatly pleased with the progress of the program. It was then thought too early to evaluate the effect of the program on the number of physical examinations.

The chairman of your committee met with a committee of the Visiting Nurse Association to discuss the problems connected with part-time nursing in small plants. The development of part-time nursing through the facilities of the Visiting Nurse Association promises to be an important development in this field.

At the present time it is impossible to state how great a stimulus has been given to the physical examination program by the limited program carried on. Without doubt, many more physical examinations are being done today than were done a year or two ago.

The committee recommends the continuation of the first portion of the program and the development of field work in accordance with the original plan. The importance of proper personnel for the development of field work is a factor which cannot be overemphasized. The American Medical Association is planning a program of field work which will, in some respects, parallel the activities which have been contemplated by our State Society. In the absence of field work it is deemed essential to supplement this initial activity by devoting to it a definite amount of time of the secretary's office. Since the inception of this work it has been emphasized that the amount of effort necessary to the successful promotion of a public health project of this type is beyond the resources of the committee of practicing physicians appointed to assist in the formulation of policies. A definite understanding should be reached between the committee and the Council regarding such an allocation of time should a field worker not be engaged.

This report should not be closed without calling the attention of the House of Delegates and the Council of the State Society to the obvious interest in health matters which has been expressed by labor in this state and in the nation. The development of proper labor relationships should be given serious consideration because of the probable development of health activities through labor organizations.

## COMMITTEE ON MATERNAL AND CHILD WELFARE

*J. J. Pink, chairman, A. B. Schwartz, J. W. Harris, J. G. Taylor, Amy Louise Hunter, J. F. Wilkinson*

The Committee on Maternal and Child Welfare has served in an advisory capacity to the Bureau of Maternal and Child Health during the last year and has cooperated in the educational work being done by that bureau through speakers before county medical societies and by assisting in the development of the work of Dr. W. C. Keettel, the special postgraduate instructor associated with the Bureau of Maternal and Child Health.

The committee approved and referred to the Council for further approval a projected study in the field of maternal deaths. It has been heartening to witness the continued reduction of maternal and infant deaths but, in order to improve further our record in Wisconsin, it is felt that a study of the maternal deaths might well be made. Through Dr. Hunter the other members of the committee have learned that due to improvement in medical care the former primary causes for maternal deaths have been relegated to a secondary position and that preliminary studies indicate that maternal hemorrhage is at this time the primary cause of maternal death. In order to understand and approach this problem properly, it is felt that additional information should be obtained on cases in which death was attributed to maternal hemorrhage. A detailed questionnaire was prepared and approved by the committee and by the Council of the State Society. This study of maternal deaths resulting from hemorrhage will go forward in the near future.

The Committee on Maternal and Child Welfare feels that the greatest good could be accomplished if the major causes of maternal death were exhaustively studied and analyzed singly rather than if the entire problem were attacked at one time. For this reason the committee has selected maternal deaths resulting from hemorrhage for study during the next year. The committee feels, too, that as a result of its studies practical means can be developed that will be of immediate help to the physician in general practice attending maternal cases in the home or in the hospital.

The committee feels that by making available to county medical societies the services of Dr. Keettel as a program speaker and by conducting postgraduate medical education in the field of obstetrics and gynecology, we may anticipate still greater improvement in our enviable record of maternal and child health in Wisconsin. Inasmuch as over 99 per cent of the obstetrical deliveries in Wisconsin are attended by physicians, the committee feels that the basic approach to the improvement of our record lies in postgraduate education of the members of our Society.

## COMMITTEE ON MENTAL HYGIENE AND INSTITUTIONAL CARE

*G. E. Seaman, chairman (deceased), A. W. Bryan, S. K. Pollack*

The following report is essentially only an amplification of the report of last year. The organization of the State Department of Mental Hygiene as described last year was continued under the able guidance of Dr. G. E. Seaman until his recent death.

The members of the committee wish to pay tribute particularly to his foresight in developing the highest interest among members of the profession in the problems of mental hygiene and for suggesting the organization of this committee in 1936. We also wish to pay tribute to his untiring efforts, first as superintendent of the Winnebago State Hospital in bringing about monumental improvements in the physical plant, the staff organization, and the scientific outlook of that institution. Again, as the first director of the State Department of Mental Hygiene, he displayed a remarkable grasp of the obligations of this department to the state. He fully appreciated the need for increased facilities for the care of those confined in mental hospitals, separate colonies for the epileptic and inebriate, and the extension of work in the prophylactic field of mental hygiene.

Although not a young man, he was still young in ambition and in enthusiasm in his efforts to develop a constructive plan for the development of a Department of Mental Hygiene which, in scope and efficiency, would make Wisconsin a model for other states to emulate. He appreciated the advantages of

the county system, the faults of which he was anxious to correct. It is to be hoped that someone will be found to carry out his designs to their logical conclusion.

During the last year, the Wisconsin Society for Mental Hygiene, associated with the State Bar Association and the State Medical Society, has been interested in drafting a bill with two special purposes in mind:

1. To provide a simple method by which a mentally ill person may enter a hospital for a period of observation, study, and immediate care.
2. To provide a means by which a mentally ill person may be treated as an ill patient rather than as one who has committed a misdemeanor.

Many persons hesitate to enter a state-supported institution because of their feeling of having against them a court record with its unnecessary embarrassment. The earlier mental patients can come under adequate care, the sooner they may be expected to return to a useful place in society. It is hoped that by making the services of state and county institutions more readily available, the percentage of such satisfactory readjustments may approach the level found among persons of better financial circumstances, who are privileged to enter private institutions without publicity or embarrassment.

There has been ever-increasing evidence of the need of a program directed toward the prevention of mental disorders. In view of this fact and upon the recommendation of the Wisconsin Society of Mental Hygiene, the State Board of Health, at its May 1941 meeting, voted to establish a Division of Mental Health. The work will be directed toward child guidance problems and closely correlated with other state activities in the field of guidance and mental health.

The final establishment of these activities will depend upon approval of the use of federal money available under the Social Security Act.

In closing, it is perhaps well to invite the members' attention to the suggestions of Dr. F. G. Ebaugh, who presented a paper at the 1940 annual meeting of this Society, insofar as they pertain to the state's responsibility in mental health. Among them are the following:

1. Maintain the highest level of care in state hospitals; the lowest per diem cost is not the cheapest.
2. Modernize commitment laws.
3. Assist discharged patients with community adjustments and include adequate and competent scientific instruction in the medical school curriculum; offer early care by:
   a. Modern psychiatric hospital facilities.
   b. Organization of out-patient and community clinics.
   c. Inclusion of psychiatric units in all public general hospitals.
4. Establish active divisions of mental health in the State Department of Mental Hygiene for preventive purposes.
5. Encourage emphasis on child behavior problems with available school psychiatrists.
6. Offer mental hygiene courses in universities, teachers colleges, law schools, and postgraduate courses in psychiatry to physicians in medical schools.
7. Encourage mental hygiene education and greater utilization of the state mental hygiene society.

May we again encourage the members of the State Medical Society to join the Wisconsin Society of Mental Hygiene? The $3,000,000 actually spent by the state in the care of its mentally ill in institutions, by no means covers the expense to the state and community and the economic loss of time. Besides the economic factors, one must also consider the emotional conflict and mental embarrassment which are always associated with mental conditions.

## COUNCIL ON SCIENTIFIC WORK

*E. J. Carey, chairman, G. W. Krahn, C. J. Smiles, E. R. Schmidt, K. H. Doege, W. S. Middleton (ex officio)*

The activities of the Council on Scientific Work in the field of medical education may be divided into the following three major fields:

1. The preparation and presentation of the scientific program for the centennial meeting.
2. The arrangement and presentation of scientific exhibits at the centennial meeting.
3. The arrangement and conduct of the spring clinics.

By custom, the Council on Scientific Work has designated one of its members to have active supervision of each of these fields. The scientific program for the centennial meeting has been prepared under the direct supervision and management of Dr. E. R. Schmidt. An effort has been made to effect a close coordination of the scientific program and scientific exhibits. Dr. A. S. Jackson, chairman of the Centennial Committee, has met with the Council on Scientific Work in order that coordination might also be had between the theme of the scientific program and exhibits and the general theme of the centennial meeting. This year the theme of the scientific program is "The Care and Treatment of Injuries." The Council on Scientific Work feels that the experience gained each year in supervising the preparation of the program has resulted in improving the continuity and subject matter which is presented.

The second major field of activity of the Council on Scientific Work is the arrangement of the scientific exhibits. This year the exhibit space was markedly increased, and accordingly a greater responsibility has been thrown upon Dr. K. H. Doege, the member of the Council on Scientific Work assigned to the scientific exhibits. From the experience gained through the presentation of previous exhibits and scientific discussions, the Council on

Scientific Work has learned that actual demonstrations of problems which confront the physician in his day-by-day practice are the most appreciated and accomplish the greatest good. Drs. W. E. Sullivan and Walter Zeit, anatomists at the University of Wisconsin Medical School and Marquette University School of Medicine respectively, suggested to the Council on Scientific Work that members of the Society be given an opportunity to see anatomical dissections, demonstrating both normal and pathological conditions. Accordingly, this year the Council on Scientific Work, through the facilities of both the University of Wisconsin Medical School and Marquette University School of Medicine, is presenting actual anatomical dissections in the scientific exhibit booths. There will be an attendant in charge of each section.

An interim activity of the Council on Scientific Work is the spring clinics, which this year were held in five communities in the state. The arrangement of this feature of the committee was under the supervision of Dr. G. W. Krahn. The concept in the development and presentation of these postgraduate clinics has not been primarily one of obtaining a large attendance. The effort, on the contrary, has been directed toward reaching communities in which the physicians do not have an opportunity throughout the year to avail themselves of the new advances in scientific medicine. This approach to the problem of postgraduate education arose from the fact that during the last several years the annual meeting of the Society has always been held in Milwaukee because it offered the only adequate meeting room facilities. The Council has made an intentional effort to reach out into communities with a small physician population, knowing in advance that the attendance at such clinics will be limited. In every community the clinics have been enthusiastically received, and in 1941 there was the largest attendance of any year. It is not anticipated that the spring clinics can be immediately self-sustaining, but it is felt that this educational effort is one of the most important activities of the Society and that it should be continued even in the face of a reasonable financial loss. A summarization of the incomes and disbursements for the clinics is presented below:

| | 1940 | 1941 |
|---|---|---|
| Printing | $ 411.74 | $ 479.53 |
| Travel | 67.30 | 134.01 |
| Speakers' Honorarium and Travel | 1,498.35 | 1,518.01 |
| Meals and Meeting Halls | 473.88 | 545.62 |
| Telephone and Telegraph | 50.00 | 36.26 |
| Postage | | 12.75 |
| Extra Help | | 20.15 |
| Miscellaneous | | 10.25 |
| Total Cost | $2,501.27 | $2,756.58 |
| Income from Registration Fees | 2,097.35 | 2,187.00 |
| Due from Women's Field Army | | 200.00 |
| Society Subsidy | $ 403.92 | $ 369.58 |

The Council on Scientific Work recommends the continuance of these spring clinics, but with limitation to three centers during the week. It is further recommended that in adopting this report the House express the desire to the Council of the Society that the clinics be continued and that a budgetary item of $500 be included in the Society's budget. The Council on Scientific Work requests $500, which is more than the subsidy either of the two previous years, in order to be certain that funds are available for the payment of expenses even though, because of inclement weather or some other emergency, the registration is considerably lower than anticipated and the money collected inadequate.

## COMMITTEE ON TUBERCULOSIS AND CHEST DISEASES

*A. A. Pleyte, chairman, W. T. Clark, L. O. Simenstad*

The Committee on Tuberculosis and Chest Diseases, in cooperation with the W. A. T. A., the State Board of Health, and the county sanatoriums, last year assisted in the preparation, development and presentation of a series of ten institutes on chest diseases for Wisconsin physicians. These institutes were held at ten sanatoriums and a total of 342 physicians attended. A similar series of institutes was held this year in the following locations:

July 21, 1941—Riverview Sanatorium, Kaukauna
July 22, 1941—New Central School, Rhinelander
July 23, 1941—Middle River Sanatorium, Superior (Hawthorne)
July 24, 1941—Land O'Lakes Hotel, Rice Lake
July 25, 1941—Hardware Mutual Insurance Company Auditorium, Stevens Point
July 28, 1941—Willowbrook Sanatorium, Kenosha
July 29, 1941—Lake View Sanatorium, Madison
July 30, 1941—Municipal Memorial Building, Platteville
July 31, 1941—Hotel Sidney, Sparta
August 1, 1941—Retlaw Hotel, Fond du Lac

Following is a list of the physicians who appeared on the program:

W. H. Oatway, Jr., Madison
R. H. Stiehm, Madison
G. C. Owen, Oshkosh
J. D. Steele, Milwaukee
H. M. Coon, Statesan
A. A. Pleyte, W. A. T. A.
E. K. Steinkopff, W. A. T. A.
J. W. Gale, Madison

The committee also assisted the W. A. T. A. in its early diagnosis campaign conducted during the months of April and May, 1941. A folder was prepared and distributed as a handy desk reference on the differential diagnosis of chest diseases. This folder was well received and is being used by many physicians. Other literature has been distributed in cooperation with the W. A. T. A.

The chairman conducted a sectional meeting on chest diseases in conjunction with the 1940 annual meeting of the State Medical Society.

The committee has received lists of selective service rejects and has cooperated with the Selective Service System and the State Board of Health in x-raying rejects by the various selective service boards.

In brief, the committee's function and action has been largely one of cooperating with, and helping, so far as possible, existing agencies interested in the field of tuberculosis.

## ADVISORY COMMITTEE ON VISUAL AND HEARING DEFECTS

*J. K. Trumbo, chairman, F. S. Cook, F. W. Kundert*

In 1939 the Advisory Committee on Visual and Hearing Defects met with a joint committee from the State Department of Public Instruction, the University of Wisconsin and the State Board of Health. The purpose of the meeting was to formulate a program for testing the hearing of school children in Rock County. A method of procedure essentially similar was used subsequently in Grant, La Crosse and Marathon Counties.

In each county those conducting the survey have worked as close as possible with the advisory committee and the county medical societies. In La Crosse and Marathon Counties the supervisor contacted as many persons and organizations as possible in order to disseminate information concerning the purpose of the survey and the importance of determining how many children are hard of hearing and instituting proper care.

In testing the children, they are first given a screening out test by means of a phonograph group audiometer to eliminate those with apparently normal hearing. It was discovered in the survey of 1939–1940 that the number record employed for the group test was not entirely reliable because many children with hearing loss in the high ranges could pass the test with ease.

This year in the Marathon County survey a second record was added to the group test. Thus a child must now pass two different screening tests, the number record test and the record tone test. The second record is the group audiometer record consisting of tones corresponding to the tones on the individual audiometer. The child counts the number of times he thinks he hear the tone as it fades.

The result of this year's testing has shown that the sound record is a much better screen for high frequency losses than the number record and picks up about twice as many high frequency impairment cases. Whether this will be of any value either from the medical or educational viewpoint, only continued observation both by the otologist and the Department of Education will tell.

In searching the literature as to the significance of high tone loss we find considerable difference as to the etiology, disease, and remedial measures, if any. However, there are certain conclusions that may be drawn.

1. Any marked loss in the upper range indicates some pathologic process in the internal ear.
2. In gradual high tone loss the lesion is a partial atrophy of the nerve. In abrupt high tone loss the important lesion is atrophy of the organ of Corti at some level above the last 2 mm. of the basal turn. Experimental evidence shows that for the interpretation of the clinical test of hearing the frequency 4096 db. is of particular importance and that an inability to hear 4096 or a loss greater than 60 db. in this frequency means a lesion of the organ of Corti in the basal coil of the cochlea.
3. Any marked loss of upper tone limit is of unfavorable prognostic import when it occurs in any form of deafness except hysterical or acute suppurative otitis media or in aged people.

Children who fail the first group test are given a retest to eliminate nervousness, noise disturbance and similar factors, and children who fail the second test are given a third test on a pure tone individual audiometer. The results of this final test are sent to Dr. Robert West, professor of speech pathology and director of the speech clinic at the University of Wisconsin, for computation, conversion, final analysis and recommendation.

Dr. West divides these cases into three groups. Many factors are considered, such as (1) age, (2) success in school, (3) consistency of losses on various frequencies, (4) conditions under which tests were given, (5) particular range where loss occurred, and (6) the average percentage of loss.

Group 1—Refer to the otologist
Group 2—Retest in six months
Group 3—Normal

In addition to these showing serious general loss of auditory acuity he also refers to the otologist those with a narrow island of reduced acuity. Three curves are prepared for the otologist, one for the right ear, one for the left ear, and one for the hearing of the composite better ear.

**A survey of this sort is without value unless there is, first, a medical follow-up and, secondly, an educational one.**

There are many values to be derived from these surveys.

*Medical*

1. Examining children for pathologic conditions that may be causing the hearing loss.
2. Rechecking of the audiometer findings of the survey.
3. Advising parents as to infected tonsils, lip reading, hearing, transfer to the hard-of-hearing and deaf class, etc., depending upon the diagnosis.

*Educational*

1. Coordinating the work of the parents, nurse, principal, teachers in the classroom, and teachers for defects in speech and hearing with the otologist in the finding, testing and diagnosis of hearing defects.
2. Retesting of all children sent to the otologist or found deficient in previous survey.
3. Testing of new children.
4. Educating the parents to send their children to the otologist, and in the benefits of lip reading, etc.
5. Making available information to physicians.
6. Providing needed facilities for the teaching of lip reading, use of hearing aids and education.

What has been found by the survey? There have been 37,815 children examined; 11.12 per cent were advised to have medical examination. Additional high frequency cases found by the tone screen test numbered 1.45 per cent, and these were referred for medical examination. *As stated before, a hearing survey is worthless unless definite medical and educational follow-up takes place.* This is the responsibility of the community where the survey is made. Approximately 8 to 12 per cent of parents in La Crosse and Marathon Counties, according to the otologic blanks returned to Dr. West, have taken their children to an otologist. In Marathon County questionnaires were sent to the parents asking them to state whether they would take their children to an otologist, and if not, why not. We believe this will greatly increase the number of children brought to the otologist for examination.

1,372 questionnaires were sent out.
609 or 44 per cent were returned.
362 refused to have medical attention.
186 stated they would have medical attention.
61 stated they had had previous medical attention.

Appoximately 60 per cent of those returning questionnaires reported they would not have medical attention, one-third of these because they were financially unable and two-thirds because they thought it unnecessary. The following are the reasons why these children were not sent by the parents to the otologist:

1. Thought hearing had improved.
2. Thought loss due to cold.
3. Thought loss not serious or not present (greatest number).
4. Financial.
5. Lack of interest or indifference.

In cases in which the parents felt they could not afford medical care arrangements have been made either to have the examination done gratis or at county expense.

There has been considerable difference between the loss as reported by the field testers and as found by the otologist who rechecked later and also variance in classification of the cause of deafness as reported to Dr. West by the otologist. Consequently a meeting was held by your committee with a committee consisting of Mr. F. V. Powell, assistant superintendent of public instruction, and Mr. Joseph Rohr, Jr., state supervisor of visual aids project. The primary purposes of this meeting were to revise the forms used in making the tests, advise the parents, physicians and other interested parties, and discuss a summer survey in La Crosse to follow up the defects disclosed by the survey.

Various factors were held responsible for the difference in the loss as reported by the field tester and the otologist.

1. Not all of the otologists reported their audiometer readings.
2. Some standard instruments vary in calibration.
3. Some of the otologists use formulas in computing hearing losses that do not cover the entire range used by the field testers who used the seven frequencies from 128 db. to and including 8192 db.
4. There were many differences in testing conditions that gave significant differences in results.
5. In many cases the doctor reported that in his opinion at the time of the first test the child had a "cold."
6. The examiner in referring the children to the otologist took into consideration not only the over-all percentage of loss for speech but also the relatively narrow valleys of loss found in the audiometer such as a marked loss of 50 db. in the 4096 frequency alone.
7. The examiner in many cases of doubt chose to err on the side of sending a child who might not need the services of the otologist, rather than to list as normal children that an otologist would feel needed his help at an initial stage rather than a late one.

The extent of these discrepancies between the findings in the field and in the offices of the otologist is shown in tables 1 and 2. Table 1 shows the percentage of loss in the average patient referred to the physician and found normal otologically. It is, perhaps, significant that this loss is in every instance on the border line between normal and subnormal hearing. Table 2 shows, not the general percentages of loss in these cases in which discrepancies were found between the findings in the field and then in the physician's office, but the average of the greatest losses, ear by ear, recorded when the patients were tested in the field, regardless of where in the frequency range these losses were found. The report for each ear was examined and the point of greatest decibel loss was noted. This loss in decibels was converted into percentage of loss and was found to average about 30 per cent. This figure may well be taken as an index of the

extent to which a single frequency may be impaired without alarming the otologist.

TABLE 1

Cases in which the otologist reported "no loss," but in which the survey showed the following average loss:

| | La Crosse County | Marathon County |
|---|---|---|
| Average right ear, percentage of loss | 14.29 | 13.50 |
| Average left ear, percentage of loss | 15.67 | 15.90 |

TABLE 2

Cases in which the otologist reported "no loss," but in which the survey showed the following average loss:

| | La Crosse County | Marathon County |
|---|---|---|
| Average percentages of the greatest losses in each right ear | 28.00 | 29.50 |
| Average percentages of the greatest losses in each left ear | 33.69 | 27.15 |

*Conditions mentioned in otologist's report:*

| | Right | Left | Right | Left |
|---|---|---|---|---|
| 1. Specific fever | 1 | 0 | 0 | 0 |
| 2. Otitis media | 32 | 35 | 12 | 13 |
| 3. Pharyngitic and other causes | 14.4 | 20 | 6 | 6 |
| 4. Tonsils and adenoids | 31 | 32 | 14 | 13 |
| 5. Stoppage of external meatus | 12 | 13 | 7 | 8 |
| 6. Abnormality of membrana tympani | 23 | 17 | 55 | 56 |
| 7. Otosclerosis | 1 | 0 | 0 | 0 |
| 8. Mastoiditis | 4 | 1 | 3 | 3 |
| 9. Nerve deafness | 1 | 2 | 8 | 11 |
| 10. Conductive deafness | 56 | 55 | 50 | 50 |
| 11. Dietary deficiency | 0 | 0 | 1 | 3 |
| 12. Not stated | 5 | 6 | 6 | 6 |

The reports of the otologist lacked uniformity, consequently Dr. West could not classify the cases. Some physicians made an actual diagnosis; some merely reported conditions found without venturing a guess as to the diagnosis. Admittedly there is a great deal of overlapping when the physician reports a "scarred drum membrane" and also suggests the scar is due to a "previous otitis media" and then refers to the deafness as of the "conduction type"; such a case was checked under three categories, abnormality of the membrane tympani, otitis media and conduction deafness.

In order to bring about a greater uniformity, your committee recommends:

1. That in checking, the otologist take readings of the seven frequencies from 128 to 8192 inclusive.

2. That any abnormalities such as retracted drum, diseased tonsils, etc., be recorded, but that a definite diagnosis from these findings of nerve deafness, conduction deafness or a mixed nerve and conduction deafness be made.

3. That the otologist endeavor to secure a recheck on patients as to progression within six months or a year.

4. That the otologist make specific recommendations to the parents and school as in his opinion are warranted, such as lip reading, hearing aid, removal of tonsils.

5. That children should have an over-all loss of 25 per cent before being referred to the otologist, thus eliminating many patients that were clinically found to be normal.

6. That an island loss in only one frequency be 50 db or more to be referred to the otologist.

### Summary

The value of a hearing survey depends upon two main factors, educational and medical. We know how hearing loss affects the education of our children and appreciate its cost to the community and the individual, not only economically but socially. The aims of a hearing test program should be:

1. Individual and community education
2. Medical cooperation and aid
3. Educational social adjustment
4. Research on testing techniques.

Not all of these can be secured in a single survey, but a start has been made.

The real significance of a loss in the 4096 frequency as determined by future observation on the progress of hearing loss in these children will be of considerable prognostic value. Future surveys, it is hoped, will carry on what has been started in this one. Certainly any condition that causes more than 12 per cent of our children to be handicapped is deserving of our most serious consideration. Only by education of the public and physicians can this disabling factor affecting so many of our children be reduced, and as physicians know, it can be reduced.

We wish to express our appreciation to Dr. Robert West, technical supervisor; Joseph Rohr, Jr., state supervisor; and Lorraine Anson, field supervisor, for their help in preparing this report, and their cooperation in making this survey of value from a research viewpoint to the otologists of Wisconsin.

## 4. REPORT OF SPECIAL COMMITTEE

### COMMITTEE ON SAFETY ON PUBLIC HIGHWAYS

*M. W. Sherwood, chairman, H. A. Heise, J. J. Boersma*

The Committee on Safety on Public Highways, through its chairman, presented at a general meeting of committee chairmen the suggestion that the county medical societies interest themselves in highway education and take an active part in public edu-

cation. To accomplish this purpose the chairman of the committee outlined four suggestions:

1. The appointment by county medical societies of a group of physicians to make public talks on safety.

2. A meeting of such speaker appointees of county medical societies for a demonstration on highway safety and assistance in development of their presentations before public audiences.

3. The preparation of sample or model talks of five to fifteen minutes' duration for use by county medical society speakers.

These suggestions were not possible of fulfillment during the last year, but remain an avenue of effort for the Committee on Safety on Public Highways.

At the ninety-ninth anniversary meeting of the Society an interesting and profitable exhibit, which will be repeated at the centennial meeting, was presented in the scientific section.

## 5. REPORT OF COMMITTEES OF COUNCIL

### M-DAY COMMITTEE

*R. E. Fitzgerald, chairman, J. W. Lambert, R. W. Blumenthal, secretary (ex officio)*

Your M-Day Committee has been called upon on several occasions during the last year to assist in correlating information and giving advice on problems relating to medical defense. Every effort has been made to cooperate with the Selective Service System to the end that the best possible examinations be made of draftees and that there be developed a spirit of mutual understanding of the problems involved at the induction center.

Through the committee special provision was made with the Council on Scientific Work to place on the annual meeting program a representative of the Selective Service System. He will appear on the general scientific program and will conduct a round-table luncheon. The latter will afford an opportunity to examining physicians to make inquiries on interpretations and policies of the Selective Service System.

The Council of the State Medical Society, through its M-Day Committee, made known to the director of the Selective Service System, Dr. O. R. Lillie, the desire of the Society to be helpful in giving physicians a full understanding of the rejection policies of the Selective Service System and the induction centers, and offered its assistance through the distribution of a special bulletin to all members of the Society to acquaint them with the major physical examination problems confronting the Selective Service System and the general policies with relation to the physical examination of draftees.

In addition to the numerous cooperative efforts within our own state with the Selective Service System, the committee has cooperated with the Committee on Medical Preparedness of the American Medical Association in making an exacting survey and study of the available personnel throughout the state. This survey was under the direct supervision of the Bureau of Medical Economics of the American Medical Association. Each county medical society was asked to indicate the medical personnel in that community essential to the maintenance of civilian needs, separating those physicians under fifty-five years of age who would be considered as possibly eligible for military service and those over fifty-five years who would probably be designated for home duty.

In view of the continued emergency this committee will undoubtedly be called upon to render further assistance to the state and the nation in the coming months.

The committee expresses its appreciation to the officers of the county medical societies for their assistance in making possible the medical personnel study for military and civilian needs.

The names and addresses of members now in active service follow:

## MEMBERS IN ACTIVE SERVICE

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Baldwin, R. S., Captain | Marshfield | Headquarters, 6th Corps Area, Chicago, Ill. |
| Becker, W. T., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| Benson, George B., 1st Lt. | Richland Center | Armored Forces, Fort Benning, Ga. |
| Bergstrom, L. V., 1st Lt. | Milltown | Co. 538, Camp Minidoka, Rupert, Ida. |
| Bitter, R. H., Captain | Oshkosh | 12th Cavalry, Fort Bliss, Tex. |
| Bleckwenn, W. J., Colonel | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Bohorfoush, J. G., 1st Lt. | Madison | Air Corps Basic Flying School, San Angelo, Tex. |
| Bolles, C. S., 1st Lt. | De Pere | Station Hospital, Camp Wolters, Tex. |
| Bristow, J. H., 1st Lt. | Monroe | 5th Medical Battalion, Fort Custer, Mich. |
| Buckley, C. H., Captain | Menomonie | 10th Station Hospital, Camp Claiborne, La. |
| Cary, J. F., 1st Lt. | Sheboygan | First Medical Squadron, Fort Bliss, Tex. |
| Christianson, Herbert, 1st Lt. | Superior | Camp Livingston, La. |
| Dietrich, H. W., Captain | Madison | 7th Cavalry, Fort Bliss, Tex. |
| Dockry, L. E., Commander | Kewaunee | Commandant's Office, Naval Training Station, Great Lakes, Ill. |
| Dorr, R. H., 1st Lt. | Milwaukee | Woodbine, Kirkwood, Mo. |
| Feiman, L. H., 1st Lt. | Milwaukee | 46th Medical Battalion, Pine Camp, N. Y. |
| Filek, A. A., Captain | Green Bay | Armored Forces, Fort Benning, Ga. |
| Foley, M. E., 1st Lt. | St. Nazianz | 5th Division, Fort Custer, Mich. |
| Ford, W. A., Lt. Col. | Sheboygan | Station Hospital, Camp Wolters, Tex. |

## MEMBERS IN ACTIVE SERVICE (Continued)

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Frackelton, W. H., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Gearhart, R. S., 1st Lt. | Madison | Station Hospital, Fort Sill, Okla. |
| Goodman, P. P., 1st Lt. | Milwaukee | 53rd Medical Battalion, Camp Claibourne, La. |
| Grab, J. A., Major | Milwaukee | Selective Service Headquarters, Madison |
| Greenstein, Carl, 1st Lt. | Sheboygan | Chanute Field, Rantoul, Ill. |
| Grossmann, E. E. Captain | Milwaukee | Station Hospital, Camp Hulen, Tex. |
| Gueldner, L. H., 1st Lt. | Fort Atkinson | Camp Bowie, Tex. |
| Guzzetta, M. M., 1st Lt. | Milwaukee | Fort Sam Houston, Tex. |
| Hannan, K. D., 1st Lt. | Prairie du Chien | Co. H, 102nd Medical Regiment, 27th Division, Fort McClellan, Ala. |
| Hathaway, G. J., Lt. Col. | Superior | Medical Detachment, 128th Infantry, 32nd Division, Camp Livingston, La. |
| Heiden, H. H., Lt. Col. | Sheboygan | Camp Livingston, La. |
| Henske, W. C., Captain | Chippewa Falls | Fort George Meade, Md. |
| Hollenbeck, S. W., Major | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Huth, M. F., 1st Lt. | Baraboo | Camp Grant, Ill. |
| James, W. D., 1st Lt. | Oconomowoc | Camp Walters, Tex. |
| Jerome, Bourne, Captain | Superior | 515 S. Franklin Street, Chicago, Ill. |
| Johnson, H. C., Major | Madison | Camp McCoy, Wis. |
| Kaiser, L. F., 1st Lt. | Rhinelander | 2nd Section, 5th Medical Supply Depot, Gurdon, Ark. |
| Keck, E. B., Lt. Commander | Madison | Post Hospital, Marine Barracks, Quantico, Va. |
| Kennedy, H. A., 1st Lt. | Winneconne | Field Hospital, Naval Air Station, Corpus Christi, Tex. |
| Kingsbury, C. H., 1st Lt. | Goodman | Station Hospital, Fort Bliss, Tex. |
| Kocovsky, E. C., 1st Lt. | Milwaukee | Reception Center, Camp Grant, Ill. |
| Kretlow, F. A., 1st Lt. | Milwaukee | 1st Medical Squadron, Fort Bliss, Tex. |
| Krueger, E. R., 1st Lt. | Hayward | 30th Division, Fort Jackson, S. C. |
| Kuehl, F. O., 1st Lt. | Green Bay | Walter Reed General Hospital, Washington, D. C. |
| Lochen, E. L., Major | Waukesha | Army Hospital, Honolulu, Hawaii |
| Ludwig, E. P., Captain | Wausau | Company G, 135th Medical Regiment, Camp Shelby, Miss. |
| Lustok, M. J., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Martini, H. F., 1st Lt. | Wausau | 5th Division, Fort Custer, Mich. |
| McBain, L. B., Captain | Appleton | 30th Division, Fort Jackson, S. C. |
| McCormack, E. A., 1st Lt. | Niagara | 123rd Field Artillery, Camp Forrest, Tenn. |
| McCormick, D. W., 1st Lt. | Madison | Station Hospital, Fort Custer, Mich. |
| Millard, A. L., Major | Marshfield | Second Infantry, Fort Custer, Mich. |
| Mitchell, M. T., 1st Lt. | Eau Claire | Medical Detachment, 38th Infantry, Fort Sam Houston, Tex. |
| Mokrohajsky, S. M., 1st Lt. | Green Bay | Station Hospital, Camp Grant, Ill. |
| Moland, O. G., 1st Lt. | Augusta | 14th Medical Regiment, Camp Bowie, Tex. |
| Montgomery, S. A., 1st Lt. | La Crosse | Station Hospital, Fort Sam Houston, Tex. |
| Moran, C. J., Captain | La Crosse | 120th Field Artillery, Camp Beauregard, La. |
| Nebel, Harold, Major | Milwaukee | 121st Field Artillery, 32nd Division, Camp Livingston, La. |
| Nelson, E. R., Lt. (j. g.) | Madison | 16th Naval District, Asiatic Station, % Postmaster, San Francisco, Calif. |
| Niver, E. O., 1st Lt. | Eau Claire | Station Hospital, Fort Custer, Mich. |
| Nowack, L. W., Captain | Watertown | 32nd Division, Camp Livingston, La. |
| Olson, W. A., 1st Lt. | Greenwood | 128th Infantry, 32nd Division, Camp Livingston, La. |
| Ovitt, D. W. | Milwaukee | Billings General Hospital, Fort Benjamin Harrison, Ind. |
| Pagel, H. F., 1st Lt. | Ladysmith | Station Hospital, Fort Sill, Okla. |
| Peterson, L. W., Lt. Col. | Sun Prairie | 135th Medical Regiment, Camp Shelby, Miss. |
| Peterson, S. C., 1st Lt. | Luck | Randolph Field, Tex. |
| Pomeroy, R. K., 1st Lt. | Port Washington | Naval Training Station, Great Lakes, Ill. |
| Raine, Forrester, Major | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Rau, G. A., 1st Lt. | Two Rivers | Station Hospital, Fort Sam Houston, Tex. |
| Rechlitz, E. T., 1st Lt. | Milltown | Armored Force Replacement Center, Fort Knox, Ky. |
| Roth, J. A., Captain | Carlinville, Ill. | Camp Grant, Ill. |
| Sarfatty, I. J., Captain | West Allis | Randolph Field, Tex. |
| Schramel, A. J., Captain | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Schwade, E. D., Captain | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Schwartz, S. F., 1st Lt. | Milwaukee | Corsicana, Tex. |
| Shabart, E. J., 1st Lt. | Milwaukee | Assistant Commander, Station Hospital, Camp Wheeler, Ga. |
| Shemanski, L. S., 1st Lt. | Menasha | Fort George Meade, Md. |
| Simenson, R. S., 1st Lt. | Valders | Station Hospital, Camp Grant, Ill. |
| Stern, Louis, Captain | Milwaukee | Fort Bliss, Tex. |
| Stone, G. C., 1st Lt. | Berlin | Reception Center, Camp Grant, Ill. |

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Sullivan, J. M., 1st Lt. | Milwaukee | Station Hospital, Fort Sam Houston, Tex. |
| Sverdlin, A. A., Captain | Milwaukee | 4108 North Richards Street, Milwaukee |
| Talbot, J. R., 1st Lt. | Marshfield | Fort Riley, Kan. |
| Tousignant, A. N., Captain | Oconto | % Supt. A. T. S., Manila, P. I. |
| Troxel, J. C., 1st Lt. | Appleton | Marine Recruiting Station, Federal Building, Milwaukee. |
| Vetter, E. W., Captain | Randolph | Company E, 135th Medical Regiment, Camp Shelby, Miss. |
| Waffle, R. L., Captain | Fond du Lac | Station Hospital, Fort Sheridan, Ill. |
| Wagner, A. J., 1st Lt. | Brillion | Scott Field, Belleville, Ill. |
| Walske, B. R. | Independence | Station Hospital, Camp Grant, Ill. |
| Watry, T. D., 1st Lt. | Milwaukee | 4108 North Richards Street, Milwaukee |
| Weaver, D. F., 1st Lt. | Green Bay | Fort Sam Houston, Tex. |
| Weinshel, L. R., 1st Lt. | Milwaukee | Fort George Meade, Md. |
| Weissmiller, L. L., Captain | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Welsh, S. M., Captain | Prairie du Chien | Fort George Meade, Md. |
| Werner, J. J., 1st Lt. | Milwaukee | U. S. Induction Station, Milwaukee |
| Wier, J. S., Major | Fond du Lac | 48th Medical Battalion, 2nd Armored Division, Fort Benning, Ga. |
| Williamson, C. S., Major | Green Bay | Station Hospital, Ponce, Porto Rico |
| Winkler, R. J., 1st Lt. | Hilbert | 45th Medical Battalion, Camp Polk, La. |
| Wood, C. A., Major | Waukesha | Station Hospital, Fort Leavenworth, Kan. |
| Wyatt, T. E., Captain | Marshfield | 128th Infantry, 32nd Division, Station Hospital, Camp Livingston, La. |
| Young, J. J., 1st Lt. | Appleton | Station Hospital, Camp Grant, Ill. |
| Zintek, S. S., Lt. Col. | Milwaukee | 127th Infantry, 32nd Division, Camp Livingston, La. |

## CONFERENCE COMMITTEE ON OPEN PANELS

*T. J. O'Leary, chairman, R. M. Kurten (representatives of State Medical Society of Wisconsin)*

The great effort of the Conference Committee on Open Panels, in connection with the Committee on Industrial Health, has been the distribution of printed panels to 40,000 Wisconsin employers, together with additional material from the Industrial Commission of the State of Wisconsin. The preparation and distribution of these panels was a task that drew heavily upon the efforts of the personnel of the Society's office, as well as required a substantial appropriation from the general funds of the Society. As members will recognize at once when they see the exhibit on open panels in the scientific exhibit section at the Centennial Meeting, this effort has been worth while.

The details of circularization of employers in Wisconsin are covered in the report of the Committee on Industrial Health on page 711. In addition to the general panel distributed to all employers, a specially prepared panel of the specialties in Wisconsin, as designated by the individual members, was mailed to the insurance companies as an additional reference volume.

One of the purposes of the Conference Committee, as outlined in the open panel agreement, is to hear, arbitrate and adjudicate claims or disputes arising between members of the Society participating on the panel and insurance companies which have agreed through their associations to participate in the open panel. During the last year both members of the Society and insurance companies have availed themselves of the services of the Conference Committee to review cases for settlement. Each member of the Society who makes application for panel listing declares:

"I am to submit disputes to the Conference Committee, established by the Society and the insurance companies, to the end that they may, if possible, be settled amicably and to the best possible advantage of the patient and other interested parties."

The committee recommends the continuance of the publication and distribution of Workmen's Compensation panels to Wisconsin employers, as it feels that the true purposes of the Conference Committee and the open panel agreement are attained when the Society's panels are actually posted by employers throughout the state.

## CONFERENCE COMMITTEE ON WISCONSIN HOSPITALS AND MEDICAL PAYMENTS PLAN

*C. H. Andrew, J. W. MacGregor (representatives of State Medical Society of Wisconsin)*

The Conference Committee on Wisconsin Hospitals and Medical Payments Plan, composed of representatives from the insurance company associations, the hospital associations, and the State Medical Society of Wisconsin, has advised members of the Society of the function and operation of this committee both in the Blue Book issue of The Wisconsin Medical Journal (December) and in other Journal articles. The Society continues to receive requests for forms to be used in connection with the Wisconsin Hospitals and Medical Payments Plan.

Where use is made of the plan it has been found to be satisfactory by the patients, physicians, hospitals and insurance companies. The Society has available for distribution to members on request a pamphlet outlining in detail the operation of the plan and forms to be used in connection with it.

The Wisconsin Hospitals and Medical Payments Plan provides a working agreement whereby in pub-

he liability cases in which insurance settlement is involved, the hospitals and physicians may be assured of the payment of their services.

A plan including almost identical provisions with the Wisconsin Hospitals and Medical Payments Plan was adopted by the Michigan State Medical Society during the last year.

## 6. COMMITTEE OF HOUSE OF DELEGATES

### COMMITTEE ON NURSING EDUCATION

*W. A. Munn, chairman, H. M. Stang, Burton Clark, Jr., F. A. Stratton, J. W. Gale*

The 1940 House of Delegates, recognizing that all phases of the care of the sick are a responsibility of the medical profession, appointed a Committee on Nursing Education to study this subject.

The activities of this committee have been directed in two avenues. The first is a study of the broad subject through conferences with representatives of the State Board of Health, the Bureau of Public Health Nursing and other state officers. Secondly, the committee has made actual field investigations, interviewing hospital superintendents, supervisors of nurses, county nurses, nurses on private duty, nurses on institutional duty, and others, to obtain from them their thoughts as to the problems of nursing education and nursing standards.

The field of investigation disclosed that as time progresses hospitals are becoming increasingly less desirous of having nurses' training schools. Among some of the reasons given for either discontinuing schools or contemplating their discontinuance were:

1. The amount of time which the nurse in training can devote to the institution and actual bedside nursing is too small as compared with the number of hours devoted to didactic lectures and classroom work.
2. Hospitals feel that the requirements which have been established for teaching personnel in nurses' training schools are too elaborate, too extensive and too exacting for the purposes to be served.
3. Expenditures required for establishment of nurses' homes are out of proportion to the value which the hospital receives from the nurses in training.
4. The time which student nurses are required to spend away on training affiliation is too great. Hospital administrators advised the committee that out of the thirty-six months spent by the nurse in training, she rendered only about fifteen months of bedside care.

Among the constructive suggestions from those interviewed was one that at least a portion of the teachers' colleges provide a special course for applicants for nurses' training. The teachers' colleges would give instruction in such fields as chemistry, bacteriology, anatomy, and physiology.

Another suggestion was that specialized training, such as that in the field of pediatrics, should be a matter of election for those nurses who wish to specialize in any one particular field. It was the feeling of those interviewed that the number of pediatric, obstetric, or other types of cases which ordinarily are seen in the average fifty to a hundred bed hospital, would give the nurse in training a sufficient knowledge of the handling of these cases to meet the situations which probably might arise in that community or in a hospital of comparable size.

The attention of the committee was called to the fact that there has developed a practice in certain communities for the extended use of what are termed "practical nurses." These individuals may have had some nurses' training or may have been trained especially by individual physicians. Closely allied with this problem is the fact that a number of hospitals are employing what are termed "nurses' aids." While these "nurses' aids" receive no instruction and their duties are limited essentially to maid service, there are some who hold themselves out as practical nurses before the public after losing their association with the hospital.

Without commenting upon these statements, the committee feels it is incumbent upon it to report that the general consensus of opinion of those interviewed,—while there were exceptions to the thought,—is that there is a tendency for the nurses to become "over-educated." Many of those interviewed by the committee felt that the fundamental concept of nursing care,—that is, care for the sick,—had been lost. The actual nursing service to the sick, the committee was told, has been relegated to the background, and there appears to have developed a new philosophy in which the education of the nurse is the first consideration and the care of the sick a secondary one.

It was also found by the committee that, generally speaking, those who were interviewed felt there should be a new classification in the field of nursing. While the committee has not explored all of the possibilities of this new classification, field studies indicate that hospital superintendents, physicians and others coming into repeated contact with the nursing problem believe this classification of nursing should provide less theoretical, didactic or classroom training, with more emphasis being placed upon the actual work at the bedside and practical work in caring for patients. This field has not been explored as deeply as it should be before final recommendations are made to this House, but a summarization of findings follows:

1. Your committee recognizes that a national emergency exists and that to meet this some sound, well-considered means should be developed for the training of a new classification of nurses which might be given the designation of "lay nurses" or something similar. The concept of your committee is that this training should be more extensive

than that which is given the so-called nursing aids, and perhaps somewhat less extensive than that given the regular graduate or registered nurses.

2. The standards of education for registered or graduate nurses should remain in status quo.
3. The Bureau of Nursing Education might well give consideration during this period of interest in nursing education, to a more liberal interpretation of the regulations than has been its policy in the past, particularly in view of the fact that the opinion was so unanimously expressed by hospital superintendents and others that if the present policies are continued there would be strong endorsement to close more of the existing schools.
4. The Bureau of Nursing Education specifically might well take into consideration the advisability of postponing the time from 1940 to 1942, following which each department head in a nurses' training school is required to have a degree.

Your committee recommends that there be appointed by the president, as a special committee of the Society, a Committee on Nursing Education, to continue the work of this special committee of the House of Delegates, and that through cooperative conferences with hospital authorities, nurses' associations, the Bureau of Public Health Nursing, the State Board of Health, and others, an effort might be made to effect a new classification in the field of nursing to carry out the finding of the committee referred to under No. 1.

## ALL MEMBERS WELCOME TO THE MEETINGS OF THE HOUSE OF DELEGATES

All members of the Society are accorded the right and privilege of attending sessions of the House of Delegates, the governing body of our Society, composed of representatives from each of the component county medical societies. Each year important actions are taken by the delegate body.

The By-Laws of the Society provide that "all meetings of the House of Delegates shall be open to members of the Society." The speaker of the House, Dr. R. M. Kurten, extends a cordial invitation to all members of the Society to attend meetings of the House of Delegates. Any member who is desirous of presenting a matter to the House for consideration will be accorded the floor upon consent of the delegate body itself.

# Committee on Public Policy

*C. A. Dawson, Chairman, S. E. Gavin, J. C. Sargent; president, president-elect, and secretary (ex officio)*

## PREFACE

As this report is written, the Committee on Public Policy comes to the sobering realization that in future legislative sessions George will not be present to enunciate in his crystal-clear manner, the earnest viewpoint of the profession.

But we have been proud of George, proud because he carried to the legislature, medicine's opinion in a proper form of dignity and sincerity.

The test that he set for us, we are certain, always will be followed,—of that we have no fear—

"The interests of public health are identical to those of medicine. Whatever will promote the public welfare, whatever will protect the advances already made—these are medicine's only objectives."

This was George Crownhart's creed. This is the sole legislative objective of the State Medical Society of Wisconsin.

THE sixty-fifth regular session of the Wisconsin legislature convened on January 8, and adjourned sine die on June 6, 1941,—one of the shortest sessions in recent years. In 1935, the date of adjournment was September 27; in 1937, July 2, with a special session of one month in September; and in 1939, October 6. A total of 1,368 separate Senate and Assembly bills were introduced during the 1941 session,—some 500 bills less than the record total in 1913 of 1,847, and 200 bills less than in the 1939 session when there were 1,559. At the time of writing this report, it is impossible to forecast how many measures will become laws, as many are pending before the Governor for his signature, and, by his failure to act, a so-called "pocket veto" results. But, generally speaking, something less than 40 per cent of all measures introduced are successful in passing the long pathway of legislative consideration in both houses. Yet, measures introduced in one session may secure sufficient support so, if introduced in subsequent sessions, enough cumulative support will have been gathered to assure passage. This naturally necessitates detailed consideration of any public health proposal.

The volume of legislative material that gradually accumulates in a session to confront each individual legislator finally will occupy a book shelf more than 2 feet in length. It has been the experience of this Society that approximately 10 per cent of all proposals will, perhaps in a broad or general manner only, affect problems of public health. Of this total number of bills with which the State Medical Society of Wisconsin is concerned, probably not more than twenty-five or thirty will be of major importance. Others will be followed closely, that no amendment may be introduced perhaps adding provisions that are inimical to the public health. It will interest the members of the Society to know that each measure introduced in both houses of the legislature is examined with care, and that the field of Society interests in legislative proposals is just exactly as broad as the field of the public health itself.

As your Committee on Public Policy stated in 1939 with reference to this general matter, the original legislative enactments of June 5, 1848, embrace the contents of a relatively small volume of some 800 pages. Today the general laws of the State of Wisconsin occupy a large volume, printed in small type, embracing nearly 3,000 pages.

With an understanding of this legislative background, the position of the State Medi-

cal Society of Wisconsin with reference to legislation affecting the public health becomes clearly understood. The Society has stated in its legislative bulletins, and reiterates in this report, that its purpose in advising the membership during a legislative session is not to secure the solicitation of votes by the members, but the cooperation of individual members of the Society in explaining to members of the legislature the public health implications of measures upon which they will be asked to vote. With the huge task confronting each legislator of voting upon hundreds of proposals during each legislative session, the Society conceives its responsibility to render, through the members of the Society, the assistance which it knows from past experience will be welcomed.

### State Medicine

Assemblyman Andrew J. Biemiller, Milwaukee, for the third consecutive legislative session, renewed his proposals that there be enacted in Wisconsin a form of compulsory sickness insurance, the effect of which was characterized by your secretary, George Crownhart, as "imposing a system vitally changing the form and manner of delivering sickness care to the people of Wisconsin." The complete stenographic transcript of the hearing on this measure appears in the June, 1941, issue of The Wisconsin Medical Journal.

In substance, the bill proposed to cover employed groups, specifically excluding agricultural and occupational labor, as well as domestic help under four in number. Solely designed to provide this type of state service to less than half of the state's citizenry, the bill proposed to raise an estimated $25,000,000 to finance the care promised but not necessarily assured. In sponsoring this proposal, Assemblyman Biemiller stated that it had the endorsement of both the State Federation of Labor and the American Federation of Labor, and while not claiming that the bill was necessarily perfect, he proposed it as a method of eliminating what he termed to be the loss of "$1,250,000 man years of work each year as a result of illness."

George Crownhart, in representing the State Medical Society of Wisconsin, pointed out that the local record in Wisconsin as to time lost because of sickness was five times better than the national average, and from ten to twenty times better than any average abroad where such a system is in operation. He held that, in Wisconsin, any legislation affecting the entire field of public health must be of a character that will advance the public welfare, and he noted in considerable detail the dangers attendant upon a limited source of income, the cost of administration, the fixing or holding of artificial limits on the value of the services afforded and, in particular, the fact that the social legislation as proposed by Assemblyman Biemiller dealt with a service as distinguished from a cash benefit, the value and extent of which readily can be judged by the lay public.

In addition, your secretary directed attention to the dictatorial powers granted the administrator under such a system, the paper work imposed upon physicians and others, the necessity for complicated administrative rules under which simple medical procedures are governed, as well as the elimination of free choice of physician, and many other similar and inevitable characteristics of such a system. Based upon his studies of sickness insurance in effect abroad and as proposed in Wisconsin, he pointed out that all of these factors are wholly foreign to that concept of service under which Wisconsin has made tremendous health advances and under which our nation and this state stand far above the countries of Europe where government paternalism has become synonymous with a decadent civilization and a static, if not retarded, public health status.

Assemblyman Biemiller's proposal, following its hearing on May 12 before the Assembly Committee on Public Welfare, was not subsequently reported out by the committee for action and, consequently, there is no record of the attitude of the individual members of the 1941 legislature as to this particular proposal. Your committee, however, notes not only the action of the recent legislature with respect to Assemblyman Biemiller's proposal for unsupervised schemes of medi-

cal care (discussed later), but the fact that in the 1939 session a compulsory sickness insurance measure identical to that offered in the 1941 session was defeated, after debate of some length, by a vote of 62 to 29.

### Proposals For Unsupervised Schemes

Again in the 1941 session, Assemblyman Biemiller proposed what he called a medical cooperative bill, but which better deserves the title of enabling legislation to legalize and promote unsupervised forms of medical and hospital insurance schemes. This legislation, if enacted, would have permitted organizations of laymen, physicians, or single physicians or osteopaths, either as partners or associations, to deliver any form of medical or hospital care to the people of Wisconsin. Without regard to the insurance principles involved, it would have permitted any type of prepayment plan for the rendition of these services, and it would have prohibited either direct or indirect interference with either the operation or organization of such groups. And further to assure that the health of those treated under such a plan would be entirely dependent upon the plan itself and its proponents, the bill specifically exempted such a group from the public protection offered under the insurance laws of this state.

Your secretary, George Crownhart, appeared for the State Medical Society of Wisconsin and said in reference to this measure, "It is a blue sky law in reverse. The blue sky is the limit as to what can be done under this bill. It would bind medicine like Chinese women used to bind their feet, and it would make medicine just as useless. * * * If this measure gave * * * even a promise of not destroying the advances we have made in the past, at least we would say it was not controversial. But we will not gamble heedlessly with human life. 'The proof of v a l u e does not lie in their good intentions.' "

Dr. Eben J. Carey, Milwaukee, appeared against the bill as a member of the medical profession. Criticizing the proposal in some detail, Dr. Carey said that the relationship between physician and patient is of paramount importance in the successful accomplishment of high health standards, and that the insertion of a third person destroys the very relationship which medicine at all times endeavors to maintain.

The complete hearing on this bill appears as a special insert in the April, 1941, issue of The Wisconsin Medical Journal. Two weeks after the hearing on the bill, the Assembly Committee on Public Welfare recommended that the Assembly kill the measure, and after debate at some length, the recommendation was followed by a vote of 65 to 21.

### Interim Committee Investigation

During the last five sessions, proposals have been offered that an interim committee of the legislature, with members also appointed from the general public, conduct an investigation of the costs of medical care and "the ways and means of lightening the burden thereof." The State Medical Society of Wisconsin has adopted a consistent position of neither opposing nor supporting the bill, but has held that if the legislature feels such a study would be socially useful and would be impartially made and adequately financed, it would offer its wholehearted assistance. Your secretary pointed out that the results of such a study would be of vital importance to the health of the 3,225,000 citizens of Wisconsin. At the committee hearing on the bill the Society offered three separate amendments that it felt should be adopted if the bill were to be recommended for passage. Since comparable studies engaged in by the original Committee on the Costs of Medical Care cost $1,000,000 over a five-year period, and since a similar committee in New York State had expended $155,000 in its studies, your Society felt that at least $40,000 would be required initially, and suggested that a further amount of $10,000 be available through an Emergency Board appropriation, thus financing the committee in its initial work with $50,000 as against the $15,000 suggested in the bill.

Furthermore, your Society felt that the committee members, if this measure should pass, should not be expected to contribute their time and energy without reimburse-

ment of some sort. Your legislative counsel pointed out as a precedent for this, the fact that the legislators who constitute the Emergency Board in the interim between legislative sessions are given $10 for each day actually devoted to the discharge of their duties. It was felt that a not dissimilar per diem should be paid to the members of the proposed committee, should the legislature find such a study socially desirable. Finally, your secretary noted that the confidential communications and records existing between physician and patient were not protected under the proposed measure by Assemblyman Biemiller and urged that such an amendment be adopted if the bill were to be passed.

For the consideration of the committee, your secretary pointed out as background information the tremendous scope of the subject matter in which such an interim committee necessarily would have to interest itself, as well as to understand. Not only would proposals for changing the manner of the rendition of medical service and hospital facilities be studied, but a detailed investigation of medical training, postgraduate education and the cost, not alone of medical practice, but of education, equipment and training,—all of these would be elements of prime importance. A library containing the books and reports that already have been made on the subject of cost of medical care would have to be acquired. And in all of this, such a committee would have to have an understanding of the extent to which the state already participates in the various forms of so-called social service; not only would the extent of participation necessarily have to be investigated, but the character and kind of service rendered in the many fields of state endeavor inevitably would be factors in the determination of recommendations by the committee.

Further, your secretary pointed out that the practical way to study a subject of this broad and comprehensive nature would necessitate the members of such a committee having an appreciation of the emergency situations, and their living firsthand the hospital routine in operative procedures, both ordinary and emergency. Poor relief, the physician's office, the state institutions, —all of these together with technical assistance and a semi-permanent staff, would be required for study, for assistance, and for research into all of these various fields.

In previous sessions, similar legislation has been reported out by the committee and has come before the legislature for a vote. But, because the current session ended at a comparatively early date, Mr. Biemiller's proposal in this field never came before the Assembly for action.

### Salaries of Health Officers

The State Medical Society requested the introduction of measures in the Senate to restore the salary of the state health officer ($5,000 since 1933) to its prior figure of $7,500, and to remove the $3,000 annual salary limit for deputy state health officers which was established in the original legislation of 1913.

It was the opinion of your Society that in the event Dr. C. A. Harper should terminate his services for the State, it would be impossible to replace him with a man of comparable abilities at the present salary schedule. It was felt that this was also true of the deputy state health officers. Your secretary argued that in a matter so important to the public health and since the duties of the health officers involved such a broad field of public health endeavor, it was only proper that the salaries for these positions be commensurate with the duties and responsibilities involved. Both measures, however, were defeated in the Senate but were reintroduced in somewhat different form in the Assembly at the request of the State Board of Health. The Assembly measures passed that house without difficulty and had been advanced in the Senate at the time of adjournment, but had not been passed by that house. The result is that action was incomplete on the Assembly measures at the time of sine die adjournment of the legislature. Thus, there is no change in the present status with reference to this matter.

### Chiropractic Legislation

In the first 1941 legislative bulletin, your secretary prophesied, "At a time when the physicians are giving wholehearted attention to the field of national defense, and hundreds of them are making the examinations of registrants without charge under the Selective Service Act, it is not surprising to expect that the cultists will bend every effort to passage of their special interest legislation." The statement made by George Crownhart was substantiated by the legislative efforts of the chiropractors during the 1941 session. Four measures were introduced, one in the Senate and three in the Assembly, all of which constituted an integral part of the chiropractic program. In the Senate, Senator George Hampel, Sixth Milwaukee District, offered a measure proposing that an employe entitled to benefits under the Workmen's Compensation Act might choose any attendant he desired even though not on the panel required under the law, providing such employe filed notice with his employer that he desired to do so.

Assemblyman Robert H. Burns, representing Rusk and Sawyer Counties, offered two proposals, the first of which renewed, in effect, the chiropractic proposals of 1939, that the services of these cultists be available to the insane in the state or county institutions, and the second of which was intended to permit the reciprocity licensing of chiropractors provided the applicant had practiced for three years in a state in which his required preliminary education was equivalent to that required in Wisconsin. This latter measure constituted, in the judgment of your committee, a devious method of circumventing the Basic Science Law, which was attacked more directly through a proposal by Assemblyman John E. Youngs, representing Oconto County, seeking to amend the Basic Science Law so as to require those writing the examination and intending to practice chiropractic, to be examined by chiropractors in the basic sciences.

As to all of the legislative proposals of the chiropractors, the State Medical Society of Wisconsin was impressed by the public health implications of measures which sought to break down the controls previously established by the legislature to assure that those who would treat the health of citizens of Wisconsin would be possessed, not only of minimum educational and training qualifications, but that their practice should be confined to the special field in which they were licensed, and for the special purpose which they themselves had sought in previous legislative sessions.

It is important in determining the public health implications of chiropractic proposals to recall that prior to 1925 chiropractors were permitted to treat the sick in Wisconsin provided they prominently displayed a sign indicating that they were neither registered nor licensed in Wisconsin. In 1925, at the suggestion of the State Medical Society, and in a form approved by the chiropractic lobby at that time, the Basic Science Law was passed and the chiropractic licensing law was enacted. The effect of the Basic Science Law was to require applicants to demonstrate before an impartial board, no member of which could be from any department of an educational institution which taught a system of treating the sick, that they were possessed of minimum qualifications in anatomy, physiology, pathology and diagnosis. Insofar as those who desired to practice chiropractic were concerned, if they successfully demonstrated their abilities in the field of the basic sciences, they were then required to be licensed by the chiropractic licensing board.

In order to assure validity of this legislation, a typical "grandfather's clause" was added to provide that those then practicing in the state need not be required to take such examinations, but could be licensed without any examination whatsoever. Chiropractors themselves state that of the approximately 600 chiropractors now practicing in Wisconsin, nearly 90 per cent were licensed under the so-called "grandfather's clause," and these never have demonstrated before any state licensing or examining board their qualifications in the field of treating the sick. It is important to the members of your Society further that they recall that the chiropractic association has defined the

practice of chiropractic to constitute a system "of adjusting the articulation of the spinal column *by hand only* for the correction of the cause of disease." In Wisconsin, chiropractors are not physicians as those terms are used in the Workmen's Compensation Act, and they are, therefore, not permitted to treat those suffering from compensable injuries under the provisions of that law. They are not permitted to administer drugs, perform surgery, sign certificates of vital statistics, nor, under a recent decision of the Supreme Court of the State of Wisconsin, to use the title "doctor."

Particularly insofar as the proposal for chiropractic service in an insane institution was concerned, your committee was impressed that the actual purpose of the legislation was an attempt to secure a legislative stamp of approval on the efficacy of chiropractic treatment. The direct attacks upon the Basic Science Law, and the effort to secure an opportunity to treat compensation cases raised clear questions of public health policies.

Because of the illness of Assemblymen Burns and Youngs, final action as to the Assembly chiropractic proposals was not taken, although on one occasion the chiropractic bill relating to the emasculation of the Basic Science Law was defeated by a vote of 54 to 37. On the first attempt to secure a roll call vote on the proposal that chiropractors be available under the Workmen's Compensation Act, the author was unable to secure a sufficient number of seconds to require the roll call, but on a reconsideration vote made a little later in the session, the Senate bill providing for chiropractic treatment under the Workmen's Compensation Act was defeated by a vote of 20 to 5.

### Physicians' Liability For Manslaughter

Assemblyman Elmer Genzmer of Dodge County introduced a measure providing that a physician "who shall fail, refuse, or neglect to make a medical call or visit without reasonable call therefor, in order to treat the sick upon a direct appeal or request for urgent emergency action or treatment, and death shall result to such sick or injured person by reason of such failure, refusal or neglect, shall be deemed guilty of fourth degree manslaughter. Such request for medical assistance in emergency situations shall be made within such a reasonable time that medical attendance would have afforded the possibility of sustaining life. Illness of the physician or surgeon shall be deemed a defense. Any physician or surgeon responding to such appeal or request shall receive reasonable compensation therefor, but not less than $5, for such examination which shall be paid by the municipality where such wrongful act or accident occurred which resulted in death."

This measure was introduced early in the 1941 session but was not accorded a hearing before the Assembly Judiciary Committee until late in May. No one appeared to support the bill at the time of the hearing, but legislative counsel for the State Medical Society appeared to oppose the measure in behalf of the physicians of the state. He there pointed out the vague phrases employed in designating the conditions under which such a manslaughter charge would lie and suggested the impossibility of even a reasonable application of such a law were it to be enacted into statute. The committee members were referred to the principles of medical ethics in which these physicians of the country assume as a self-imposed obligation, the responsibility, while maintaining freedom of contract, always to respond to any request for their assistance in an emergency or whenever temperate public opinion expects the service.

No action was taken on Assemblyman Genzmer's proposal by the committee or either house.

### Osteopathic Legislation

Members will recall that the 1939 session of the legislature was presented with an ambitious osteopathic program so wide and so broad as to permit, if enacted, osteopaths to practice virtually unrestricted in the State of Wisconsin. It was considered likely that, at the beginning of the 1941 session, the osteopaths might secure the reintroduction of at least some of these measures, in an

effort to gain wider recognition for their restricted practice.

After conferences with legislative counsel for the Wisconsin Osteopathic Association, your secretary and legislative counsel for the Society were able to agree upon a non-controversial measure in which it is provided that after 1948 osteopaths shall be required to have a preliminary training equivalent to the first two years' college course at the University of Wisconsin or in an institution accredited at the University of Wisconsin. Members will recall that no training period other than high school graduation was previously required of osteopaths and will note that even under the amendment they are not required to be trained in materia medica or to have hospital internship. The measure also contained a provision separately introduced by the State Medical Society in another bill providing that henceforth those who would be licensed in Wisconsin to practice medicine and surgery would be required to have a premedical course equivalent to the three-year premedical course at the University. The old statutory provision required only a two-year premedical course and it was antiquated in view of the fact that in both Marquette University and the University of Wisconsin, the three-year premedical course has been in effect for some period of time.

It was felt that the osteopathic measure requiring somewhat higher educational training on the part of osteopaths after 1948 was in the interest of the public health, and would merit the support of the State Medical Society for that reason. Being a non-controversial measure as between the osteopaths and the Society, the bill was speedily enacted by both houses, has subsequently been signed by the Governor, and is cited as Chapter 180, Laws of 1941.

### Prenatal Examinations

At the request of the speaker of the Assembly, Vernon W. Thomson, a measure was introduced requiring physicians engaged in the prenatal care of women, or attending such a woman for the first time at delivery, to cause to be taken a sample of blood and to submit the sample for a standard blood test for syphilis. The fact of examination without disclosure of results was required to be stated upon the birth certificate and provision was made for maintaining laboratory reports as confidential.

The proposal by Mr. Thomson was modeled after the California law although nineteen states in the country have enacted similar legislation, including Michigan, Massachusetts, Iowa, New York and New Jersey.

While the measure successfully passed in the Assembly, the Senate took no action on the proposal due to sine die adjournment before the measure came up for vote.

### Naturopathic Legislation

Naturopathic legislation again was introduced in the 1941 session of the legislature. All previous legislation offered by this group of cultists has been of a very comprehensive character defining the mode and type of treatment favored by them and granting, in carefully phrased provisions, privileges so nearly similar to those of duly qualified practitioners that in the estimation of the State Medical Society these cultists would be virtually unrestricted.

The 1941 legislative proposal offered in the Senate was along somewhat different lines and yet carried implications to the public health no less inimical in character. Members will keep in mind that naturopaths derive the title to their cult and the designation of their practice from a form of treatment based upon the use of so-called natural remedies. In previous legislation the so-called natural remedies were so broadly defined as to permit these cultists to use x-ray, radium, coal tar derivatives, narcotics, the various medicinal and poisonous salt products, digitalis, cocaine, aconite and the like. Granted the title of "N.D." and recognized by the proposal as engaged in treating the sick, it was inevitable in the judgment of the Society that serious hazards to the public health would be created.

In the 1941 legislation it was proposed that a naturopathic member be added to the Board of Medical Examiners and that those

statutes regulating the practice of medicine and surgery should be so amended as to include reference to naturopaths. The argument advanced by these cultists was that by such legislation they would be subject to the identical requirements imposed upon those who sought to practice medicine and surgery and that being true, there could be no good ground for opposing the bill.

However, as is typical of this type of cult legislation, a "grandfather's clause" was contained in the bill to the effect that those now practicing naturopathy should be licensed and admitted to practice without any examination whatsoever. The Society pointed out that at the present time these cultists are not permitted by law to practice in the State of Wisconsin and if they are so practicing they are practicing without sanction of law. It was pointed out that untold numbers could claim that they are naturopaths practicing in the State of Wisconsin and thus be licensed without respect to qualifications of this type of legislation. It was suggested that there was no commitment or indication of commitment that once such legislation was on the statute books of Wisconsin, the naturopaths, then claiming legislative stamp of approval, would not later seek licensure laws similar to those pertaining to the control and regulation of the practice of chiropractic. The measure was reported by the Senate Committee on Education and Public Welfare without recommendation, and no action was taken on the bill prior to sine die adjournment.

### Optional Method For Medical Relief

Assemblyman Glenn R. Davis, Waukesha County, introduced at the request of the State Medical Society of Wisconsin, a measure to permit a county, by majority vote of all members of the county board, to provide a county system for the furnishing of medical relief while retaining all other forms of relief on a township basis. This measure subsequently became law, being signed by Governor Heil on June 3, and cited as Chapter 204, Laws of Wisconsin, 1941. Prior to enactment of this legislation, relief could be furnished on either a county or township system, but could not be furnished on any combination of the two. It was felt in some counties that a county-wide administration of medical relief would provide not only economy, but a type of care better suited to the needs of the people, in that delays and technicalities could be eliminated in a matter so vital to health.

Sponsored in order to grant through permissive legislation an opportunity to the various counties in the state further to advance and promote the health of the people, the Society strongly endorsed the measure and had the able assistance of its author in securing passage of the bill.

The Assembly passed the measure with little or no discussion, and without a roll call. And, while an attempt was made to defeat the bill in the Senate, a roll call of 20 in favor of the bill, against 8 opposed, ultimately assured its passage.

### Poor Relief

Other than the measure permitting the handling of poor relief on a county basis with all other relief being retained on a township basis, a number of measures were introduced which indirectly and, sometimes, directly affected medical care of the indigent. The State Medical Society of Wisconsin requested the introduction of a measure offered through Speaker Vernon W. Thomson, clarifying the law with respect to medical care in an emergency. While it seems clear to the Society that there can be no doubt but that necessary emergency medical care is an obligation of the proper municipality,—even though time may not have been sufficient in view of the condition of the patient to secure prior authorization therefor,—there are some administrative officials who take the rather narrow view that the law permits hospitalization but does not implement such emergency hospitalization with medical care unless prior authorization has been secured. The measure introduced by Mr. Thomson was heard before the Assembly Committee on Public Welfare, but it was offered so late in the session that it did not come before the Assembly for a vote, nor was there any committee recommendation with reference thereto.

Other measures relating to the same general subject included an Assembly measure introduced through the Committee on Highways proposing to increase the fee from $2 to $4 for the physical examination given applicants for blind pension or peddler's license. This bill was indefinitely postponed by the Assembly without a roll call.

Other measures relating to relief included one proposed by Assemblyman Edwin J. Larson, representing the second Sheboygan district, who offered a proposal that county boards establish a revolving fund to be known as a veterans' fund for the assistance of needy soldiers, sailors and marines. This measure would have amended the present statutory provisions relative to establishing so-called soldiers' and sailors' relief, and machinery was established under the bill permitting counties to recover such relief costs from such municipality or county in which the recipient had legal settlement. This measure passed in the Assembly, and reached the Senate but received no action in that house due to sine die adjournment.

Assemblyman Nicholas J. Bichler, representing Ozaukee County, offered a measure repealing the power of the Emergency Board to increase the per diem rate at Wisconsin General Hospital over $1.90 when deemed necessary to meet rising costs of operation. In the 1939 session of the legislature, Mr. Bichler introduced a similar proposal which, while recommended by the Committee on Public Welfare, was held up in the Joint Committee on Finance. The 1941 proposal, however, which was approved by the Wisconsin County Boards Association, was referred directly to the Joint Committee on Finance and it was unfavorably reported out by that committee. Without a roll call, the Assembly killed the measure on March 14.

Introduced at the request of the Wisconsin County Boards Association, a measure proposed by Assemblyman Randolph H. Runden, representing the third Assembly district of Racine, provided state aid to municipalities to the extent of one half the cost of the expense of furnishing medical or hospital relief to indigents except in those cases wherein the state itself was charged either in whole or in part for such aid of hospitalization. An annual appropriation of $1,750,000 was proposed, with claims to be filed with the State Department of Public Welfare. The measure was referred to the Assembly Committee on Public Welfare, but no report was made by the committee prior to sine die adjournment of the legislature.

Assemblyman Thomas P. Corbett, of the first Racine district, offered a measure pertaining to the relief of transient paupers, it being Mr. Corbett's proposal, in substance, that henceforth the State Department of Public Welfare, instead of the Industrial Commission, should handle the disposal of claims as between municipalities or counties for relief care of transient paupers.

Senator Allen J. Busby, of Milwaukee, offered a measure proposing to increase state aid for blind pensions and to provide for the appointment of "a regular practicing ophthalmologist, if there be one in the county" to be examiner of the blind and deaf, rather than containing the phrase used in the present statutes providing for the appointment of "a regular practicing physician."

Assemblyman Walter E. Cook, of Clark County, offered a proposal embracing the thought that indigent Indians should be the responsibility of the units rather than of the township, if the township system prevailed in that county. The measure was passed in the Assembly, but was not acted upon in the Senate prior to sine die adjournment.

### Masseurs

The Wisconsin Association of Masseurs, through Assemblyman Lyall T. Beggs, Madison, sponsored a measure which, while containing a number of non-controversial amendments to the present law governing masseurs, also expressly provided that in the certificate granting them a license to practice massage, there would be included the privilege of using "heat." The implications of granting to this group a privilege not now afforded them under the law was considered at length, and at the hearing on the bill your representatives were prepared to discuss the medical phases of the proposed amendment. However, at that time the masseurs with-

drew their request for that privilege and in their appearance before the Assembly Judiciary Committee stated they were preparing an amendment to eliminate the use of "heat" so that the masseur license "would remain just as it is today,—a license to practice massage, hydrotherapy or educational gymnastics."

In view of this stated position of the masseurs, the State Medical Society withdrew its objection to the bill. However, although the hearing was held on May 7, the committee did not report the bill prior to sine die adjournment of the legislature and, consequently, the measure never came before either house for a vote.

### Tests for Intoxicated Drivers

Under the terms of a bill sponsored by Senator Gustave W. Buchen of Sheboygan, in all prosecutions involving a question of operating a motor vehicle while under the influence of intoxicating liquor, the court would have been permitted to admit evidence of the amount of alcohol in the defendant's blood, as shown in the chemical analysis of his breath, urine or other bodily substance. If the result of such test showed there was .05 per cent by weight or less of alcohol in the blood, the fact would have been prima facie evidence that the defendant was not under the influence of intoxicating liquor; if the test showed from .05 per cent to .15 per cent of alcohol, the bill proposed that the evidence should then be considered relevant but not prima facie; but if in excess of .15 per cent, it would have been considered prima facie evidence that the defendant was under the influence of intoxicating liquor. The measure was sponsored by the Association of District Attorneys and Police Chiefs, and had several committee hearings. It had not yet passed in the Senate at the time of adjournment of the legislature sine die.

### Physicians' Reports in Compensation Cases

Senator Kenneth L. Greenquist, Racine, introduced a measure providing that if an injured employe was examined at the request of the employer or the Industrial Commission, when compensation was claimed by the employe, one copy of the examining physician's "findings and conclusions which shall include a history of the case, diagnosis, and opinion of the physician, must be furnished to the employe or his attorney within ten days after such examination." The measure would not apply to pre-employment or employment physical examinations when there was no claim for compensation involved. This measure was advanced in the Senate, but it had not passed at the time of sine die adjournment.

### Expert Medical Witnesses in Compensation Cases

Assemblyman Lyall T. Beggs, Madison, proposed that when expert medical testimony was required to establish a claim of an employe, the Industrial Commission, upon notice to the parties and after hearing, might permit not exceeding three physicians to testify for such employe. Compensation for these expert witnesses, including travel allowance, would have been fixed by the Industrial Commission and such cost would be paid by the insurance carrier if the employer was found to be liable in the action. Action was incomplete on this measure at the time of adjournment.

### Conclusion

This report is not intended as a complete review of the measures which concerned your Society throughout the 1941 legislative session. There were over 104 such proposals and some were contained in bills of great length. For example, the original state budget bill, introduced by the Joint Committee on Finance at the request of the Governor, was some fifty-two pages in length. The substitute amendment which was proposed by the Joint Committee on Finance after a hearing on the Governor's bill was fifty-five pages long, and when the bill came before the Assembly for action there were forty-five separate amendments offered. In this single piece of legislation of such tremendous length, there were five separate items concerning the public health. As an illustration, the appropriation for the mental and physical examination of patients confined in state and county institutions was reduced from

$2,500 to $1,500, and the appropriation for the enforcement of the Medical Practice Act was increased from $2,375 to $4,000 annually. Further, it was in this bill that provision was made for the transfer of the enforcement of the Medical Practice Act from the State Board of Health to the State Board of Medical Examiners.

Other measures were of like concern and of similar length. One tax bill was eighty-four pages long and contained proposals for amending sections of the statutes dealing with medical and surgical care rendered those receiving the various state aids.

Other measures offered involved such subjects as the uniform narcotic drug law, public health nurses, licensing of photographers in such manner as to affect physicians who might engage in professional photography in connection with their scientific work, duties of coroners, public school health tests, liability for hernia under unemployment compensation, a proposal of Assemblyman Biemiller providing for deduction of medical bills under the income tax law, collection of accounts at Wisconsin General Hospital, commitment of mentally infirm persons, tax on drugs, and a measure sponsored by the Wisconsin Society for Mental Hygiene providing a ready means for the confinement of a mentally ill person for observation in a proper institution without necessity of the present day legal formality of securing commitment from the county judge.

One can appreciate that in all of these measures, public health is found to be involved in essentially all the important fields of legislative endeavor. Not only is the work of analyzing these bills technical, but it is involved and extends throughout the entire legislative session. Your representatives before the Wisconsin Legislature must be familiar with the many laws in which public health is involved, and they must be able to explain the public health implications of any measure in which your Society is interested. To conclude, your Committee on Public Policy feels that it could not do better than to quote a portion of its report at the conclusion of the 1939 session of the legislature, in which it was said to you:

> "In the final analysis, the effort of all legislators is to reconcile the experience of others that laws may be, in themselves, not only the result of that composite experience, but designed in the best interest of the public welfare. In the whole subject of the public welfare, there is nothing more important than public health. And physicians are in a better position to know its problems, and to judge of the efficacy of proposed solutions, than any other group. Thus it is the purpose of this report of your Committee on Public Policy to outline some of the more important problems in the general field of the public health that have been encountered in the present legislative session. * * * The cooperation of Society members in presenting to individual legislators the public health implications of various proposals is acknowledged, as is the spirit of legislators in their willingness and wish to secure that full information necessary to adequate consideration and the exercise of their best judgment."

## VISIT THE EXHIBITS

The scientific exhibits in Great Hall will be an integral part of the scientific sessions of the Centennial Meeting. Each year such exhibits have demonstrated the value of visual instruction combined with didactic instruction. This year a special effort has been made to make available actual anatomical sections showing both normal and abnormal tissue conditions.

The technical exhibits present an opportunity to learn about new aids in the diagnosis and treatment of disease. The technical exhibitors save you a $4 registration fee. They will appreciate and welcome a visit from you when you attend the Centennial Meeting in Madison.

# THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Donne F. Gosin, Green Bay, President
Mrs. J. S. Supernaw, Madison, President-Elect
Mrs. Samuel A. Montgomery, LaCrosse, Vice-President
Mrs. Harry A. Keenan, Stoughton, Recording Secretary
Mrs. Robert W. Kispert, Green Bay, Corresponding Secretary
Mrs. Edwin P. Bickler, Milwaukee, Treasurer
Mrs. William M. Jermain, Milwaukee, Parliamentarian

COMMITTEE CHAIRMEN

Archives—
Mrs. D. B. Dana, Kewaunee
Convention—
Mrs. Arnold S. Jackson, Madison
Finance—
Mrs. Robert E. Fitzgerald, Wauwatosa
Hygeia—
Mrs. Gerald H. Friedman, Milwaukee
Organization—
Mrs. Ernest S. Schmidt, Green Bay
Philanthropic—
Mrs. Henry E. Twohig, Fond du Lac
Press and Publicity—
Mrs. Arnold H. Barr, Port Washington
Program—
Mrs. Maynard H. Fuller, Green Bay
Public Re ations—
Mrs. Reuben H. Bitter, Oshkosh
National Exhibit (special committee)—
Mrs. E. Lee Lochen, Waukesha
Circulation of Bulletin (special committee)—
Mrs. Robert E. McDonald, Milwaukee

## Preliminary Program Announced For Thirteenth Annual Meeting of Auxiliary

*Dear Friends and Auxiliary Members:*

It is convention time again in Madison! The dates for the convention are September 9, 10, and 11. We are out to wage a campaign to have the wife of every physician at the convention, whether or not she is a member of a county auxiliary. We hope to see each of you on one of these dates, if not on all. We wish the chairmen of the committees could talk to each of you personally to tell you about the pleasant times they have planned in your honor.

The members of the Woman's Auxiliary to the Fond du Lac County Medical Society with Mrs. W. C. Finn, president-elect; Mrs. S. E. Gavin, chairman; and Mrs. H. E. Twohig, co-chairman, will serve as hostesses at the Wednesday luncheon, with members of the Dane County Auxiliary. One of the major and most intriguing events of this luncheon will be the style show, in which Dane County Auxiliary members will model the new fall fashions. The committees will appreciate deeply your generous cooperation in making early reservations for this luncheon.

So, let's go, members, and make the thirteenth anniversary meeting of the Woman's Auxiliary, held in conjunction with the centennial convention of the State Medical Society of Wisconsin, the biggest and the best meeting we have ever had. Please do not disappoint our loyal and hard-working committees, but give them your whole-hearted cooperation again this year. Let's make this convention an all-out offensive for the largest Auxiliary attendance in history! All we need is your loyalty to the State Medical Society and its Auxiliary to make this convention one to be long-cherished in our memories.

LAURA L. JACKSON
*Convention Chairman*
ALMA S. GRUMKE
*Publicity Chairman*

Registration Headquarters, Hotel Loraine, Madison

## Tuesday, September 9, 1941

P. M.

2:00–4:30 Registration—Hotel Loraine

7:00 Board of Directors' Dinner—Madison Club
Mrs. Donne F. Gosin, president, presiding

*Guests*

Past-presidents, Woman's Auxiliary, State Medical Society of Wisconsin

Wisconsin's three national officers: Mrs. George H. Ewell, Madison, editor and press and publicity chairman; Mrs. Robert E. Fitzgerald, Wauwatosa, parliamentarian; Mrs. Eben J. Carey, Wauwatosa, director

Reports of State Auxiliary Chairman

## Wednesday, September 10, 1941

A. M.

8:00 Golf—Maple Bluff Country Club

Two-ball foursome

Putting contest

Awarding of prizes

10:00 General meeting—Pompeian Room, Hotel Loraine

Mrs. Donne F. Gosin, president, presiding

Invocation

Convention Announcements — Mrs. Arnold S. Jackson, chairman

Address of Welcome and Response

In Memoriam

Reports of State Officers and County Auxiliary Presidents

Report of Chairman, Committee on Credentials and Registration

Announcements

P. M.

1:00 Luncheon and Bridge—Maple Bluff Country Club

Hostesses—Members of Woman's Auxiliary to Fond du Lac County Medical Society.

*Addresses*

Mrs. R. E. Mosiman, president, Woman's Auxiliary, American Medical Association

Wisconsin's three national officers:

Mrs. George H. Ewell, Madison, editor and press and publicity chairman

Mrs. Robert E. Fitzgerald, Wauwatosa, parliamentarian

Mrs. Eben J. Carey, Wauwatosa, director

Style show

Fashions by H. S. Manchester, Inc.

Music—harp ensemble of Margaret Rupp Cooper

Commentator—Madame Colette

Models—Members of Woman's Auxiliary to Dane County Medical Society

6:45 Informal Banquet—Crystal Ballroom, Hotel Loraine

Speaker—Nathan B. Van Etten, M. D., past-president, American Medical Association

## Thursday, September 11, 1941

A. M.

9:30 General Meeting—Pompeian Room, Hotel Loraine

Mrs. Donne F. Gosin, president, presiding

Business Session and Election of Officers

Induction of the President, Mrs. J. S. Supernaw

Installation of New Officers

Announcements

Mrs. C. A. Dykstra, Madison

11:30 Post-Convention Meeting of Board of Directors—Pompeian Room, Hotel Loraine
Mrs. J. S. Supernaw, president, presiding

P. M.

12:30 Luncheon—Memorial Union
Round-table groups in charge of state committee chairmen
Address—Nathan B. Van Etten, M. D., past-president, American Medical Assn.
Greetings—Ralph P. Sproule, M. D., president, State Medical Society of Wisconsin

2:00 Boat ride on Lake Mendota
Boat races
Surfboard riding
Swimming

4:00 Tea—Home of President and Mrs. C. A. Dykstra

9:00 Social entertainment

## Annual Meeting Committees*

*Executive Committee*

Mrs. A. S. Jackson, Chairman
Mrs. W. S. Middleton
Mrs. H. M. Carter
Mrs. C. N. Neupert
Mrs. J. C. Dean

Mrs. Arnold S. Jackson, Madison
Convention Chairman

Mrs. Donne F. Gosin, Green Bay
President

*Publicity*

Mrs. E. H. Grumke, Chairman

*Headquarters*

Mrs. R. A. Quisling, Chairman
Mrs. Sverre Quisling
Mrs. J. C. Doolittle

*Finance and Budget*

Mrs. H. E. Marsh, Chairman
Mrs. N. A. Hill, Co-Chairman

*Registration*

Mrs. T. W. Tormey, Jr., Chairman
Mrs. H. N. Winn
Mrs. R. M. Wheeler
Mrs. D. L. Williams
Mrs. C. A. Fosmark
Mrs. F. E. Collins
Mrs. A. W. Bryan
Mrs. J. T. Sprague
Mrs. B. I. Brindley
Mrs. N. A. Hill

* Unless otherwise indicated, committee members are from Madison.

*Registration (continued)*

Mrs. C. G. Reznichek
Mrs. F. K. Dean
Mrs. T. A. Leonard
Mrs. I. R. Sisk

*Information*

Mrs. A. G. Sullivan, Chairman
Mrs. E. S. Sullivan
Mrs. E. R. Schmidt
Mrs. W. A. Mowry
Mrs. Louis Fauerbach
Mrs. L. R. Cole
Mrs. J. G. Crownhart
Mrs. F. W. Kundert, Monroe

*Flowers*

Mrs. S. J. Briggs, Chairman
Mrs. L. E. Holmgren
Mrs. J. T. Gallagher
Mrs. D. C. Atwood
Mrs. H. K. Tenney
Mrs. K. B. McDonough
Mrs. J. N. Sisk
Mrs. H. H. Reese
Mrs. E. L. Sevringhaus
Mrs. R. H. Jackson
Mrs. P. A. Duehr

*Pages*

Mrs. H. W. Wirka, Chairman
Mrs. O. O. Meyer
Mrs. R. H. Stiehm
Mrs. J. C. McCarter
Mrs. S. A. McCormick
Mrs. L. V. Littig

*Hostesses*

Mrs. W. A. Werrell, Chairman
Mrs. J. P. Dean
Mrs. G. E. Gonce
Mrs. W. H. Krehl
Mrs. Milton Trautmann
Mrs. I. G. Ellis
Mrs. B. I. Brindley
Mrs. D. M. Britton
Mrs. S. A. McCormick
Mrs. A. C. Stehr
Mrs. R. E. Campbell
Mrs. T. D. Hunt
Mrs. E. J. Carey, Wauwatosa
Mrs. R. E. Fitzgerald, Wauwatosa
Mrs. F. W. Pope, Racine

*Transportation*

Mrs. K. L. Puestow, Chairman
Mrs. P. A. Brehm
Mrs. T. W. Tormey, Sr.
Mrs. S. A. McCormick
Mrs. W. C. Keettel

*Wednesday Golf*

Mrs. J. B. Wear, Chairman
Mrs. P. A. Duehr
Mrs. D. M. Britton
Mrs. R. L. McIntosh
Mrs. H. L. Greene

*Wednesday Luncheon*

Mrs. G. G. Stebbins, Chairman
Mrs. G. H. Ewell
Mrs. J. A. Hurlbut
Mrs. H. L. Greene
Mrs. M. E. Nesbit

*Wednesday Style Show*

Mrs. H. L. Greene, Chairman
Mrs. W. B. Dimond
Mrs. W. W. Stebbins
Mrs. A. C. Stehr

*Thursday Noon Luncheon*

Mrs. C. K. Schubert, Chairman
Mrs. J. A. Hurlbut
Mrs. G. H. Ewell

*Thursday Round-Table Luncheon*

Mrs. J. S. Supernaw, Chairman
Mrs. C. A. Harper, Co-Chairman
Archives—Mrs. D. B. Dana, Kewaunee
Finance—Mrs. R. E. Fitzgerald, Wauwatosa
Hygeia—Mrs. G. H. Friedman, Milwaukee
Organization—Mrs. E. S. Schmidt, Green Bay
Philanthropic—Mrs. H. E. Twohig, Fond du Lac
Press and Publicity—Mrs. A. H. Barr, Port Washington
Program—Mrs. M. H. Fuller, Green Bay
Public Relations—Mrs. R. H. Bitter, Oshkosh
National Exhibit—Mrs. E. L. Lochen, Waukesha
Circulation of Bulletin—Mrs. R. E. McDonald, Milwaukee

*Thursday Afternoon Entertainment*

Mrs. L. V. Sprague, Chairman
Mrs. W. B. Dimond
Mrs. M. E. Nesbit
Mrs. C. S. Harper
Mrs. K. E. Lemmer
Mrs. H. A. Keenan, Stoughton
Mrs. W. E. Meanwell

*Thursday Tea at Dykstra Home*

Mrs. E. R. Schmidt, Chairman

## IN THE CENTENNIAL SECTION . . .

The attention of Auxiliary members is called to the Centennial Anniversary Section of this issue of The Journal. The history of a pioneer physician appearing therein represents the sixth installment of material contributed by county auxiliaries.

# Society Proceedings

## Dane

About forty members of the Dane County Medical Society attended the annual picnic at the Stoughton Country Club on June 24. The high light of the gathering was a golf tournament in the afternoon. A banquet was served in the evening. Dr. D. L. Williams, secretary of the society, was in charge of arrangements.

## Dodge

Members of the Dodge County Medical Society recently received the following notice from their secretary, Dr. A. G. Hough, Beaver Dam:

**Hear Ye! Hear Ye!**

You are hereby summoned to appear at the Lutheran Deaconess Hospital on the twenty-sixth day of June, 1941, at the hour of 8:00 p. m.

Take due notice and appear without fail at the time and place designated, under penalty of slicing into the rough every time you drive this summer, if you should fail to appear.

The speaker at the June meeting was Dr. J. W. Harris, professor of obstetrics and gynecology at the University of Wisconsin. His subject was "Abortion and Premature Labor."

## Fond du Lac

The members of the Fond du Lac County Medical Society met at the Hotel Retlaw, Fond du Lac, on June 26. There were thirteen members present. The speaker was Dr. Maurice Hardgrove of Milwaukee, and his subject was "Blood Plasma, Its Administration, and the Blood Plasma Bank."

## Milwaukee

The Medical Society of Milwaukee County held its thirteenth annual golf tournament at the Ozaukee Country Club, June 26. Dr. W. A. Ryan and Dr. F. J. Schubert, chairman and vice-chairman, were in charge of arrangements. Others serving on the committee were as follows:

| | |
|---|---|
| E. C. Bach | J. G. Garland |
| C. F. Dunn | Ulrich Senn |
| L. H. Guerin | A. C. Gorder |
| E. L. Bernhart | H. O. Zurheide |
| S. R. Mitchell | H. A. Pfeifer |
| C. S. Stern | C. F. McDonald |

## Polk

Members of the Polk County Medical Society motored to Rochester, Minnesota on June 26, where they visited the Mayo Clinic and hospitals and in the evening attended a staff meeting. In all, twelve physicians made the trip.

## Racine

The annual outing of the Racine County Medical Society was held on July 2 at Johnson Park, Racine. The program, arranged by Dr. R. W. Kreul, included a golf tournament, a soft ball game between the north and south side physicians, games and races for the children, and supper.

## Third Councilor District

Sixty-five physicians from the county medical societies of Dane, Columbia–Marquette–Adams, Green, Rock, and Sauk, comprising the third councilor district, attended a meeting held at the Janesville Country Club on June 25. Dr. W. T. Clark, councilor for the district, and Dr. G. C. Waufle, president of the Rock County Medical Society, presided at the program that followed the dinner. Dr. W. C. Alvarez, Mayo Clinic physician, gave a lecture on "Puzzling Types of Abdominal Pain." The afternoon program included a golf tournament.

# News Items and Personals

A farewell party, in honor of *Dr. V. A. Lookanoff*, was given by the patients of the Middle River Sanatorium, Hawthorne, and the Trudeau Club (ex-patients), Superior, the evening of June 27. Dr. Lookanoff, who has been on the staff of the sanatorium for the last seven years, left to further his training in Minneapolis. After a program of music and addresses, refreshments were served to approximately seventy-five guests.

*Dr. Louis Dorpat*, medical superintendent at South View Hospital, Milwaukee, recently notified the city pension board of his retirement on August 31. He has served the city in this capacity since 1932.

—△—

*Dr. E. H. Lechtenberg* has been elected as the new health officer for Prairie du Chien. He succeeds Dr. S. M. Welsh who recently entered army service at Fort Meade, Maryland.

*Dr. L. A. Copps,* Marshfield, spoke on June 23 at the weekly Rotary luncheon in Marshfield. Discussing the relationship of chemistry to medicine, he expressed the belief that research chemists are on the verge of many more discoveries which will benefit and aid medicine in its constant battle with disease caused by bacteria and parasites.

—△—

*Dr. Woodruff Smith,* Ladysmith, is spending two months at the State of Wisconsin General Hospital where he is engaged in special postgraduate work.

—△—

*Dr. C. N. Neupert,* assistant state health officer, is attending the University of Michigan summer session for graduate work in public health.

—△—

*Dr. E. G. Schott,* formerly of the State of Wisconsin General Hospital, is now associated with the Sheboygan Clinic as a specialist in the field of eye, ear, nose, and throat.

—△—

*Dr. A. H. Pember,* Janesville, and *Dr. S. G. Higgins* and *Dr. George Light,* both of Milwaukee, assisted Dr. Ralph Woods of La Salle, Illinois, in a postgraduate course in refraction for opthalmologists at the University of Vermont at Burlington, Vermont, June 16 to 20.

—△—

*Dr. G. F. Malin* announces his retirement from the active practice of medicine and surgery in La Crosse. He will be associated with the urological department at the University of Minnesota after September 1.

—△—

The American Board of Surgery, created in 1937 for the certification of surgeons, has issued a certificate to *Dr. M. G. Rice,* Stevens Point, attesting his qualifications in surgery.

—△—

*Dr. A. A. Cantwell,* Shawano, gave the Shawano Rotary Club some timely and practical advice on highway first aid on June 23. He described first aid as the immediate treatment in the case of accident or sudden illness before the arrival of a physician.

—△—

The following is an excerpt from a recent issue of the "Superior Telegram":

"*Dr. H. J. Orchard,* Superior physician, by now must qualify as an expert on army medical requirements and qualifications, for he has served as an examining physician for those entering the army over a period of forty-three years. Dr. Orchard was first made examining physician for volunteers in the Spanish–American War, then became examining physician for draftees in World War I, and is now examining physician for Superior's draft board No. 1. According to local draft board officials, Dr. Orchard at present has one of the highest rankings in the state for medical examiners as far as rejections are concerned."

Statements by fellow doctors that *Dr. J. B. Noble* represents everything that his name implies were the keynote of a banquet and program at the Waukesha Memorial Hospital on July 13 on the occasion of Dr. Noble's eighty-third birthday anniversary and the completion of his fifty-fifth year of medical practice. The banquet was sponsored by the physicians, nurses and office force of the Waukesha Memorial Hospital. Dr. Noble was elected president of the hospital staff last December and is known as the dean of the medical profession of Waukesha County.

*Dr. F. J. Woodhead* was the master of ceremonies and introduced numerous physicians of the city and county, who related interesting incidents concerning the life of Dr. Noble and his contributions to medicine. Miss Caroline Herrl, superintendent of the hospital, presented Dr. Noble with a gift, a baumonometer, from the physicians and nurses.

—△—

The 1941 edition of "New and Nonofficial Remedies," published by the American Medical Association, states that the Council on Pharmacy and Chemistry has approved a number of human convalescent serums of children's hospitals in various parts of the United States. Included among these are the *Milwaukee Convalescent Serum Center's* measles and scarlet fever serums. The following is quoted from "New and Nonofficial Remedies":

*Milwaukee Convalescent Serum Center, Columbia Hospital, Milwaukee, Wisconsin*

"Measles Immune Serum (Human). Contains 0.3 per cent tricresol and is marketed in 5 cc and 7.5 cc vials.

"*Dosage.* For prevention, Measles Immune Serum is given to infants and children under three years of age in 5 cc amounts. For children over three years of age, it is given in 7½ cc amounts, and for adults it is given in 10–15 cc amounts. Whether the serum is given for prevention or modification depends upon the number of days the patient has been exposed. It may be given either subcutaneously or intramuscularly, but the latter route is preferable because of a more rapid absorption.

"Scarlet Fever Immune Serum (Human). Contains 0.3 per cent tricresol as a preservative and is marketed in 10 cc and 20 cc vials.

"*Dosage.* Prophylaxis, 10 cc amounts for infants and young children. For older children and adults, 20 cc amounts. Therapy, in moderate cases, 20 cc for infants, 20–40 cc for children, and 40–60 cc for adults. For severe cases, 20–40 cc for infants, 60 cc for children, and 80–100 cc for adults. The serum may be given either intramuscularly or intravenously. Best results may be expected when the serum is administered early and in adequate quantity. The dose may be repeated at twelve to twenty-four hours in the presence of complications."

Governor J. P. Heil has recently announced the appointment of four new members of the Wisconsin State Board of Medical Examiners. The appointees are:

*H. H. Christofferson, M. D.*, Colby, to succeed himself for the term ending July 1, 1945.

*A. F. Ruffolo, M. D.*, Kenosha, to succeed *G. R. Reay, M. D.*, La Crosse, for the term ending July 1, 1945.

*E. W. Miller, M. D.*, Milwaukee, to succeed *D. R. Searle, M. D.*, Superior, for the term ending July 1, 1945.

*R. G. Arveson, M. D.*, Frederic, to succeed *A. J. Gates, M. D.*, Tigerton, for the term ending July 1, 1943.

E. C. Murphy, D. O., Eau Claire, to succeed M. L. Sanfelippo, D. O., Racine, for the term ending July 1, 1945.

The president of the Board is *H. H. Christofferson, M. D.*, Colby, and the secretary, *H. W. Shutter, M. D.*, Milwaukee.

—△—

"The great hospital of the future must be an educational institution as well as a place to care for the sick and carry on medical research," *Dr. R. C. Buerki*, superintendent of the State of Wisconsin General Hospital, said on June 20 before a hundred university alumni and faculty members at a dinner in his honor at the Memorial Union, Madison. Dr. Buerki, who has accepted the position of dean of the University of Pennsylvania Graduate School of Medicine and director of hospitals at the University of Pennsylvania after serving eighteen years at the Wisconsin General Hospital, said the hospital should be ranked with the school and the church as one of the three great institutions of modern society. A picture of the Wisconsin General Hospital was presented to Dr. and Mrs. Buerki as a farewell gift.

*Dr. H. M. Coon*, superintendent of the Wisconsin State Sanatorium, Statesan, has been appointed by the University of Wisconsin regents to succeed Dr. Buerki.

## BIRTHS

A son to Dr. and Mrs. E. A. Miller, Watertown, July 7.

A daughter, Sarah Ann, to Dr. and Mrs. W. C. Andrews, Frederic, June 6.

A son to Dr. and Mrs. Otto Backus, Nekoosa, July 11.

A daughter to Dr. and Mrs. J. J. Boersma, Sheboygan, in July.

A son to Dr. and Mrs. W. H. Jaeschke, Madison, July 17.

## MARRIAGES

Dr. L. S. Shemanski, Menasha, and Miss Frances Margaret Kraus, Menasha, July 8.

Dr. Carl Greenstein, Sheboygan, and Miss Betty Ruth Barker, Sheboygan, July 5.

Dr. M. W. Sherwood, Milwaukee, and Miss Rose Silverman, Beverly Hills, California, July 3.

Dr. K. A. Seifert, Ashland, and Miss Margaret White Putt, Ardmore, Pennsylvania, July 5.

Dr. V. C. Kremser, Amery, and Miss Ethel Converse, Red Lake Falls, Minnesota, June 21.

Dr. G. O. Shaner, Milwaukee, and Miss Patience MacBriar, Milwaukee, June 28.

## DEATHS

**Dr. Mary J. O'Leary**, Milwaukee, died on July 9 at the home of her parents, Dr. and Mrs. T. J. O'Leary, East Troy, following an illness of several weeks' duration. She was 33 years of age.

Dr. O'Leary was born in East Troy in 1908 and received her medical degree from the Marquette University School of Medicine in 1934. She practiced medicine with her father for about a year before becoming associated with Dr. H. J. Heeb in Milwaukee. After two years' practice in Milwaukee, Dr. O'Leary decided to specialize in eye work and so began a course of several years in Chicago, later returning to Dr. Heeb's office.

Dr. O'Leary was a member of the Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association.

She is survived by her parents, Dr. and Mrs. T. J. O'Leary, East Troy and a sister.

**Dr. William W. Morrison**, retired Edgerton physician, died July 12 at his home following a long illness. He was health officer of Edgerton for more than thirty years.

Dr. Morrison was 72 years of age, having been born in Chicago, July 29, 1868. He was graduated from the Northwestern University Medical School in Chicago in 1897, following which he practiced four years in Chicago and in 1901 began his practice at Edgerton. Dr. Morrison had an active interest in public health work during his forty years of practice.

He was a life member of the State Medical Society of Wisconsin, an honorary member of the Rock County Society, and a member of the American Medical Association.

Surviving him are his widow, two daughters and a son.

Dr. William C. Schmitz, Manitowoc, died at his home on July 10 at the age of 79 years.

Dr. Schmitz was born December 25, 1861, at Newton, Manitowoc County. He was graduated from Rush Medical College, Chicago, in 1886 and until 1920 practiced his profession at St. Nazianz when he moved to Manitowoc. He retired from active practice two years ago.

Dr. Schmitz was a former member of the Manitowoc County Society, the State Medical Society of Wisconsin and the American Medical Association.

He is survived by two daughters and a son.

Dr. George R. Frey, Milwaukee, died at the age of 72 years at his home on June 29.

Dr. Frey was born in St. Paul, Minnesota, and started work as a pharmacist at the age of 14 years. He was graduated from the Milwaukee Medical College, Milwaukee, in 1906, and practiced at Burlington before locating in Milwaukee.

Surviving him are his widow and a sister.

Dr. Ivan D. Mishoff, a practicing physician in Milwaukee for more than fifty years, died June 27 at his home after an illness of ten weeks. He was 83 years of age.

Dr. Mishoff was born in Bulgaria and came to the United States at the age of 20 years. He received his medical training at Rush Medical College at Chicago and was graduated in 1889. He then returned to his native land as a Presbyterian missionary. After a year in Europe, Dr. Mishoff returned to this country and began his practice in Milwaukee.

He was a member of the Medical Society of Milwaukee County, a life member of the State Medical Society of Wisconsin, and a fellow of the American Medical Association.

Dr. Mishoff is survived by his widow and a son, Dr. Willard O. Mishoff, of Warrensburg, Missouri.

Dr. Alphonse Gerend, Wood, died at the Veterans Administration Hospital on July 17 at the age of 61 years.

Dr. Gerend was born in Sheboygan on September 12, 1879. He received his medical degree from the Wisconsin College of Physicians and Surgeons, Milwaukee, in 1903 and practiced in St. Cloud, Cato, Miladore and Deer Isle, Maine. He had a deep interest in Indian lore and opened a number of Indian mounds in the Black River area. He was familiar with the habits of all of the Indian tribes that once roamed Sheboygan County and surrounding areas.

Dr. Gerend was a former member of the Manitowoc County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association.

# Coming Events

### American College of Surgeons to Hold Clinical Congress in Boston

The thirty-first annual Clinical Congress of the American College of Surgeons will be held in Boston, November 3 to 7, with headquarters at the Statler and Copley–Plaza hotels. The twenty-fourth annual Hospital Standardization Conference sponsored by the College will be held concurrently. About 5,000 surgeons and hospital executives from all parts of the western hemisphere are expected to gather in Boston for these meetings, the program for which will include clinics and demonstrations in local hospitals and medical schools, as well as scientific sessions, conferences, medical motion picture showings and exhibits in the headquarters hotels.

The chairman of the Board of Regents of the American College of Surgeons is Dr. Irvin Abell of Louisville and the president is Dr. Evarts A. Graham of St. Louis. The president-elect is Dr. W. Edward Gallie of Toronto, who will be inaugurated at the presidential meeting and convocation to be held the evening of November 3 in Symphony Hall, when several hundred initiates will be received into the fellowship of the College. In charge of local arrangements for the Clinical Congress is a committee of Boston surgeons headed by Dr. Leland S. McKittrick, chairman, and Dr. Richard H. Sweet, secretary.

Headquarters of the American College of Surgeons, which has a fellowship of more than 13,000 surgeons, are at 40 East Erie Street in Chicago. The associate directors are Dr. Bowman C. Crowell, who heads the Department of Clinical Research, and Dr. Malcolm T. MacEachern, chairman of the Administrative Board and in charge of hospital activities.

—△—

### American Congress of Physical Therapy to Conduct Instruction Course Mornings Throughout Annual Scientific Session to Be Held in Washington, D. C.

The 20th annual scientific and clinical session of the American Congress of Physical Therapy will be held September 1 to 5 inclusive, 1941, at The Mayflower, Washington, D. C.

The mornings will be devoted to the annual instruction course, and the afternoons and evenings will be devoted to the scientific and clinical sessions. The seminar and convention proper will be open to all physicians and qualified technicians.

All the phases of physical medicine will be covered in the general program, including a special symposium on poliomyelitis. The program will be of interest to the general practitioner as well as to the specialist in physical therapy.

For information concerning the seminar and preliminary program of the convention proper, address the American Congress of Physical Therapy, 30 North Michigan Avenue, Chicago, Illinois.

At the same time the 25th annual meeting of the American Occupational Therapy Association will be held at The Mayflower. A combined meeting will be

held on Wednesday, September 3, 1941. For information concerning the Occupational Therapy Association meeting, address Mrs. Meta R. Cobb, 175 Fifth Avenue, New York City.

—△—

### Examinations, American Board of Obstetrics and Gynecology

The next written examination and review of case histories (Part I) for Group B candidates will be held in various cities of the United States and Canada on Saturday, January 3, 1942, at 2:00 p. m. Candidates who successfully complete the Part I examinations proceed automatically to the Part II examinations held later in the year.

Applications for admission to Group B, Part I, examinations must be on file in the secretary's office not later than October 6, 1941. Applications for Group A must be in the secretary's office by March 1, 1942.

The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted by the entire Board, meeting at Atlantic City, N. J., immediately prior to the 1942 meeting of the American Medical Association.

As previously announced in the Board booklet, this fiscal year (1941–1942) of the Board marks the close of the two groups of classification of applicants for examination. Thereafter, the Board will have only one classification of candidates, and all will be required to take the Part I and Part II examinations.

For further information and application blanks, address Dr. Paul Titus, secretary, 1015 Highland Building, Pittsburgh, Pennsylvania.

—△—

### Women's Field Army

The Wisconsin division of the Women's Field Army of the American Society for the Control of Cancer announces that invitations are being sent to all Women's Field Army leaders in the state to attend the first officers' institute at Madison, September 12, at the Memorial Union. The main speaker on the morning program, general session, will be Mrs. David S. Long, national deputy regional commander, and a past-president of the Missouri Medical Auxiliary. Other speakers will be Dr. F. L. Rector, Dr. W. D. Stovall, Dr. Charles Fidler, Mayor Carl Ziedler (Milwaukee), Mayor James R. Law (Madison), and Mrs. F. H. Clausen, honorary state commander. The state commander, Mrs. G. E. Stoddart, Beaver Dam, in charge of the program and arrangements for the day, urgently requests members of the Auxiliary and especially physicians throughout the state who are planning to be in Madison on September 12 to attend the sessions and to meet the Women's Field Army leaders from their county and district.

District members of the Committee on Cancer will take part in the luncheon program at the Hotel Loraine.

## SOCIETY RECORDS

### New Members

J. B. Ludden, 208 East Wisconsin Avenue, Milwaukee.

W. J. Murawsky, Burlington.

E. S. Gordon, 1300 University Avenue, Madison.

J. E. Martineu, Elkhart Lake.

E. G. Schott, 1001 North Eighth Street, Sheboygan.

### Changes in Address

R. M. Baldwin, Fort Sill, Okla., to Box 210, Burlington, Ia.

R. J. Winkler, Camp Beauregard, La., to 45th Medical Battalion, Camp Polk, La.

W. H. Bennett, Kenosha, to 235 East Livingston Place, Metairie, La.

R. J. Rogers, Oconto, to 821 Newcastle Avenue, Westchester, Ill.

A. E. McMahon, Glenwood City, to Menomonie.

S. M. Welsh, Prairie du Chien, to Fort Meade, Md.

Bourne Jerome, Milwaukee, to 515 South Franklin Street, Chicago, Ill.

I. A. Ihrke, Statesan, to Route 4, Box 39, Oshkosh.

J. C. Troxel, Appleton, to Marine Recruiting Station, Federal Building, Milwaukee.

L. H. Gueldner, Carlisle Barracks, Pa., to Camp Bowie, Tex.

S. F. Schwartz, Milwaukee, to Corsicana, Tex.

H. E. Fillbach, Hazel Green, to Cuba City.

C. F. Midelfart, Madison, to Midelfart Clinic, Eau Claire.

E. R. Nelson, San Diego, Calif., to 16th Naval District, Asiatic Station, % Postmaster, San Francisco, Calif.

R. S. Baldwin, Milwaukee, to Headquarters, 6th Corps Area, Chicago, Ill.

W. A. Ford, Fort Sill, Okla., to Station Hospital, Camp Wolters, Tex.

W. D. James, Fort Sill, Okla., to Camp Wolters, Tex.

C. H. Kingsbury, Goodman, to Station Hospital, Fort Bliss, Tex.

E. J. Shabart, Fort Sheridan, Ill., to Assistant Commander, Medical Detachment, Station Hospital, Camp Wheeler, Ga.

P. P. Goodman, Fort Knox, Ky., to 53rd Medical Battalion, Camp Claibourne, La.

F. O. Kuehl, Camp Claibourne, La., to Walter Reed General Hospital, Washington, D. C.

C. W. Hughes, Jefferson Barracks, Mo., to Chief Medical Office, Veterans' Administration, Wood.

L. S. Shemanski, Menasha, to Fort Meade, Md.

L. R. Weinshel, Scott Field, Ill., to % Judge Joseph A. Padway, Hotel Shoreham, Washington, D. C.

(See page 719 for complete list of men who are in service.)

# Keep the Worker on the Job*

By PAUL A. BREHM, M. D.
*State Board of Health, Madison*

ABSENTEE studies conducted in Wisconsin industries during 1940 have verified the findings of similar studies carried out in different types of Wisconsin plants during 1939.[1]

An analysis of the findings for 1940 again demonstrates the excellent record achieved in Wisconsin industries. A comparison of the data for the years 1939 and 1940 clearly indicates the trends of time loss for all types of disabilities.

During the 1939 absentee study, only male wage earners in certain types of industry were included. The 1940 study, however, not only represented an entirely different type of industry but included both male and female employees as well. The number of male workers studied in 1940 was about twice that of the 1939 study and consequently adds more significance to the findings.

It is interesting to note that a comparison of the absenteeism among male workers only was almost identical for the two years. In both studies the time loss due to illnesses was slightly in excess of ten times greater than time loss due to industrial accidents. The average time loss per employee per year due to illness alone was 2.82 days in 1940 as compared with 2.25 days in 1939. This represents a slight increase over the 1939 experience but hardly enough to be significant. It is still well below the average found by the United States Public Health Service study conducted annually in a large section of the nation. On the other hand, it will be interesting to follow the trend from year to year in order to determine an actual increase in time loss occasioned by our national defense effort. The contention is that with overcrowding, increased production, unskilled labor and lack of adequate supervision we can expect a higher incidence of time loss due to accidents and sicknesses. The study that was conducted during 1940 will be continued in the same industries so that any tendency to show an increase will be evident in the annual comparisons.

Although the frequency (annual number of absences per 1,000 employees) was lower in 1940, the severity (number of days lost per case) of the disabilities was greater than in 1939. Actually, however, the wage loss per worker sustained by all cases during 1940 was almost identical to the wage loss in 1939. Despite the fact that the two studies were conducted in vastly different types of industries, presenting entirely different hazards and working conditions, the findings were remarkably parallel.

The 1940 study, however, presents some interesting data on the incidence of absenteeism among male workers as compared with female employees in the same industries. The frequency among female employees for all disabilities, all illnesses, respiratory diseases, digestive and non-respiratory and non-digestive illnesses was in all instances over twice as great as that for the males. This is a significant fact and one which has been demonstrated in other absentee studies. The time loss per female worker per year for all illnesses was twice that of the male wage earner. The time loss per female per year for non-respiratory and non-digestive illnesses was three times greater than the male. This can be accounted for in part by menstrual disorders. In the case of industrial accidents, however, the male frequency was ten times greater than the female. This is understandable because the female employees have less hazardous jobs than the male workers. The severity or work days lost per case of industrial accident for the females was half of that for the males. While the wage loss for all disabilities was twice as high for the males compared with females, this fact lacks significance because the wage scale for the males is generally much higher.

* This is the fifth of a series of articles to appear under this title in The Journal.

The much higher incidence of absenteeism among female workers as compared with the males is a very significant fact and one that will bear watching as our national defense program progresses. If our national emergency should ever require a considerable increase in female labor or wide scale replacement of female for male workers, we can expect a much greater handicap to production resulting from time loss for all types of disabilities.

Industrial production depends upon our workers staying on the job. If we are to be faced in the future with an increasing time loss from work we can expect a very serious and real threat to production. It is just as important that we do everything in our power to maintain production for our national defense as it is to train and maintain our armed forces. The loss to industrial production resulting from absenteeism is much greater than that resulting from all the labor disputes. While labor differences can be overcome by agreement of the interested parties, it is a far more difficult task to overcome the reduced production caused by absenteeism. The members of the medical profession working in cooperation with management and labor are the ones who can bring about a reduction in absenteeism. It has been repeatedly urged that physicians in communities having industry of any kind organize with those industries a series of health conferences to discuss health problems with the workers, to acquaint those workers with health information that will tend to make them health conscious and reduce a large number of illnesses which are unnecessary.

## Material For Health Talks

During the vacation months of the year, individuals suffer disabilities from accidents and diseases which could very well be avoided by proper precautions. In spite of the fact that the general public has heard something of the various vacation hazards from one source or another, it is worth while for physicians to emphasize them during the summer months. The precautions to be observed during vacations, outings and holidays cannot be stressed too much; the physician is the one qualified for the task.

Every summer we experience tragic deaths from heat, auto accidents and drowning. The non-fatal auto accidents extract their toll in disability and suffering. In addition to these mishaps there are many cases of disability resulting from several common vacation hazards. It is impossible to cover them in detail here, but physicians can devote several health meetings to discussions of the more common hazards and recommendations for prevention of disability.

1. Drinking water supply—the common illnesses resulting from unsafe water and means of prevention.
2. Food and milk—the diseases common to contamination of food and milk increase significantly during the summer months.
3. Swimming hazards—injury to eyes, ears and sinuses. Some common sense about exposure to the sun.
4. Poison ivy—Schwartz[2] and his co-workers in the United States Public Health Service have advised the use of 10 per cent sodium perborate in a vanishing cream base as a preventative application. The effectiveness of this cream as reported by the authors is worthy of a trial.
5. Prevention of heat sickness as reported in a previous issue of this Journal.

There are many other vacation hazards to the health and safety of individuals but these are the most common and most important ones to stress.

The absentee experience in certain groups of Wisconsin industries during 1939 and 1940 shows a remarkably low incidence compared with studies made in other sections of the nation. In spite of this record we have a definite responsibility in the reduction of unnecessary disabilities. It is much more important now and in the future if we wish to prevent an unwarranted handicap to our national defense effort. It can be done but only when the medical profession will enlist in a cooperative health program with industry to keep the worker on the job.

1. Brehm, Paul A.: Keep the worker on the job. Wisconsin Med. Jour. 40:114a (Feb.) 1941; 40:208a (Mar.) 1941.
2. Schwartz, Louis; Warren, L. H.; and Goldman, F. H.: Protective ointment for the prevention of poison ivy dermatitis. Pub. Health Rep. 55: 1327–1333 (July 26) 1940.

# Tax Prognosis

A WISCONSIN bank recently attached the following timely notice to its monthly statement to depositors:

"Certain it is that a large part of the cost of our National Defense Program will be paid for by increased taxes. And certain it is that taxes on our 1941 incomes will be much larger—in some cases several times larger—than they have been.

"Without advance warning on this score, many individuals will be caught unprepared when income taxes become payable next March.

"*Just as it is sound policy for a business enterprise to anticipate its tax obligations by setting aside reserves out of current income, so it is prudent for individuals to anticipate tax increases and to provide for them in advance out of current salaries or profits.*"

*Wisconsin 1941 Amendment:*

Wisconsin income tax rates, as such, were not raised by the 1941 legislature, but an amendment was enacted limiting to 3 per cent of net taxable income the credit which may be claimed for federal income taxes paid. This has the effect of increasing the state tax since it increases the amount of income subject to tax. This will somewhat increase the tax for persons who in 1940 paid a federal income tax and whose income in 1941 is the same or somewhat less than in 1940. It is not practical to try to express this new tax liability by formula, since it will depend upon 1941 income, marital and dependency status, social security status and other individual factors.

*Pending Federal 1941 Bill:*

The 1941 federal tax bill has not yet been presented to Congress, but the House Ways and Means Committee has proposed a bill which is important to every individual whose income is derived from other than tax-exempt sources. Three points call for immediate preliminary attention by physicians:

1. *Individual Returns*

The bill now being drafted, if it follows the recommendations of the House Ways and Means Committee, will increase rates very considerably over 1940 for net taxable incomes under $25,000. According to present estimates, the rise in federal income taxes for 1941 will treble on the average for net incomes up to $10,000 and will double for net incomes between $10,000 and $20,000. The surtaxes will be much higher than before, and will start with the first $1,000 of taxable income instead of at $4,000 as in 1940 and prior years.

2. *Joint Returns*

The proposed bill will make joint federal returns by husband and wife mandatory, whereas such returns are now optional. This will substantially increase the tax liability in families in which the wife either works or derives income from taxable investments when her net income, added to that of her husband, exceeds $4,000.

3. *Estate and Gift Taxes*

Rates on both estate and gift taxes will be substantially increased and exemptions in each case lowered from $40,000 to $25,000 under the terms of the proposed bill. Net estates between $25,000 and $100,000 will probably have to pay twice to three times the present inheritance or gift taxes.

*Recommendations:*

1. Every physician in active practice should begin now to save for the state and federal income taxes due next March. On an average, the physician whose income is under $10,000 should be prepared to pay at least three times the tax which he paid this year on his 1940 income, and for an income of $10,000 to $20,000 he should be prepared to pay at least twice that which he paid this last year. Incomes in excess of $20,000 will be taxed at a higher rate than before although the increases will be less marked.

2. Every physician should give immediate consideration to the problems of his estate, the adequacy of provisions for taxes, and the other problems created by the pending substantial increases in the federal income and estate taxes.

3. Every physician who contemplates making substantial gifts should proceed promptly to inquire into the tax implications of the pending federal tax bill as it may apply to his situation, and be guided accordingly.

# CENTENNIAL ANNIVERSARY SECTION

*In this section of The Journal in 1941 will appear special historical articles, and items relating to the 100th anniversary of the State Medical Society of Wisconsin, which was organized under the provisions of a bill enacted by the Wisconsin Territorial Legislature in 1841.*

## Reminiscences of Robert G. Sayle, M. D.

As a result of the historical project of the Woman's Auxiliary to the State Medical Society, hundreds of histories of pioneer physicians and numerous relics have been made a part of the collection at the State Historical Library. The following history is a condensation by Mrs. Ervin Hansher (Milwaukee) of articles written for the *Milwaukee Medical Times* by Dr. Sayle, who died in 1940.

HOW and why I reached the decision, at the age of fourteen years, to become a doctor, I cannot say. It probably all began with illness in our own home, with mother doing most of the "doctoring." In those days physicians did not have to have diplomas; anyone could practice without a certificate and without a license. We seldom called a physician; mother nursed and doctored us through most of our illnesses and accidents. In fact, I can recall our having a doctor in our home but three times.

Our family physician was Dr. John Ingersoll, brother of Colonel Robert Ingersoll, the noted atheist. I later learned that he was a man of wonderful intuition, a fine diagnostician, and knew medicine and treatment as it was not known generally in that day.

The first time Dr. Ingersoll was called to our house was when I was about nine years old and my next younger brother seven. He had been exposed to smallpox, and the doctor came to vaccinate those of us who had not already been vaccinated. My older brother, Bill, and I had been vaccinated, or rather an attempt had been made to vaccinate us but it had failed. In that day humanized virus, taken from the arms of those who had been vaccinated, or the scab from a vaccinated arm was used. I was keenly interested in the equipment the doctor used as he worked at the kitchen table. First he took out of his bag a piece of beeswax—in fact, there were two pieces which were sealed together. He separated them, and in a recess which he had dug in the wax he had a dried scab, taken from the arm of a member of a neighboring family, the Mudgetts. With his jackknife he scraped some of the dry scab into a teaspoon, added a few drops of water to macerate it, and proceeded to scarify us.

### "My Ambition to Be a Doctor . . ."

Well, time moved on, and in March, 1878, when I was eighteen years old, I was permitted to "go on my own." I became a farm hand. My days on the farm were not of such interest that I need go into detail concerning them. However, while on the farm something occurred which furthered my desire to go into medicine. George C. Stockman, a brother of the farmer for whom I worked, was home between his junior and senior years at Rush Medical College. He had a great deal of medical reading laid out for himself, but his eyes were in such poor condition that he found he could accomplish but little, and I read to him, mostly on Sunday afternoons. He soon learned of my ambition to be a doctor and helped me lay plans for an education that would fit me to pursue this study. He knew that my finances were scant and that I should have to depend largely upon the fruits of my own labors. He advised me to put in a couple of years at normal school,—which had been my intention anyway, although I had not thought of it as a way towards medicine,—and, if necessary, teach school for awhile, after which he recommended at least one year of special study at the University of Wisconsin. He felt that I should then be better prepared than the average person beginning the study of medicine in that day.

Stockman thought he would be practicing medicine by the time I was prepared to begin my study of it and that he might take me into his office for my first year in medicine, acting as my preceptor. A medical course then covered three years; the first year might be made up by being with a practicing physician as a student, and the balance of the time in college.

I went to Whitewater State Teachers College for nearly two years, taught school for one year, and in 1881 entered the University of Wisconsin as a special student. The following year I passed the examinations of the Wisconsin State Board of Medical Examiners, which was required before one of its members might assume the responsibility of a medical student's first year. I then entered the office of Dr. George C. Stockman in Fort Atkinson, Wisconsin, where I remained for nearly a year and a half. The time spent with Dr. Stockman was valuable in many ways. I secured much practical contact with medical practice which fitted me for my entrance to Rush Medical College where I enrolled immediately upon leaving the doctor's office.

On February 17, 1885, I was handed a medical diploma, a dispensary certificate signed by the attending staff as evidence of clinical work taken there, a certificate for physical diagnosis, and was entitled to practice medicine (I did not say "fit"). I went home $750 in debt, with 15 cents in my pocket. Two volumes of surgery at $15 followed me C. O. D., and I had a vial containing 15 gr. of crystals, cocaine muriate,—the price, $1.25. The drug had been brought out the year before, and I mention it because of my interest in its use in eye treatments in the dispensary.

I thought I would need it in country practice where foreign bodies had to be removed; also, I expected to extract teeth and it could be absorbed by the gums or injected to relieve sensitiveness. It proved to be the best weapon I had, and I early became a local anesthetist.

## "They Need a Sturdy Doctor . . ."

An old schoolmate of mine teaching at Hales Corners suggested this as a good place for me to locate, so I made a visit there to investigate. Hales Corners, located in the southwest part of the township of Greenfield, in Milwaukee County, had a population of 150 at that time. The township of Greenfield had a population of 2,200, the township of Franklin, to the south, 1,700. There were many churches in this community and plenty of people. The number of churches and schools indicated people of good character, and the support of so many schools, churches, and saloons indicated that there was no dearth of money.

There was one active doctor, eight years my senior, located some two and a half miles south and one fast becoming inactive (our old family physician, Dr. Ingersoll) located six miles to the northwest. I recall what Dr. Moses Gunn, in speaking of our future in the practice of medicine, had told us that we would get the proportion of business that we merited in any place in which we located if we remained there long enough. When Dr. Nicholas Senn, a famous Milwaukee doctor of that day, came out to see my invalid sister I asked him what he thought of Hales Corners as a location for me. His opinion was that it was "a good location, populated by good, thrifty, substantial people." He said, "They need a sturdy doctor there—one with plenty of backbone." His motto was work, work, work,—eternal work! He told me, and I never forgot it—"Your power of application will be your measure of success."

Weighing all the points I had discovered in my investigation of Hales Corners, I decided to locate there. I borrowed $200 and rented two small rooms over a shoe shop for office and living quarters. I was young and younger-looking than I really was, and whiskers were a failure on my face. Old age and whiskers were certainly an asset to a doctor in the early days! However, I had a good head of hair and I thought it might help to wear it long; at any rate, I would at least save on haircuts. Then, too, I was too big and strong to be thrown out.

Charges for services were small: an office call, 50 cents to $1, including medical supplies; home visits, $1 for the first mile, with 50 cents added for each additional mile. The charge for a confinement was $5. There were many superstitions with which to contend in those days. Some were due to the mental status of those who believed in them, but plenty existed among the general population as well. People feared catching cold if they took baths. One farmer who had the "bath habit" came to my office accompanied by his wife. She urged Mrs. Sayle to be sure to tell me to stop her husband from taking so many baths, since she was certain his frequent colds were due to his bathing every few days. "Look at me," she said, "I am never sick, and I never take a bath"!

## "A Variety of Surgical Practice . . ."

My territory was well-populated, and, naturally, these people furnished me with a variety of surgical practice. My neighboring colleagues were not surgically inclined, so the major portion of the surgical work came to me, and news of successful surgery in a small community travels fast. Both fractures and dislocations were of quite frequent occurrence. Compound fractures were not so frequent, but, of course, they did occur. Two that I had were of considerable interest. The first patient was a farmer who was thrown from the top of a load of oats on a side hill. He rolled over and over down the hill, sustaining a compound fracture of the right leg. They took him into the house and sent for me. When I saw him the tibia was protruding through the skin upwards of half an inch. The whole leg was covered with field dirt, including the protruding bone and the soft tissue lesion.

After much washing and cleansing, as usual relying on a solution of carbolic acid and warm water, the fracture was reduced. There was quite a tendency for the fragments to slip by. I applied a Buck's extension. The man was not heavy, and the home boasted a fairly good bed, on which he was placed diagonally. I drove a tenpenny spike through a large spool of thread for a pulley, and with a piece of clothesline, a dinner pail full of rocks, and the foot of the bed elevated, provided for extension and counter extension. During the night he complained that it was pulling too hard on his leg. His wife presumed to lift my rope off the pulley onto the spike. When I reached there the next morning shortening had returned, and I had to do the job over. Although this fracture occurred at the site of an old osteomyelitis suffered when a boy, I secured a good, clean healing.

I found the beds of that day unfit for a patient with a fracture if he had to be in a recumbent position, and it was up to me to correct the sagging beds and in some way produce an even surface. The bedpans of that day were also unsatisfactory for the use of patients with hip joint and other fractures of the femur. I knew they were most uncomfortable, so I decided to do something about the situation. I made a design for the local tinsmith to construct a small triangular bedpan that could easily be placed under the patient.

I prepared all of my own plaster of Paris bandages, buying the plaster of Paris, which I kept dry, and rolling bandages as I needed them. I usually bought crinoline which I tore up in the various widths required. I had my own scheme for dressing fractured hips in old people, and used the suspended position. We had no modern fracture table where the patient might be placed horizontally.

My father's blacksmith shop was my orthopedic house. For hip joint fractures he made me the splints that all the older physicians are familiar with, and that are incorporated in a plaster cast with a bow over the trochanter and an opening and thumbscrew, by which the fragments were kept in better apposition and could be adjusted from time to time while in the cast. My father also made ankle braces and knee joint braces, under my direction. They were taken to the harness maker for padding and straps, and while they were not nickle-plated they were as satisfactory as any I have ever ordered from the most up-to-date orthopedic houses. He constructed a so-called gum lance out of a small file, and also made a small soldering iron which I needed to cauterize a cervical carcinoma in an aged patient. In fact, he made almost anything out of iron that I needed.

## "An Unfortunate Accident . . ."

In the winter of 1886–1887 an unfortunate accident occurred. All main roads were snowbound and the side roads impassable. A messenger came across lots, a distance of one and a half miles (it was three miles by road), to get me to see a neighbor. It was explained that this man had had a toothache, but now could not open his mouth and had hardly eaten any food for a week. I returned with the messenger, taking my small surgical case and tooth forceps with me.

I found the closed jaw was literally true. The patient had a large swelling on the right side of the face and an elevated temperature. The jaw was closed by inflammatory thickening. I thought I was dealing with an abscessed tooth well back on the lower jaw. I was unable to separate the jaws, so sent the messenger back to my home for chloroform and mask. While he was gone I made preparations to place the patient in a horizontal position for anesthesia. A couch was raised on two boxes and the surface made level by folded blankets. He was then placed on his back and his clothing loosened. I could discover no abnormality of the heart.

I administered the anesthetic and he was soon relaxed. Then with the curved tooth forceps handle hooked inside his lower teeth, I opened his jaw, extracted a rather loose tooth, with the release of considerable pus. I had prepared swabs in expectation of this and was wiping away the escaping pus when the patient suddenly died, almost without warning. Treatment for such conditions was to lower the head, lifting the body up. This I did, handling him alone. He was a man of about thirty-two or three years of age, and not very heavy. One of the reasons for placing a patient in a horizontal position was that it was thought that accidents in dental practice where chloroform was given as the anesthetic were due to the upright position of the patient, and we did know the association of the dental nerve and the heart.

Well, he was gone. I had been in practice just about two years, was married, and Mrs. Sayle was to become a mother in a couple of months. I have mentioned previously that news—both good and bad—traveled very fast in the country. Repeating bad news seldom improved it! Of course, a coroner's inquest was called. I consulted no attorney, but did visit both Dr. Nicholas Senn and Dr. William Fox in Milwaukee.

A coroner's jury was selected—five of them local citizens—the sixth, an uncle of the deceased by marriage, lived in Milwaukee. Present were two lawyers whose interests were against me. I was there alone. Most of the questioning was done by the attorneys. I did not like this, and was brave enough to ask the coroner if he was going to have one of those lawyers charge the jury.

The postmortem revealed "fatty degeneration of the heart, liver, and kidneys," and in the opinion of the pathologist "the deceased was in a precarious condition due to fatty degeneration at the time of the operation." He said "the patient might have lived from ten minutes to one year (no longer), and might have dropped dead from any pronounced exertion at any time."

A physician friend of the family testified that it was dangerous to give chloroform where there was a fire in a stove in the room. This statement was stressed by the attorneys as evidence that I was careless. The doctor who testified that chloroform was inflammable had a bad time of it in Milwaukee later. A couple of my old classmates scored him by letter, and one druggist wrote advising him that before he again attempted to enlighten an ignorant country jury about chloroform that he should pour some chloroform in a glass, light a match and drop it in, and find how quickly it would be extinguished. It was signed "Not an M. D.,—only a druggist."

The uncle was made foreman of the jury. We did not know at the time of his relationship to the family. The verdict, "death by chloroform, carelessly administered in the hands of Dr. Sayle of Hales Corners," was written on a piece of paper and in the hands of the foreman when the jury retired to deliberate. I was, therefore, convicted accordingly. Two of the best businessmen in Hales Corners had come to the inquest by the time the verdict was reached, thinking I might be arrested, and were prepared to furnish bail.

No arrest was made, but preparation was made by the young man's father to have me prosecuted. Fortunately, he consulted an able attorney, Mr. Baron von Cotzhausen. He asked the family for a copy of the coroner's report and time to study the case. His report was "You have no case. The young doctor, as well as your family, was most unfortunate, but the doctor is not guilty as charged. The verdict of the jury is not in accordance with the facts in the testimony, and I find, by consultation, that fatty degeneration of the heart is not determinable before death, so that danger could not have been anticipated, and the condition of the patient, too, was urgent." For this opinion I learned he charged the family $100.

Being unable to make out a case against me, the father set out to ruin me. Dr. Senn had said, when I consulted him about the matter, "Stay right where you are and wear it down; action and reaction are equal and in opposite directions. You will have your inning, too, and if you went to California the story would follow you, and it might be as high as three cases by the time you were located—so stay where you are."

Later I treated every local man who was on the jury that convicted me. I treated the brother and sister of the deceased young man and the sister's family. I always asked them if they were not afraid to call me, which question always brought forth an apology for the verdict against me.

## "Obstruction in Laryngeal Diphtheria . . ."

At times I was driven to do a tracheotomy for obstruction in laryngeal diphtheria, and out of three such operations I had two recoveries. Two of them were done at night, and I did them all alone. The first patient, who came early in my practice, was a young lad with pretty complete obstruction. He was semi-conscious. I had no tracheotomy tube. When I explained to the father that the boy was going to die unless I could relieve him, he said, "Oh, don't let him choke, Doctor!"

Taking a German silver, male catheter from my case (the curved end of which was not unlike a tracheotomy tube), I filed the lower end so that there was an end opening. I cut the catheter in two, split it above the needed length for insertion into the trachea, bent these split parts laterally and made loops in each end. I started under local anesthesia, but finding that the boy was insensitive to pain boldly cut into the trachea, inserted the tube, and was pleased to notice air, free and unobstructed, enter the lungs by this route. I fastened the tube in place with the aid of an elastic sleeve support, which the father wore, and then considered preparations to be made for the night.

The tube was small and mucus likely would block it, so we went to the chicken house for some long feathers from which we stripped the barbs, leaving a small tuft at the end of each feather. With this I was able to swab out mucus in my small improvised tracheotomy tube. I showed the father how to carry on in this manner, and he practiced until he had the proper technic. Then I also showed him how to replace the tube if it were displaced by coughing. He was to sit beside the boy through the night. A messenger had been directed to go to Shorse's instrument house in Milwaukee (located at what were then Third and Chestnut Streets) and return with a child's size tracheotomy tube by the time I should reach my patient the next morning.

I put in an anxious night over this child, but no news reached me. This I interpreted as good news and it was, for before my arrival the next morning the boy had coughed a large piece of diphtheric membrane from the trachea and was breathing by the natural route. The coughed-up diphtheric cast had been kept for my inspection, the father holding it in his hand until my arrival.

## "The Practice of Obstetrics . . ."

I found the practice of obstetrics in my locality mostly in the hands of midwives, of whom there were five who were active. Most of them were unclean and often a menace to their patients. I found one, however, who was clean, kind, and sympathetic. She made no local examinations, used no syringe or douche. "If it comes, I take it—the afterbirth, the same; if it lasts too long or is too hard, I get the doctor," was her saying. I had the most deplorable experience with midwives—not so much in assisting them in deliveries but with infections which followed, for which complications I would be called. These women were ignorant, and, as I have said, unclean. Besides, they were dishonest, took no advice, and were cocky and fearless. They made examination upon examination, digging with their unclean hands in the parturient tract. The poor women

they were trying to deliver thought they were helping, even pitied them because they were unable to dig the baby out. They carried syringes with them and douched person after person, even where the syringe had been previously used on an infected patient. One midwife whom I had treated for erysipelas and who had had one childbed death from infection was strongly cautioned by me against the dangers of erysipelas in confinement cases. I admonished her not to go near or have anything to do with confinement work for a long, long time. What was my surprise, on being called to attend a primipara shortly after warning her, to find this midwife in attendance. She boldly met me at the door and informed me that I was too early. "How so?" I asked. She answered, "I examined her. It's too high." I flew into a rage and said, "Why, you dirty woman, how dare you examine my patient? You ought to be put where the dogs won't bite you, and that's over in Waukesha in the 'cooler.'"

This woman was wearing a turban to conceal some of the scabs (following her recent erysipelatous outbreak) about her temples and above her ears. I told the young husband that there was a poison nest there, and since the midwife had examined his wife I would not examine her, and that if anything happened in this case he would know where to place the blame. My patient's pains ceased and I returned home, only to be recalled the next day. The woman delivered herself quite promptly without my hands touching her locally. Three days later a severe chill and rise of temperature announced an infection. I told the family what I suspected, but the patient's mother sided with the midwife. "Yes, Doctor," she said, "you want to give poor Mrs. B. the blame, but it is your fault. You opened the window and let air in, and you changed the bed linens and her nightdress. That was the cause."

I placed the young woman on the kitchen table and explored the vagina with a speculum. There was a typical vesiculation not an inch and a half inside the vagina on the right. I showed both the husband and the mother this lesion, and informed them that I had recently treated Mrs. B. for that same disease and had warned her to keep away from childbed cases for a long time. Mrs. B. fled! This proved to be a very serious case although the patient finally recovered.

## "The Horse and Buggy . . ."

My country practice, of course, was done in the days of the horse and buggy. During my eleven years in the country I owned and drove thirty-one horses. In those days doctors of necessity, drove their horses hard and they were one of their heaviest expenses. The conditions of the roads played a large part in the life of a country practitioner. There were few roads that were well-graveled, but when the roads were bad I always had one mile of fair footing in any direction. The side roads were often terrible from the mud. There just wasn't any bottom in some places! Speed with a good horse varied from seven miles an hour on the best-conditioned roads to two miles on muddy or snow-blocked roads.

## "New Medical Books Were Old . . "

The advance in medicine after 1885 was rapid. New medical books were old and practically worthless in two or three years. To keep up with current medical literature on the advance in medicine and follow an exacting medical practice was hard. I read everything I could lay my hands on. I did most of my reading at night when all were asleep and the children out of the way; I read much despite numerous night calls, which in the year 1894 numbered 194. Not only were advances being made in surgical procedures in which I had a particular interest, but I began to feel the need of a knowledge of bacteriology, histology, and pathology. There were no chairs on these subjects when I was a student, and, too, I felt like visiting some seat of clinical teaching. So, having employed an assistant early in 1895, in the fall of that year I went to Chicago and took the laboratory course at Rush Medical under Professor Ludwig Hektoen and his three assistants.

In the spring of 1896 my assistant purchased my home in Hales Corners, and I moved to Milwaukee. I have said much about the hardships, handicaps, night work, mud, snow, cold, and other trials in beginning the practice of medicine in the country in my day. However, there is another side of the picture to be told, a story replete with hopes attained, success, marriage and children, friends, establishment and ownership of a home, happiness, recreation, and contentment, a measure of life of which I never had dreamed when as a youth I decided to become a doctor.

How I did thank Fate when a month's earnings exceeded my fixed expenses, which were modest, indeed. Then came a never-to-be-forgotten month when I recorded $145 (I hope I earned it!), and when at the end of my first year I found I had averaged $100 a month, I don't think I was ever more satisfied in my life, and satisfaction in life is about the sum total of what there is to it!

Good fortune has been mine in my new location (Milwaukee) for nearly forty-four years. On retiring recently, I said, with gratitude, to my many patients and friends, "Had I my life to live over, I would gladly travel again the road I took." But I am doubly glad that for those who are to follow there will be so much greater benefit from medical science. I have been privileged to live to see and participate in quite a measure of such advance.

# Epitomized Record of Progress of Medicine, 1840-1940

EDITOR'S NOTE.—The years 1840–1878 were covered in previous installments of the "Epitomized Record" in the March and June issues of *The Journal*.

Nägeli discovers that bacteria are not given off by moist surfaces.
Massachusetts law authorizing inspection of plumbing.
Foster founds Journal of Physiology (London).
Edison invents platinum wire (incandescent) electric lamp.
International Congress of Hygiene at Paris.
Chicago Pathological Society founded.
Billroth excises pylorus successfully.
Mathyson introduces plaster of Paris bandages.

**1878–79**—Welch, Prudden, Sternberg and Salmon introduce bacteriology in United States.

**1879**—Neisser discovers gonococcus.
Hansen and Neisser discover lepra bacillus.
Max Nitze introduces cystoscopy.
Manson discovers transmission of filariasis by mosquitoes.
Parkes Museum of Hygiene opened (University Hospital, London).
Billings and Fletcher start Index Medicus.
Bcchem and Post employ low-pressure steam in central heating.
Parliament sanctions Thirlmere Aqueduct (96 miles) for water-supply of Manchester.
Factory and Workshops Act (England).
Hygienic Institute (University of Munich) opened by Pettenkofer (authorized 1872).
Anthropological Society of Washington (D. C.) founded.
German Food Law passed (May 14).
Pasteur announces the infective agent in puerperal fever.
Lester Curtis (Chicago) introduces microscope in medical education in America.
Sir William Crooke announces that matter is radiant.

**1879–82**—National Board of Health (United States).

**1880**—Pasteur discovers streptococcus, staphylococcus and pneumococcus (Sternberg)
Pasteur immunizes against chicken-cholera by attenuated cultures.
Ederth isolates typhoid bacillus.
Miquel devises exact methods for enumerating bacteria in water.
Cold-storage meat successfully transported to Australia.
Pasteur and Sternberg demonstrate carriage of pneumonia bacillus in healthy mouth.
Snadstrom describes parathyroid gland.
Mosttig Moorhof introduces iodine dressings in surgery.
Balfour's Embryology published.
Evans discovers trypanosome of Surra (T. Evans).
Merke (Berlin) investigates effect of steam upon pathogenic micro-organisms.
Roeckner and Rothe devise method of purifying sewage by upward filtration.
Von Jaksch physiological and pathological acetonuria.
Billings publishes Index Catalogue (Vol. I).
American Surgical Association founded.
University of Tomsk (West Siberia) founded.
Cambridge Medical Society (England).
Government Calf Lymph Establishment at London.
F. Rizzoli founds Orthopedic Institute at Rome.
J. S. Billings constructs life-table from data of United States Census.
L. W. Meach compiles American Experience (Life) Table from data of 30 insurance companies.
Ophthalmological Society (United Kingdom) founded.
Parliament sanctions Vyrnwy Aqueduct (68 miles) for water supply of London.
London Association of Medical Women.
W. D. Mille, D. D. S., establishes the bacteriological origin of dental caries.

**1880–81**—Laveran discovers parasite of malarial fever.

**1880–85**—Bronx River Conduit (New York City) for water-supply constructed.

**1880–89**—Hawksley and Deacon construct Vyrnwy Water-Works (Liverpool supply).

**1881**—Billroth resects the pylorus for cancer, with success.
Ogston discovers staphylococci in abscesses.
Pasteur produces vaccine against anthrax.
Food and Drug Law (New York State).
Veterinary School at Lemberg (Galicia).
Chicago Pathological Society (organized April 10, 1878).
Vincenz Czerny introduces vaginal excision of uterine tumors.
Hahn performs nephropexy.
Wölfler introduces gastro-enterostomy.
Medin discovers epidemic nature of poliomyelitis.
Wundt investigates reaction-time.
Soxhlet estimates specific gravity of milk with lactodensimeter.
Kock introduces gelatin-media (solid plate cultures) and steam sterilization.
Grimaux obtains codeine from morphine.
Government Animal Vaccination Establishment in Lamb's Conduit Street (London).
Russian Surgical (Pirogoff) Society (St. Petersburg) organized.
Société d'odontologie (Paris) founded.
New York Polyclinic founded.
College of Physicians and Surgeons (Chicago) incorporated (October 4; opened, 1882).
Whooping-cough a leading cause of infant mortality in English vital statistics.
Carlos Finlay surmises transmission of yellow fever by Stegomyia fasciata (August 14).
Weiss (in Billroth's Clinic) describes postoperative tetany.
Tyndall publishes Essays on the Floating Matter of the Air.
University College of Liverpool founded.
Valuable modification of the intraperitoneal method of treatment of the stump.
Dr. Francis L. Parker the first surgeon in the United States to obtain successful reunion of a large nerve by suturing.

**1882**—Koch discovers tubercle bacillus.
Gaskell investigates functions of vagus nerve.
Löffler and Schutz isolate bacillus of glanders in pure culture.
Bizzozero discovers blood-platelets.
Horbacewski synthetizes uric acid from glycocoll and urea.
Walther Flemming investigates cell division.
Bertillon introduces personal identification by anthropometry (Bertillonage).
Max Sänger improves Cesarean section.
Liebreich introduces lanolin.

# *CORNERSTONES*

Only through ability to establish and maintain high standards and to contribute new and useful products for the control of disease can a pharmaceutical manufacturer become a helpful factor in world medicine.

## Combined Diphtheria Toxoid-Tetanus Toxoid, Alum Precipitated

Two objectives may be accomplished with Combined Diphtheria Toxoid-Tetanus Toxoid, Alum Precipitated. The same procedure which immunizes against diphtheria also protects against tetanus. Combined Diphtheria Toxoid-Tetanus Toxoid, Alum Precipitated, Lilly, is given subcutaneously in two doses three months or more apart.

*ELI LILLY AND COMPANY*

*Principal Offices and Laboratories, Indianapolis, Indiana, U. S. A.*

Langenbeck excises the gall-bladder.
Winiwarter performs cholecystenterostomy.
First code for inspection of plumbing (Lawrence, Massachusetts).
Holly introduces central (steam) heating at Lockport, New York.
Lépine and Blanc describe pleuro-peritoneal tuberculosis.
Grawitz describes renal hypernephroma.
Public Health Act (Canada) passed.
Provincial Board of Health (Ontario) organized.
Royal Academy of Medicine in Ireland (Dublin) founded.
New York Post-graduate Medical School and Hospital founded.
Society for Psychic Research (London) founded.
Prophylactic treatment of rabies by injection of virus (August 19).
Koch discovers comma bacillus of cholera.
Dr. R. A. Kinloch the first surgeon to suture perforation of the intestines for gunshot wounds.
Michael Reese Hospital (Chicago) opened.
Royal Society of Canada (Ottawa) founded.

**1882–1904**—Canizzaro and pupils investigate santonin group.

**1882–1906**—Emil Fischer investigates purine bodies.

**1882–1913**—Saccardo publishes Sylloge Fungorum (22 vols.).

**1883**—Edwin Klebs discovers diphtheria bacillus.
Kjeldahl introduces method of estimating nitrogen.
Golgi introduces silver stain for nerve cells.
Billroth and Senn anastomose ileum and colon.
Pasteur vaccinates against anthrax.
Metchnikoff states phagocytic theory of immunity.
Unna introduces ichthydol.
Koch discovers bacilli of cholera and infectious conjunctivitis.
Lawson Tait operates for extrauterine pregnancy.
Adolph von Baeyer obtains formula of indigo.
Fehleisen obtains pure cultures of streptococci in erysipelas.
J. F. F. Hermans attributes faulty ventilation to humidity and overheating.
Kuhne and Chittenden demonstrate role of trypsin in digestion.
Conners (Cincinnati) performs gastrectomy.
A. F. A. King propounds theory of malarial transmission by mosquitoes.
Parke's Museum (London) rebuilt.
Pennsylvania Anatomical Law passed.
Italian Society of Surgery (Rome) founded.
Hemostatic effect of the fluid extract of hydrastis canadensis.
Antidiphtheric serum introduced by Behring.
Dr. Francis L. Parker performed successful transplantation of conjunctiva of rabbit to the human eye.
Faculty of Medicine at Beirut (Syria).

**1883–85**—Gustav Neuber (Kiel) introduces aseptic hospital.

**1884**—Nicolaier discovers tetanus bacillus.
Crédé introduces silver nitrate instillations for infantile conjunctivitis.
Lustgarten isolates smegma bacillus.
Senn advances pancreatic surgery.
Ludwig Knorr discovers antipyrine.
Veit investigates tubal pregnancy.
Riedel introduces salipyrin.
Baumann discovers sulfonal (Kast, 1888).
Billroth excises pancreas for cancer.
Mikulicz operates for perforated typhoidal ulcer.
Gaffky obtains pure culture of typhoid bacillus (Eberth, 1880).
Löffler obtains pure culture of diphtheria bacillus (Klebs, 1883).
Emmerich isolates colon bacillus (Escherich, 1886).
Hueppe investigates lactic acid bacilli in sour milk.

## KRONFELD—PRACTICAL VALUE OF GONIOSCOPY IN GLAUCOMA

*(Continued from page 684)*

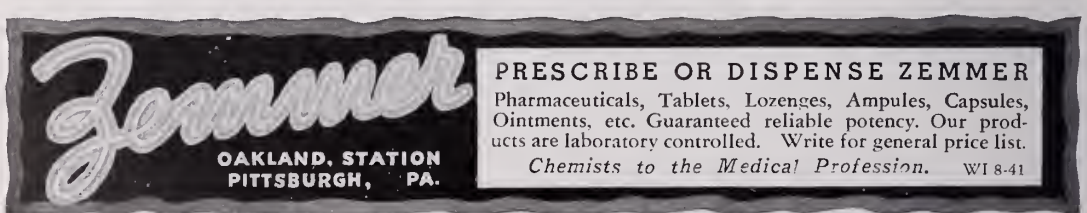
low the sequence of events in incompensated glaucoma and get a much better understanding of secondary glaucoma.

Dr. Kronfeld's paper presents a number of points of interest to me: The narrowing of the chamber angle as compensated glaucoma becomes incompensated; the formation of adhesions; the rapidity with which adhesions are formed in the acute incompensated attack; the principle of goniometry; and the fact that the chamber angle may be of normal depth though the chamber itself appears to be definitely shallow.

Dr. Kronfeld's observations on the disastrous sequence of events occurring when the anterior chamber is abolished for any prolonged period were also of great interest to me. We have all been uneasy after cataract extraction when the anterior chamber is slow in reforming. It appears that we have good reason to be. It has always seemed strange to me that eyes after a perforating injury in which an anterior synechia forms are so prone to develop secondary glaucoma later. It is probable that these are eyes in which the anterior chamber was abolished long enough for synechiae to form in the chamber angle and that it is not the synechia in the anterior chamber which we see which is responsible for the rise of tension but rather those hidden in the angle which we do not see.

It had also been my impression that an eye in which a trephine operation had been performed with-

*(Continued on page 756)*




When writing advertisers please mention the Journal.

**SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PENNSYLVANIA**

out the establishment of filtration was at least no worse off than before the operation. Apparently, however, such an eye is definitely worse off and we have still more adhesions with which to contend. The appearance of the cleft after a successful cyclodialysis is also of interest. Through gonioscopy the cause of failure of cyclodialysis can also be shown, namely, the presence of a blood clot in the cleft which later becomes organized and closes the communication between the anterior chamber and the suprachoroidal space. The observation of this sequence of events has led Gradle to advocate that cyclodialysis be done in one of the upper outer quadrants and the patient afterward be placed in a sitting position.

It seems as far as glaucoma is concerned that gonioscopy gives us real aid in diagnosis. It also gives us a means to determine the best mode of attack. I believe it is probable that in the future one may employ gonioscopy before a glaucoma operation in much the same way as we examine a cataractous lens with a slit lamp before cataract extraction. Finally it gives us an added means of checking over results to see why we are successful or unsuccessful as the case may be, and what further steps to take.

# THE JOURNAL BOOKSHELF

## BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

**Medical Clinics of North America.** Vol. 25. New York Number. Philadelphia: W. B. Saunders Company, 1941.

This issue of the Medical Clinics is in part devoted to summarizing articles on obstetrics, psychiatry, neurology and laboratory procedures. It is an interesting volume which brings one up to date on several problems of a more special nature. C. F. M.

**Introduction to Psychobiology and Psychiatry; A Textbook for Nurses.** By Esther Loring Richards, M. D., Sc. D., associate professor of psychiatry, Johns Hopkins University; physician-in-charge of the out-patient department, Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital; psychiatrist-in-chief, Baltimore City Hospitals. Cloth. Price, $2.50. Pp. 357. St. Louis: The C. V. Mosby Company, 1941.

Specialized training in nursing is as desirable as specialized training in medicine. This is especially true of nurses who care for the mentally ill. They need to be aware not only of their own personality trends, prejudices, emotional stability, and intellectual capabilities, but also they must acquire elementary facts about the major and minor forms of mental disorder. An "Introduction to Psychobiology and Psychiatry" is a good textbook in the didactic training of nurses for psychiatric work. It is readable, lucid and embodies the principles and teaching of Adolf Meyer.

This book is divided into two parts: Part I, "A Study of Functioning in Normal Behavior," emphasizes the study of one's own personality by use of the autobiographical record and follows in general the technique of teaching medical students at Johns Hopkins University. Part II, "Psychiatry and Psychopathology," contains a brief history of psychiatry, and an exposition of the major and minor forms of mental disorders, and outlines a method of taking a psychiatric history. J. P.

**Clinical Pulmonary Tuberculosis.** By Lawrason Brown, M. D., late director of Trudeau Sanatorium; lecturer in Trudeau School of Tuberculosis. Cloth. Price, $2.75. Pp. 411. Baltimore: The Williams & Wilkins Company, 1941.

Dr. Lawrason Brown, one of the finest teachers of tuberculosis in the world, was unable to arrange his Trudeau lectures for publication before his death,

*(Continued on page 758)*

NOW AVAILABLE—NEW

LEPEL

UTILITY PORTABLE SHORT WAVE GENERATOR

TWO MODELS

TWO or FOUR TUBES

HIGHER OUTPUT

WALNUT CABINET

BEAUTY STURDINESS POWER-PLUS

"THREE MACHINES IN ONE"
Therapy—Surgery—Ultra-Violet

*Quality Equipment—Reasonably Priced*

For further details, write:

BARR X-RAY CO.
2540 W. Wells St.
MILWAUKEE, WISCONSIN

# RADIUM

**RENTED**
for the individual case at lowest rates. Instruments loaned.

**LEASED**
in any quantity of 50 milligrams or more, on a yearly basis. Continuous possession. No investment.

**SOLD**
in any quantity in latest platinum containers.

RADON in all-gold Implants at $2.50 per millicurie.

*For details, address*

RADIUM AND RADON CORP.
Marshall Field Annex • Randolph 8855
CHICAGO

**Established 1865**

ARTIFICIAL LIMBS
ORTHOPEDIC APPARATUS
TRUSSES—SUPPORTERS
ELASTIC STOCKINGS

Superior custom work.
Woman Attendant for Women.

# DOERFLINGER'S

770 North Water St. Phone Daly 1461
MILWAUKEE, WIS.

## NORMANDALE SANITARIUM

Madison, Wisconsin

Normandale is a sanitarium for the care and treatment of nervous and mental disorders, inclusive of addictions. All of the modern methods of neuropsychiatric therapy are available. Special accommodations and rates are offered for the care of chronic cases.

Normandale is located on the outskirts of Madison, Wisconsin. This location affords the conveniences of the city and the restful environment of a rural setting.

Inquiries are invited. Telephone:
Fairchild 2486
Medical Director,
M. F. Greiber, M. D.

# PROFESSIONAL PROTECTION

SINCE 1899
SPECIALIZED
SERVICE

A DOCTOR SAYS:

*"I have been with your Company, as I recall, more than twenty years and this is the first time I have been sued for any cause whatever which goes to prove that one can never tell when or where lightning may strike."*

THE
MEDICAL PROTECTIVE COMPANY
OF
FORT WAYNE, INDIANA

# To Keep Abreast of Medical Literature

# To Aid in Preparing Medical Talks, Papers

USE THE

## MEDICAL LIBRARY SERVICE

Service Memorial Institutes Building

MADISON

All books reviewed in The Journal as well as current issues of medical periodicals are available for loan. References on any selected subject will be sent on request for a two weeks' period. Service for Members at the Cost of Postage.

or to complete his book on the history of tuberculosis. This has been done by his medical friends, with the help of his widow.

The style is informal. The history of tuberculosis is flavored with stories of the physicians who were concerned, and correlated with the life and times.

Dr. Brown would have edited the book, but it carries his flavor throughout.

The printing is good, the cost very reasonable. Every specialist must have the book; every internist would want one; all historians will be interested. If only the friends of Dr. Brown have copies, the edition will be tremendous. W. H. O., Jr.

**Proctology for the General Practitioner.** By Frederick C. Smith, M. D., M. Sc. (Med.); F. A. P. S., formerly associate in proctology, graduate school of medicine; University of Pennsylvania; fellow, American Proctologic Society; editor, The Weekly Roster and Medical Digest, Philadelphia County Medical Society; editor, The Medical World; Lt. Col., Medical Reserve Corps, United States Army. Ed. 2. Cloth. Price, $4.50. Pp. 466, illustrated with 161 half-tones and line engravings, and 5 color plates. Philadelphia: F. A. Davis Company, 1941.

With the constantly increasing use of the proctoscope and with the growing appreciation that the examination of the distal gastrointestinal tract should be made by the general practitioner of medicine as well as the proctologist there should be a wide-spread distribution of a treatise on "Proctology for the General Practitioner."

The technique of examination can be mastered as easily by the general practitioner as by the specialist; their chief difference concerns their respective skills in the interpretations of findings. The fact, also, that so much more pathology reveals itself from direct inspection through the scope than is demonstrated by means of the shadow of the x-ray indicates that further encouragement should be given to the general practitioner to utilize this method of examination and not rely merely on the use of an eye and gloved finger.

Smith's "Proctology for the General Practitioner" can be highly recommended both to the undergraduate student and to the general practitioner. It fulfills amply the purpose for which it was written as indicated by the title. The answers to practical questions are readily accessible, for the subject matter is presented briefly and lucidly. A large number of well prepared illustrations further helps to clarify the text. The author has avoided theoretic and didactic considerations as well as operative procedures of value only to the specialist. There is, therefore, no encouragement for the reader to undertake the treatment of those conditions for which he is not qualified. K. L. P.


*For the local Treatment of Acute Anterior* **Urethritis**
(DUE TO NEISSERIA GONORRHEAE)

SILVER PICRATE*
Wyeth

*A complete technique of treatment and literature will be sent upon request*

*Silver Picrate is a definite crystalline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

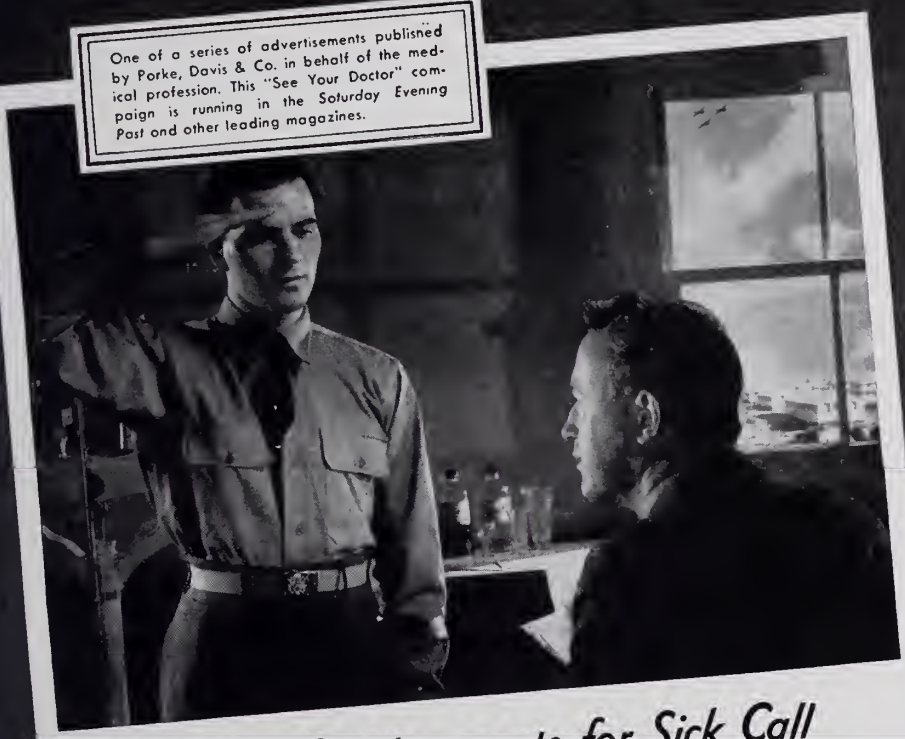
Silver Picrate, Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by Neisseria gonorrheae.[1] An aqueous solution (0.5 percent) of silver picrate or water-soluble jelly (0.5 percent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," Am. J. Syph., Gon. & Ven. Dis., 23, 201 (March), 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA

When writing advertisers please mention the Journal.

One of a series of advertisements published by Parke, Davis & Co. in behalf of the medical profession. This "See Your Doctor" campaign is running in the Saturday Evening Post and other leading magazines.



# Private Smith reports for Sick Call

PRIVATE TOM SMITH is feeling a little under the weather.

If he were back in civilian life, the chances are he'd say, "I'll be all right in a little while," and he'd show up for work as usual.

But in this man's Army of ours, a soldier who feels below par is required to report for "Sick Call," even if he thinks there's nothing much wrong. Private Tom Smith is simply obeying orders.

Because of this wise institution known as "Sick Call," our Army doctors have an opportunity to combat illnesses at the very start and are usually able to prevent them from edging over into the danger zone. This is one of the reasons why the standard of health in our Army of 1941 sets an all-time high.

In this there is a valuable lesson for many a civilian . . .

We're thinking now of the man who permits himself . . . and his family . . . to run risks which no soldier is allowed to take. We're thinking of the man who says, "If I don't feel better tomorrow, I'll see the doctor." But will he? And when he does, will it be too late? Too late to prevent a serious illness, or too late to gain the advantage of time in treating a disease already contracted.

So why not establish the "Sick Call" system in your household? Stomach ache, you know, is sometimes the first warning of appendicitis; a sore throat may be the forerunner of a condition which requires expert attention. When you, or any of your family, develop even a seemingly minor ailment, don't waste time which may be precious.

Call your doctor, and let *him* decide whether or not the ailment is trivial—and what should be done about it. He knows—you don't. Report for "Sick Call" promptly

Copyright, 1941, Parke, Davis & Co.

PARKE, DAVIS & COMPANY
Detroit, Michigan

The World's Largest Makers of Pharmaceutical and Biological Products

SEE YOUR DOCTOR

**KREMERS-URBAN CO.**
141 West Vine St.
MILWAUKEE, WIS.

**Offers Preparations For Parenteral Medication**

Liver Solution U. S. P.

Bismuth Subsalicylate N. F.

Dextrose 50% N. F.

Post Pituitary Solution U. S. P.

Ephedrine Sulfate N. F.

Procaine Hcl. N. F.

## When Your Home Is Invaded

by sickness, you can depend on our Non-Cancellable protection to come to the rescue.

An old and strong company, with the benefit of the accumulated assets and experience of forty-three years of successful operation, we have an established record for the prompt and just payment of claims.

For information as to the details of our service, address

THE MASSACHUSETTS PROTECTIVE ASSN. INC.
Worcester, Massachusetts

A. L. LYTTLE, State Manager
Wisconsin and Upper Peninsula of Michigan
5000–2–4 Plankinton Building
Milwaukee, Wisconsin
Marquette 0505

Branch offices at Green Bay and Wausau
Capable, trustworthy representatives soliciting regularly throughout the State.

## Quality Equipment
### Accessories and Supplies

- Picker–Waite X-Ray
- Burdick Physical Therapy
- Electro-cardiographs
- Picker—Machlett—Eureka X-Ray Tubes
- Eastman — DuPont — Agfa — Buck Films & Supplies
- Picker—Patterson Supplies & Accessories

Our stock is ample and we maintain adequate service facilities.

HURLEY X-RAY COMPANY
2511 W. Vliet St. Milwaukee
Telephone WE 3243

Ask About Rental Service

# Wisconsin Pharmacists

*Have Anticipated Your Summer Months' Demand For Toxoids, Vaccines and Serums.*

Our complete stocks of immunological preparations are maintained in absolute "freshness" and are stored in constant refrigeration.

You may feel free to call upon us for the common and uncommon immunization preparations, biologicals and other pharmaceutical items.

## MATHER'S PHARMACY

Prescription Experts

Most complete line of Biologicals and largest prescription store in Northern Wisconsin.

Trusses, Wheel Chairs, Crutches, Electric Pads, etc.

**SUPERIOR, WISCONSIN**

## McCUE & BUSS DRUG CO.

Prescription Druggists
Physicians Supplies
Sick Room Needs

**14 So. Main St.** **JANESVILLE, WISCONSIN**

## BOCK DRUG STORES

*Dependable Druggists Since 1876*

Complete Stock of Biologicals—Ampoules and Vaccines—Mail Orders Promptly Filled

Trusses—Supports—Crutches—Elastic Goods

**Phone 4100** **SHEBOYGAN, WISCONSIN**

Distributors of

Dependable Pharmaceutical & Biological Products for Physicians, including Lederle, Lilly, Parke Davis, etc.

## The Hebberd Drug Store

"EXPERT PRESCRIPTION SERVICE"

Phone 29 4th and Main LA CROSSE, WIS.

## RED CROSS DRUG CO.

DOCTORS!! *Save on Office and Dispensing Supplies.*

Mail orders filled in all parts of Wisconsin. Many doctors save hundreds of dollars yearly by concentrating their purchases. Let us quote you on your requirements. Orders shipped the same day received. We pay all delivery charges.

**RED CROSS DRUG CO.**
**RACINE, WISCONSIN**

## CHILSON DRUG COMPANY

*Benj. Chilson, Ph. G.*

Specializing in a complete stock of serums, vaccines and medical supplies. Carefully and accurately compounding prescriptions is the main feature of our drug store.

**BELOIT, WISCONSIN**

## BELLING'S DRUG STORE

*The Prescription Drug Store*

**204 E. College Ave.** **Appleton, Wis.**

**Phone 131**

A complete stock of Ampoules, Biologicals, including Rabies Vaccine, always under proper refrigeration.

## MAYER DRUG

Harry F. Mayer, Prop.

*A Complete Prescription Department*

Biologicals and Ampoules

**KENOSHA, WISCONSIN**

# Capital City Doctors

## Note These Reliable Madison Firms Which Sell Dependable Products, Services

Prescription Service at

**RENNEBOHM**

Better Drug Stores

is always

100% Dependable

Biologicals—Chemicals—Drugs

**FIRST CENTRAL DISPENSARY**

602 First Central Bldg.

Madison, Wis.

Phone: Badger 7929

RELIABLE PRESCRIPTION SERVICE

**LORAINE HOTEL**

Fireproof

SCHROEDER HOTELS

*Sleep in Safety*

**CENTRAL GARAGE**

15 South Webster St.

Parking and General Service

MODERN — CONVENIENT

ALWAYS DEPENDABLE

Ampoules, Biologicals, Chemicals, Bacteriological Stains, Trusses, Camp Surgical Supports, "Leeches."

**THE PRESCRIPTION PHARMACY**

Samuel R. Chechik, Ph.D.

20 S. Carroll St. Phone: Badger 755

"The Park Hotel Building"

*For Lovely Flowers*

Phone

**RENTSCHLER'S**

Badger 177

230 State St. Madison

Office: Badger 787 Residence: Badger 2308

**AUTO SERVICE COMPANY, Inc.**

Dan Bilsie

"Private Ambulance Service"

750 East Washington Ave. Madison, Wis.

**Frautschi Funeral Home**

120 E. Wilson St.

Madison, Wis.

ARTHUR A. FRAUTSCHI, *Director*

Phone Badger 733

Phone Badger 5900 for All Kinds of

Office Supplies and Equipment

**BLIED PRINTERS AND STATIONERS**

114 E. Washington Ave., Madison

When writing advertisers please mention the Journal.

# INDEX TO ADVERTISERS IN THIS ISSUE


| | Page |
|---|---|
| American Can Co. | 663 |
| American Optical Co. | 664 |
| Audiphone | 763 |
| Auto Service Co., Inc. | 762 |
| Barr X-ray Co. | 756 |
| Belling's Drug Store | 761 |
| N. P. Benson Optical Co., Inc. | 769 |
| Bidwell Better Limbs | 768 |
| Blied Printers & Stationers | 762 |
| Bock Drug Co. | 761 |
| Borden Co. | 665 |
| S. H. Camp & Co. | 659 |
| Central Garage | 762 |
| Chilson Drug Co. | 761 |
| Coca Cola Co. | 660 |
| Cook County Graduate School of Medicine | 660 |
| Doerflinger's | 757 |
| First Central Dispensary | 762 |
| Frautschi Funeral Home | 762 |
| General Electric X-ray Corp. | 661 |
| Hebberd Drug Store | 761 |
| Hurley X-ray Co. | 760 |
| Kennedy–Mansfield Dairy | 762 |
| Kremers–Urban Co. | 760 |
| Lakeside Laboratories | 654 |
| Eli Lilly & Co. | 753 |
| Loraine Hotel | 762 |
| Marquette University School of Medicine | 768 |
| Massachusetts Protective Ass'n, Inc. | 760 |
| Mather's Pharmacy | 761 |
| Mayer Drug | 761 |
| McCue & Buss Drug Co. | 761 |
| Mead Johnson & Co. | 662 |
| Medical Protective Co. | 757 |
| Merck & Co. | 766 |
| Milwaukee Optical Manufacturing Co. | 666 |
| Milwaukee Sanitarium | 772 |
| New York Polyclinic | 768 |
| Normandale | 757 |
| Orthopedic Appliance Co. | 763 |
| Parke, Davis & Co. | 759 |
| Petrolagar Laboratories, Inc. | 771 |
| Philip Morris & Co., Ltd. | 767 |
| Physicians Casualty Ass'n | 664 |
| Physicians Radium Ass'n | 664 |
| Mary E. Pogue School | 768 |
| Prescription Pharmacy | 762 |
| Radiation Therapy Institute | 657 |
| Radium & Radon Corp. | 757 |
| Red Cross Drug Co. | 761 |
| Rennebohm Drug Stores | 762 |
| Rentschler Floral Co. | 762 |
| Roemer Drug Co. | 763 |
| Rogers Memorial Sanitarium | 772 |
| Sacred Heart Sanitarium | 656 |
| St. Croixdale Sanitarium | 657 |
| Schroeder Hotel | 660 |
| Shorewood Hospital Sanitarium | 666 |
| SMA Corp. | 658 |
| Smith, Kline & French Labs. | 755 |
| Summit Hospital | 769 |
| Uhlemann Optical Co. | 765 |
| Upjohn Co. | 655 |
| Waukesha Springs Sanitarium | 654 |
| Wyeth & Brother, Inc. | 758 |
| Zemmer Co. | 754 |



Western Electric
HEARING AID
Air and Bone Conduction
There's a Western Electric Ortho-Technic Audiphone designed by Bell Telephone Laboratories—embodying new principles, exclusive features, to meet the individual needs of your patients.
Small, Inconspicuous, High Fidelity
AUDIOMETERS — ELECTRICAL STETHOSCOPE
AUDIPHONE UTILITIES
Suite 205 739 N. Broadway Daly 2505
MILWAUKEE

"Orthopedic Appliances"
of every description
have been our specialty for 32 years.
*Trained Mechanics and Fitters only*
Trusses, Elastic Stockings, Abdominal Belts.
THE ORTHOPEDIC APPLIANCE CO., Inc.
123 East Wells St.
Tel. Daly 3021 Milwaukee, Wis.

USEFUL IN EVERY FIELD OF PRACTICE
DERMATOLOGY
UROLOGY
E.E.N.&T.
GYNECOLOGY
PROCTOLOGY
GENERAL PRACTICE
ONLY
$37.50
COMPLETE

The BIRTCHER-BUILT
HYFRECATOR
A compact and convenient high frequency unit for the treatment of a long list of common conditions benefited by electrodesiccation
Write us for FREE BOOKLET outlining the uses of electrodesiccation in your practice
ROEMER DRUG COMPANY
606 North Broadway Milwaukee, Wis.

# PHYSICIANS' EXCHANGE

**Advertisements for this column must be received by the 25th of the month preceding month of issue. A charge is made of $2.00 for the first appearance of copy occupying 1 inch or less of space and $1.00 for each succeeding insertion of the same copy. Kindly accompany copy with remittance to cover number of insertions desired. Advertisements from members of the State Medical Society will be accepted without charge. Such copy will be taken out after its second publication unless otherwise requested. Where numbers follow advertisements replies should be addressed care Wisconsin Medical Journal.**

FOR SALE—Office equipment and very desirable location in prosperous industrial community of 11,000. Excellent hospital facilities. Will introduce before leaving for army. Terms cash only. Address replies to No. 2 in care of Journal.

FOR SALE—A Copeland refractoscope. Practically new. $20 cash. Address replies to Dr. R. H. Slater, Granton, Wisconsin.

FOR SALE—Physician retiring on account of ill health wishes to sell office furniture, fittings, instruments, and other equipment. This location is in thriving town in southern Wisconsin, population 3,000. Good hospital, factories, and business opportunities. Address replies to No. 10 in care of Journal.

FOR SALE OR RENT—Excellent, long-established, unopposed practice with modern home and office. Prefer young married man of good habits, Protestant, and not of draft age. Good hospital facilities. Reason for selling: ill health. Address replies to No. 80 in care of Journal.

FOR SALE—Office equipment of the late Dr. L. M. Pearson, including instruments and books, new Tycos sphygmomanometer, steel safe for records, etc. Address replies to Mrs. L. M. Pearson, 704 Franklin Street, Wausau, Wisconsin.

FOR SALE—Mattern S. R. F. 30 milliampere 95 K. V. complete x-ray and fluoroscopic unit with bucky table and magnetic release, wall cassette holder and all necessary dark room and accessory equipment. Will take $800 for quick sale. This unit would cost $1,400 to duplicate at today's prices. Machine and equipment are a little over one year old and are perfect in every way. Prefer to sell rather than store for period of government service. Dr. R. J. Rogers, Oconto, Wisconsin.

FOR SALE—Excellent, unopposed practice in southwestern Wisconsin. Population of town 900; population of drawing area 2,200. Low overhead. Easy terms for reliable purchaser. Would consider locum tenens. Reason for selling: called to active army service. Address replies to No. 20 in care of Journal.

FOR SALE—Unopposed country practice in village of 850. Low overhead. Home–office combination. Gross income $8,000. Will sell for price of equipment, minimum of $600. Address replies to No. 22 in care of Journal.

FOR SALE—The eye, ear, nose and throat practice and equipment of the late Dr. G. W. McCarthy of Kenosha. Address replies to Mr. John F. McCarthy, Room 311, U. S. National Bank Building, Kenosha.

FOR SALE—$100 down payment and easy terms takes $7,000 annual practice in city of 3,500 population. Open staff hospital available. Address replies to No. 50 in care of Journal.

FOR SALE—Complete x-ray outfit. Includes x-ray unit, timer, motor driven Bucky table with fluoroscopic attachments, tube stand, and two tubes. Equipment in very good condition. Address replies to No. 51 in care of Journal.

FOR SALE—Practice for price of equipment. Southern Wisconsin. Fruitful territory. No opposition. Terms. Address replies to No. 53 in care of Journal.

FOR SALE—Office equipment and home in excellent farming country. Wonderful hospital facilities in Fox River Valley. Good schools and roads. Address replies to No. 52 in care of Journal.

FOR SALE—General practice and fully equipped office of the late Dr. H. M. Ripley, physician and surgeon. Located in business district of 50,000 population. Address replies to Mrs. H. M. Ripley, 623 Fifty-eighth Street, Kenosha.

WANTED—One or two additional specialists to share an excellently equipped and furnished suite in a Milwaukee downtown office building. Secretarial, x-ray, and laboratory facilities provided. Address replies to No. 59 in care of Journal.

WANTED—In the Milwaukee area, physician desires part-time position in industrial medicine. Six years experience in industrial surgery and x-ray. Details and references on request. Address replies to No. 25 in care of Journal.

WANTED—Position in Madison as doctor's assistant by undergraduate nurse with eleven years of experience. Blanche Bakke, 540 West Washington Avenue, Madison.

WANTED—Position as G-U surgeon and urologist. Eligible for certification. Willing to assist in general surgery, medicine, and laboratory. Gentile. No military commitments. Wisconsin license. Address replies to No. 65 in care of Journal.

WANTED—Modern short wave and a galvanic sinusoidal machine. State make, year, and price. Address replies to No. 21 in care of Journal.

WANTED—Locum tenens during my stay in army. Large, active, unopposed practice in town in north-central Wisconsin. Excellent income assured from start. Address replies to No. 30 in care of Journal.

LOCATION—In town of 350 population with large outlying dairying area. Seven miles from one hospital and twelve miles from another. Willing to sell complete office equipment and drugs if desired. Excellent clinical records. Address replies to No. 15 in care of Journal.

LOCATION—Opening in established practice with possibilities of a future partnership. Agricultural community; 1,300 population; sixty miles from Twin Cities. Must have Minnesota and Wisconsin license. Salary, office, and residence to start. Hospital facilities. Address replies to No. 60 in care of Journal.

# GOOD BUSINESS

● Somehow or other the idea of "getting" is associated with business, more than the idea of "giving." "Getting" is an entirely normal and wholesome objective in any business or professional activity.

Yet a moment's thought on the subject makes it clear that emphasis on *giving* is "good business." It's the ancient, time-honored idea that "you get in proportion to what you give," in any human relationship —and certainly business is the most common of all such relationships.

We like to remind ourselves, frequently, that our function is to see how much we can *give* those whom we serve—how much we can do *for them*.

Ours is a craftsman's business, calling for painstaking accuracy. We give that. It is a business calling for a belief in perfection of materials. We insist on "the best." It is peculiarly a business rooted in a sincere desire to better human vision. That is our aim.

It is pleasant to demonstrate that giving is practical —is, in fact, thoroughly Good Business.

**UHLEMANN OPTICAL COMPANY**

ESTABLISHED 1907

*Exclusive Opticians for Eye Physicians*

PITTSFIELD BUILDING • CHICAGO, ILLINOIS

*OFFICES:* CHICAGO • DETROIT • TOLEDO • SPRINGFIELD
EVANSTON • DAYTON • PORT HURON • APPLETON • OAK PARK

# THIAMINE HYDROCHLORIDE

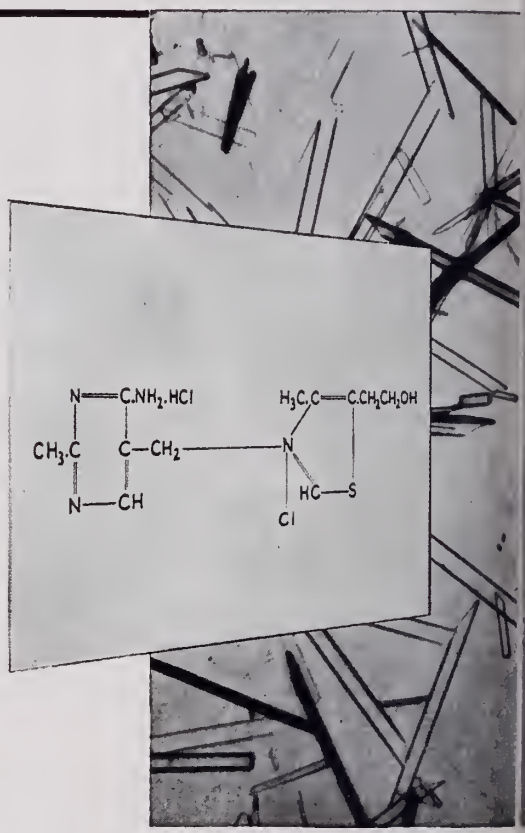
## requirement and dosage

The minimum daily requirement of thiamine hydrochloride for an adult appears to be approximately 1 milligram. The optimum intake is said to be between 2 and 2.5 milligrams.

For the child, the optimum intake may be calculated on the basis of the caloric intake, allowing at least .03 milligram for each 100 calories.

The daily prophylactic dosage for the infant ranges from a minimum of 0.15 milligram to a maximum of 0.5 milligram. For the adult, the daily prophylactic dosage ranges from 1 to 3 milligrams.

There are indications that doses of the order of 10 to 50 milligrams may be advantageous in the treatment of acute deficiencies.




THIAMINE HYDROCHLORIDE MERCK

Vitamin $B_1$ Hydrochloride

Council Accepted

*Literature on request*

MERCK & CO. Inc. *Manufacturing Chemists* RAHWAY, N. J.

"DON'T SMOKE" is advice hard for patients to swallow. May we suggest "SMOKE PHILIP MORRIS" instead? Tests showed 3 out of every 4 cases of smokers' cough cleared on changing to Philip Morris. *May we send you the studies themselves?*

PHILIP MORRIS & CO. LTD., INC., 119 FIFTH AVENUE, NEW YORK

Please send me copies of the reprints checked.

☐ Proc. Soc. Exp. Biol. and Md., 1934, 32, 241-245—"Pharmacology of Inflammation: III. Influence of Hygroscopic Agents on Irritation From Cigarette Smoke."

☐ N. Y. State Jour. Med. 1935, 35-No. 11,590—"Irritating Properties of Cigarette Smoke as Influenced by Hygroscopic Agents."

☐ Laryngoscope, 1935, XLV, No. 2, 149-154—"Some Clinical Observations on the Influence of Certain Hygroscopic Agents in Cigarettes."

☐ Laryngoscope, 1937, XLVII, 58-60—"Further Clinical Observations on the Influence of Hygroscopic Agents in Cigarettes."

NAME _____

ADDRESS _____

CITY _____ STATE _____

AMA

# THE NEW YORK POLYCLINIC
## MEDICAL SCHOOL AND HOSPITAL
*(The Pioneer Post-Graduate Medical Institution in America, Organized 1881)*

### PHYSICAL THERAPY

Didactic lectures and active clinical application of all present-day methods of physical therapy in internal medicine, general and traumatic surgery, gynecology, urology, dermatology, neurology and pediatrics. Special demonstrations in minor electrosurgery, electrodiagnosis, fever therapy, hydrotherapy including colonic therapy, light therapy.

### ROENTGENOLOGY

A comprehensive review of the physics and higher mathematics involved, film interpretation, all standard general roentgen diagnostic procedures, methods of application and doses of radiation therapy, both x-ray and radium, standard and special fluoroscopic procedures. A review of dermatological lesions and tumors susceptible to roentgen therapy is given, together with methods and dosage calculation of treatments. Special attention is given to the newer diagnostic methods associated with the employment of contrast media, such as bronchography with Lipiodol, uterosalpingography, visualization of cardiac chambers, peri-renal insufflation and myelography. Discussions covering roentgen departmental management are also included.

*For Information Address:* MEDICAL EXECUTIVE OFFICER, 345 West 50th St., New York City

## THE MARY E. POGUE SCHOOL

DOCTORS: You may continue to supervise the treatment and care of children you place in our school. Catalogue on request.

90 Geneva Road
Wheaton, Illinois

Telephone
Wheaton 66

## BIDWELL BETTER LIMBS

Everyone Receives the Personal Attention of G. L. Bidwell the well-known Orthopedic Appliance Expert.

EXPERIENCED LADY ATTENDANT

Artificial Limbs, Braces, Trusses, Elastic Stockings, Crutches, Invalid Chairs, Abdominal Belts.

**934 N. WATER ST.**
PHONE BROADWAY 4369
MILWAUKEE, WISCONSIN

# MARQUETTE
## SCHOOL OF MEDICINE

**Requirements For Admission** The minimum requirements for admission are three years of such college work as is acceptable towards the Bachelor's degree in an approved college of liberal arts or in a recognized University. The following subjects must be included in these three years: zoology, general chemistry, organic chemistry, English, French or German, physics.

**Instruction** The duration of the course leading to the degree of Doctor of Medicine is five years, the fifth year of which is devoted to a hospital internship. The school year begins about the first of October and ends about the middle of June. The aim is constant coordination of the basic sciences with the clinical subjects applied to curative and preventive medicine.

**Clinical Facilities** Milwaukee County General Hospital, Milwaukee County Emergency Hospital and Dispensary, Milwaukee Children's Hospital and Dispensary, Milwaukee County Insane Hospitals, Acute and Chronic, South View Hospital for Contagious Diseases, Muirdale Sanatorium for tuberculosis, Mt. Sinai Hospital Dispensary, Marquette Eye Clinic, Public Health field work.

For further information address:

**DEAN, MARQUETTE UNIVERSITY SCHOOL OF MEDICINE**
**561 North Fifteenth Street**
**Milwaukee, Wisconsin**

There is no substitute for quality when prescribing lenses for the human eye. Our ORKON CORRECTED CURVE OPHTHALMIC LENSES represent the best produced by Optical Science.

**N. P. Benson Optical Co., Inc.**

Established 1913

MAIN OFFICE: MINNEAPOLIS, MINN.

DULUTH
ALBERT LEA
WINONA

EAU CLAIRE
LA CROSSE
WAUSAU
STEVENS POINT

BISMARCK
ABERDEEN
RAPID CITY

**The SUMMIT HOSPITAL**

OCONOMOWOC, WIS.

Here, in a cordial and homelike environment, we operate a hospital and sanatorium with facilities and personnel adequate to manage your

CHRONIC,
NERVOUS and
MENTAL
CASES

A natural Beauty Spot — Fireproof, Modern buildings, Moderate rates.

*For further information write or phone*

G. R. Love, M.D.
*Physician in Charge*
The Summit Hospital
Oconomowoc, Wis.

Chicago Office:
Loren W. Avery, M.D.
*Consulting Neuropsychiatrist*
122 So. Michigan Ave.

Prescribe Journal-advertised products and you prescribe the best.

# THE STATE MEDICAL SOCIETY OF WISCONSIN

## ORGANIZED 1841

R. P. SPROULE, Milwaukee, President
GUNNAR GUNDERSEN, La Crosse, President-Elect
R. M. KURTEN, Racine, Speaker
CHARLES FIDLER, Milwaukee, Vice-Speaker
IRA R. SISK, Madison, Treasurer

## Councilors

TERM EXPIRES 1942

First District:
H. P. Bowen——Watertown

Second District:
C. E. Pechous——Kenosha

TERM EXPIRES 1943

Third District:
W. T. Clark——Janesville

Fourth District:
B. I. Pippin——Richland Center

TERM EXPIRES 1943

Fifth District:
A. H. Heidner——West Bend
Sixth District:
S. E. Gavin——Fond du Lac

TERM EXPIRES 1941

Seventh District:
H. A. Jegi——Galesville
Eighth District:
G. W. Krahn——Oconto Falls
Ninth District:
H. H. Christofferson——Colby
Tenth District:
F. E. Butler——Menomonie

TERM EXPIRES 1942

Eleventh District:
F. G. Johnson——Iron River
Twelfth District:
H. J. Gramling——Milwaukee
R. E. Fitzgerald——Milwaukee

TERM EXPIRES 1943

Robert W. Blumenthal
——Milwaukee

TERM EXPIRES 1941

Thirteenth District:
J. W. Lambert——Antigo

TERM EXPIRES 1941

R. G. Arveson——Frederic
(Past President)

## Delegates to American Medical Association

Stephen E. Gavin, Fond du Lac, 1942 James C. Sargent, Milwaukee, 1942 Joseph F. Smith, Wausau, 1941

## Alternates

S. J. Seeger, Milwaukee, 1942 F. E. Butler, Menomonie, 1942 C. W. Giesen, Superior, 1941

The Wisconsin Medical Journal, Official Publication
Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Illinois

## List of Executive Officers of County Medical Societies

| County | President | Secretary |
|---|---|---|
| Ashland–Bayfield–Iron | C. A. Grand, Ashland | A. H. Lamal, Ashland. |
| Barron–Washburn–Sawyer–Burnett | H. H. Ainsworth, Birchwood | R. W. Adams, Chetek. |
| Brown–Kewaunee–Door | L. D. Quigley, Green Bay | E. J. O'Brien, Green Bay. |
| Calumet | J. W. Goggins, Chilton | J. A. Knauf, Stockbridge. |
| Chippewa | F. B. Sazama, Chippewa Falls | L. W. Picotte, Chippewa Falls. |
| Clark | J. W. Johnson, Withee | A. P. Hable, Loyal. |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | C. J. Radl, Wisconsin Dells. |
| Crawford | G. R. J. Hammes, Seneca | O. E. Satter, Prairie du Chien. |
| Dane | S. J. Briggs, Madison | D. L. Williams, Madison. |
| Dodge | A. J. Hebenstreit, Juneau | A. G. Hough, Beaver Dam. |
| Douglas | Rudolph Christiansen, Superior | Fred Johnson, Jr., Superior. |
| Eau Claire–Dunn–Pepin | J. C. Baird, Eau Claire | H. S. Fuson, Eau Claire. |
| Fond du Lac | O. F. Guenther, Campbellsport | S. A. Theisen, Fond du Lac. |
| Forest | G. W. Ison, Crandon | G. E. Carroll, Laona. |
| Grant | H. J. McLaughlin, Bloomington | H. L. Doeringsfeld, Platteville. |
| Green | W. G. Bear, Monroe | L. E. Creasy, Monroe. |
| Green Lake–Waushara | J. A. Kelly, Green Lake | D. M. Regan, Berlin. |
| Iowa | T. A. Hagerup, Dodgeville | H. M. Walker, Dodgeville. |
| Jefferson | J. C. Brewer, Jefferson | E. A. Schoenecker, Lake Mills. |
| Juneau | W. T. O'Brien, Mauston | Brand Starnes, New Lisbon. |
| Kenosha | E. F. Andre, Kenosha | L. M. Rauen, Kenosha. |
| La Crosse | M. W. Ward, Bangor | J. C. Fox, La Crosse. |
| Lafayette | S. A. J. Ennis, Shullsburg | E. D. McConnell, Darlington. |
| Langlade | R. J. Portman, Antigo | W. P. Curran, Antigo. |
| Lincoln | G. R. Baker, Tomahawk | L. J. Bayer, Merrill. |
| Manitowoc | T. H. Rees, Manitowoc | T. A. Teitgen, Manitowoc. |
| Marathon | M. L. Jones, Wausau | H. H. Fechtner, Wausau. |
| Marinette–Florence | J. V. May, Marinette | K. G. Pinegar, Marinette. |
| Milwaukee | T. J. Howard, Milwaukee | Mr. James O. Kelley, Ex. Sec., Milw. |
| Monroe | D. C. Beebe, Sparta | T. J. Sheehy, Tomah. |
| Oconto | W. R. Berg, Gillett | C. R. Kwapy, Oconto. |
| Oneida–Vilas | C. A. Richards, Rhinelander | H. J. Westgate, Rhinelander (acting) |
| Outagamie | W. H. Towne, Hortonville | D. M. Gallaher, Appleton. |
| Pierce–St. Croix | C. A. Dawson, River Falls | A. E. McMahon, Menomonie. |
| Polk | W. B. Cornwall, Amery | G. B. Noyes, Centuria. |
| Portage | H. P. Benn, Stevens Point | T. L. Harrington, Stevens Point. |
| Price–Taylor | H. B. Norviel, Phillips | J. L. Rens, Phillips. |
| Racine | A. M. Lindner, Racine | Beatrice O. Jones, Racine. |
| Richland | R. E. Housner, Richland Center | G. H. Benson, Richland Center. |
| Rock | G. C. Waufle, Janesville | O. V. Overton, Janesville. |
| Rusk | W. F. O'Connor, Ladysmith | M. L. Whalen, Bruce. |
| Sauk | J. F. Moon, Baraboo | C. B. Pope, Baraboo. |
| Shawano | F. L. Litzen, Gresham | E. E. Evenson, Wittenberg. |
| Sheboygan | Anthony Voskuil, Cedar Grove | W. G. Huibregtse, Sheboygan. |
| Trempealeau–Jackson–Buffalo | E. A. Meill, Cochrane | T. J. Nereim, Whitehall. |
| Vernon | W. H. Remer, Chaseburg | R. S. Hirsch, Viroqua. |
| Walworth | H. J. Kenney, Delavan | L. H. Donath, Lake Geneva. |
| Washington–Ozaukee | F. W. Lehmann, Hartford | R. S. Fisher, Allenton. |
| Waukesha | G. S. Jones, Genesee Depot | J. F. Wilkinson, Oconomowoc. |
| Waupaca | A. M. Christofferson, Waupaca | J. W. Monsted, New London. |
| Winnebago | F. G. Jensen, Menasha | E. F. Cummings, Oshkosh. |
| Wood | L. A. Copps, Marshfield | R. W. Mason, Marshfield. |

# Petrolagar*...

## As a Bland Cleansing Enema

• The effect of a Petrolagar cleansing enema is to soften thoroughly the inspissated stool, and help establish a complete, comfortable bowel movement. Petrolagar serves this purpose well because it is miscible with water, a virtue that enables an even dissemination of minute oil globules throughout the residue in the colon.

The Petrolagar cleansing enema is preferable to irritating soap solutions in either the home or the hospital, because of its gentle, but thorough softening action.

Consider the routine use of the Petrolagar cleansing enema in the hospital, postoperatively or in obstetrical cases, where normal bowel habits are temporarily disturbed.

How to use: Mix 3 ounces of Petrolagar Plain with water sufficient to make one pint to one quart, as desired, and administer by gravity. For retention enema administer at body temperature.

*Petrolagar—The trademark of Petrolagar Laboratories, Inc., brand emulsion of mineral oil . . . Liquid petrolatum 65 c.c. emulsified with 0.4 gm. agar in a menstruum to make 100 cc.*

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

Prescribe Journal-advertised products and you prescribe the best.

# Rogers Memorial Sanitarium

OCONOMOWOC, WIS.
**Telephone 448**

A PRIVATE sanitarium
(incorporated not-for-profit)
for the treatment of
**DISEASES OF THE NERVOUS SYSTEM**
All approved methods of therapy are used

**Fireproof Building**
**Booklet on Request**

*RESIDENT PHYSICIANS*
**JAMES C. HASSALL, M.D.**
**Medical Director**
**OWEN C. CLARK, M.D.**
**DONALD A. R. MORRISON, M.D.**

*BOARD OF TRUSTEES*
**JAMES C. HASSALL, M.D.**
**FREDERICK PABST**
**Oconomowoc, Wis.**
**T. H. SPENCE**
**MITCHELL MACKIE**
**MACKEY WELLS**
**O. R. LILLIE, M.D.**
**Milwaukee, Wis.**
**PETER BASSOE, M.D.**
**RALPH C. HAMILL, M.D.**
**JOHN FAVILL, M.D.**
**Chicago, Ill.**
**W. S. MIDDLETON, M.D.**
**Madison, Wis.**
**SCOTT LOWRY**
**Waukesha, Wis.**

Milwaukee Office:
**By Appointment**
**1330 Wells Building**
**Telephone Daly 1441**

# MILWAUKEE SANITARIUM

Wauwatosa, Wisconsin

## FOR NERVOUS DISORDERS

(Chicago office—1117 Marshall Field Annex. Wednesdays, 1–3 P. M.)

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Staff
Rock Sleyster, M.D.
Lloyd H. Ziegler, M.D.
William T. Kradwell, M.D.
Merle Q. Howard, M.D.
Carroll W. Osgood, M.D.
Benjamin A. Ruskin, M.D.
Arthur J. Patek, M.D.

One of the Fourteen Units in "Cottage Plan"
COLONIAL HALL

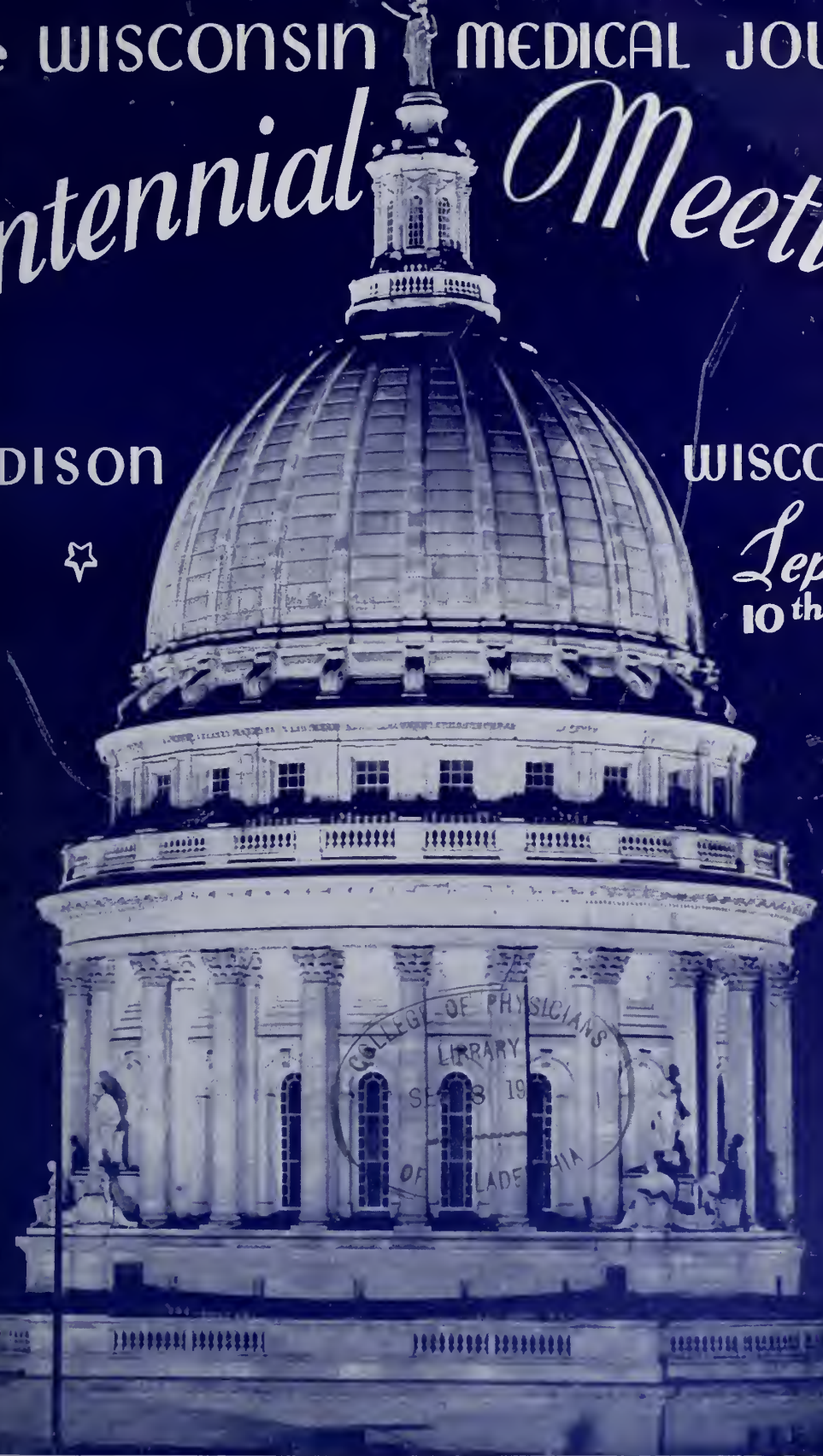
DEMOCRAT PRINTING COMPANY
MADISON, WISCONSIN

The WISCONSIN MEDICAL JOURNAL

# Centennial Meeting

MADISON ☆ WISCONSIN

September 10th 11th 12th



COLLEGE OF PHYSICIANS OF PHILADELPHIA LIBRARY SEP 8 19

COMPLETE TABLE OF CONTENTS, PAGE 776

...0, Number 9
...ey Building

MADISON, WISCONSIN, SEPTEMBER, 1941

Copyright, 1941, by The State Medical Society of Wisconsin

SEP 8 LIBRARY

Per Year $3.50
Single Copy 50 Cents

# NIKETHAMIDE A CARDIO-VASCULAR and RESPIRATORY STIMULANT

Nikethamide is a 25 per cent aqueous solution of pyridine-b-carboxylic acid diethylamide and is intended for use as a cardio-vascular and respiratory stimulant. It may be administered either orally or parenterally (by subcutaneous, intramuscular, or intravenous injection).

It is supplied in 15 c. c. dropper service bottles for oral use and in ampules of 2 and 5 c. c. and diaphragm stoppered vials of 15 c. c. for parenteral administration.

For complete information on this Lakeside product send for our brand new booklet on "Nikethamide." It tells about clinical and laboratory studies that have been made with this medication; it includes reports by such famous names as Cowan, Stoland and Ginsberg, Brower and Kerry, Lankford, Killian and Wood, Beckman and others.

The LAKESIDE Laboratories Inc.
MILWAUKEE WISCONSIN

# Waukesha Springs Sanitarium

## FOR NERVOUS DISEASES

*BUILDING ABSOLUTELY FIRE-PROOF*

BYRON M. CAPLES, M. D. Medical Director. FLOYD W. APLIN, M. D.

**WAUKESHA, WISCONSIN**

*New · Feminine · Smart · Venturous*

with individuality in design, *Kismet* offers a new appeal in vivacious eyewear style for the fastidious.

The new lens shape of *Kismet* is destined to bring high patient-to-patient recommendation from all those who want the attractiveness of this new and alluring design in rimless glasses.

Yet, with all its air of distinctiveness *Kismet* is in good taste anywhere, practical for business and all social activities.

*Kismet* will reflect your progressiveness in your community if you are the first to suggest this new adventure in style to your prominent feminine patients.

Kismet
THE UNUSUAL

—*unusual* because it commands, like all other "style" items in the fashion world, a plus value for every prescription.

—*unusual* because its wider field gives an even greater unobstructed vision.

—*unusual* because of its delicate black-enamel silhouette edge.

—*unusual* because its distinct styling flatters the most demure brow and gives new interest to the most commonplace of features.

**RIGGS OPTICAL COMPANY**
***Distributors of Bausch & Lomb Products***
GENERAL OFFICES, CHICAGO, SAN FRANCISCO; BRANCHES IN PRINCIPAL WESTERN AND MID-WESTERN CITIES

# THE WISCONSIN MEDICAL JOURNAL

Volume 40
Number 9

MADISON, WISCONSIN, SEPTEMBER, 1941

Per Year $3.50
Single Copy 50 Cents


## TABLE OF CONTENTS


SCIENTIFIC ARTICLES

| | Page |
|---|---|
| The Management of Infantile Allergic Eczema by Gerald M. Cline, M. D., Bloomington, Illinois | 789 |
| Emotional Factors in Allergic States by Theodore L. Squier, M. D., Milwaukee | 793 |
| Oil Bases in Estrogenic Substances as a Cause of Allergic Dermatitis; Report of a Case by Leonard S. Markson, M. D., and Charles M. Schoen, M. D., Milwaukee | 796 |
| Molds as a Cause of Seasonal Allergy; Spore Count of Milwaukee by Bert B. Schoenkerman, M. D., Milwaukee | 797 |
| Vertigo by W. E. Grove, M. D., Milwaukee | 799 |
| Comments on Treatment | 806 |

SPECIAL ARTICLES

| | |
|---|---|
| Centennial Anniversary Section: Biographies of Pioneer Wisconsin Physicians (continued) | 855 |

EDITORIAL

| | |
|---|---|
| Some of Our Enviable Achievements of 1940 | 807 |

MISCELLANY

| | Page |
|---|---|
| President's Page | 808 |
| The Centennial Meeting | |
| Meeting High Lights | 809 |
| Program | 810 |
| Amendments to Constitution and By-laws | 812 |
| Scientific Exhibits | 820 |
| Technical Exhibitors | 824 |
| Committees | 825 |
| Members—1941 House of Delegates | 826 |
| Officers and Councilors, State Medical Society of Wisconsin | 827 |
| Woman's Auxiliary | 830 |
| Film Strip | 839 |
| Society Proceedings | 845 |
| News Items and Personals | 845 |
| Births and Marriages | 847 |
| Society Records | 847 |
| Coming Events | 847 |
| Correspondence | 848 |
| Members in Active Service | 849 |
| Wisconsin's New Licentiates | 851 |
| Council Minutes, June 22, 1941 | 853 |
| Book Reviews | 856 |
| Physicians' Exchange Page | 872 |



[Entered as second class matter, June 30th, 1903, at the Post Office at Milwaukee, Wis., under Act of Congress March 3rd, 1879. Transferred to Madison, Aug. 1st, 1929.]

"Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized Aug. 7, 1918."

SACRED HEART SANITARIUM

MILWAUKEE, WISCONSIN

An institution conducted for the diagnosis and treatment of mild nervous disorders and non-infectious diseases; also for rest and recuperation under medical supervision. Equipped with every modern facility for diagnostic purposes. Scientific dietetics, physiomechanotherapy, hydrotherapy, supervised occupational and recreational activities. Literature and rates sent on request.

MEDICAL STAFF

William L. Herner, M.D., Medical Director
Delparde W. Roberts, M.D. — J. Frampton Wyman, M.D.
William F. Ragan, M.D. — Hubert H. Blanchard, M.D.
Frank W. Mackoy, M.D. — L. Tennyson Peyton, M.D.
Ray C. Johnston, M.D.

When writing advertisers please mention the Journal.

## ST. CROIXDALE ON LAKE ST. CROIX

**PRESCOTT, WISCONSIN**

**MAIN BUILDING—One of the 5 Units in "Cottage Plan."**

A Modern Private Sanitarium for the Diagnosis, Care and Treatment of Nervous, Mental and Medical Cases.

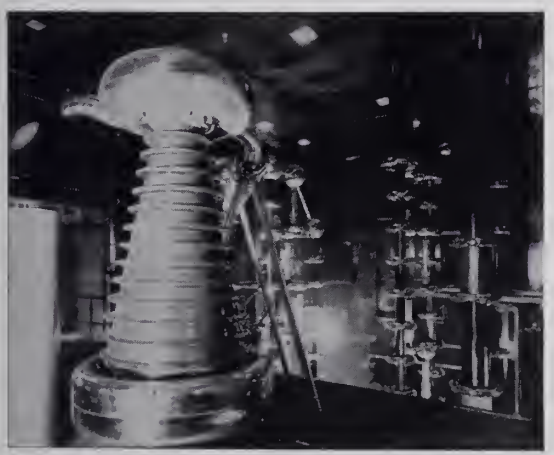
Located on beautiful Lake St. Croix, eighteen miles from the Twin Cities, it has the advantages of both City and Country. Every facility for treatment provided, including recreational activities and occupational-therapy under trained personnel. Milk, cream and butter from our own herd of Tuberculin-tested Registered Guernsey Cows. Inspection and co-operation by reputable physicians invited. Rates very reasonable. Illustrated folder on request.

CONSULTING NEURO-PSYCHIATRISTS
Hewitt B. Hannah, M. D.
Joel C. Hultkrans, M. D.
511 Medical Arts Building
Minneapolis, Minnesota
Tel. MAin 4672

RESIDENT PHYSICIAN
Howard J. Laney, M. D.
Prescott, Wisconsin
Tel. 39

SUPERINTENDENT
Ella M. Mackie
Prescott, Wisconsin
Tel. 69

# Radiation Therapy Institute



Upper End of Tube and Million Volt Generator

of Saint Paul

## CHARLES T. MILLER HOSPITAL

Facilities for Radium and Roentgen Therapy, Including 1,200,000 Volt Constant Potential Installation of Most Advanced Design.

*You are cordially invited to visit the Radiation Therapy Institute and inspect its facilities.*

Edward Schons, M.D., *Director* J. P. Medelman, M.D., *Associate Director*

A Reminder from Borden about

# SOUND INFANT NUTRITION

IN BIOLAC—the *liquid* modified milk for infants—sound nutrition and ease of digestion are assured by four key principles.

**1. Fat Adjustment**—fat is reduced to a moderate, more readily assimilable level than is found in regular fluid or evaporated milk. Biolac is homogenized to provide small, readily-digestible fat droplets.

**2. Protein Adjustment**—protein is maintained at higher level than in breast milk to compensate for biological difference of cow's milk protein, and to provide amply for the greater needs in early months when growth is fastest.

**3. Carbohydrate Adjustment**—as in breast milk, carbohydrate for the growing young is provided solely by lactose, and in Nature's own equilibrium of 60% beta, 40% alpha lactose.

**4. Vitamin and Iron Adjustment**—vitamins A, $B_1$, D, and iron are provided at recognized prophylactic levels, making their ingestion automatic and certain.

Needing only simple dilution with boiled water, Biolac assures a sterile formula—even including the carbohydrate. It is sold only in drug stores; no feeding directions are given to the laity.

Visit our exhibit
Booth 14
*AT THE*
Madison Meeting

● Please enclose professional card or letterhead when requesting literature or samples. The Borden Co., 350 Madison Avenue, New York City.

*Borden's* **BIOLAC**

**A BORDEN PRESCRIPTION PRODUCT**

# KARO FORMULAS FOR PREMATURE AND DEBILITATED INFANTS

**DILUTE MIXTURES**

Evaporated milk..... 4 ozs.
Water, boiled.....12 ozs.
Karo..... 1 tbs.
2 ozs. every 3 hrs. for 8 feedings

Lactic Acid milk (dried) 5 tbs.
Water, boiled.....16 ozs.
Karo.....1½ tbs.
2 ozs. every 3 hrs. for 8 feedings

**CONCENTRATED MIXTURES**

Breast milk.....12 ozs.
Evaporated milk..... 4 ozs.
Karo..... 1 tbs.
2 ozs. every 3 hrs. for 8 feedings

Lactic Acid milk (2%)..16 ozs.
Karo..... 2 tbs.
2 ozs. every 3 hrs. for 8 feedings

**FEEDING PROGRESS**

| Days of Age | Drams at Each Feeding | Ounces of Feeding per 24 Hrs. |
|---|---|---|
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 4 | 4 |
| 4 | 6 | 6 |
| 5 | 8 | 8 |
| 6 | 10 | 10 |
| 7 | 12 | 12 |

(8 drams = 1 ounce)

*Premature usually thrive on Karo formulas*

"MOST of the common milk mixtures have been used at various times with some degree of success —evaporated, acid and dried milks, and butter-flour mixtures. Those high in protein and carbohydrate and low in fat are the most suitable in concentrated formulas properly adapted to the limited digestive capacity of the premature. While lactic-acid milk with addition of 7 to 10 per cent by volume of Karo syrup yields twenty-five to thirty calories per ounce, evaporated milk with 5 to 10 per cent added Karo syrup is equally effective.

Processed or acid milks are advantageous because of the fine curds produced, the premature being particularly susceptible to curd indigestion. Nonfermentable carbohydrate in quantities similar to those used in normal feeding of infants may be added to any of these milks. The formula may be concentrated by decreasing the water, or adding powdered protein milk in place of extra amounts of sugar."

KUGELMASS: "*Newer Nutrition in Pediatric Practice.*"

**CORN PRODUCTS SALES COMPANY**
***17 Battery Place, New York City***

# CHECKERBOARD TACTICS

Like men on a checkerboard, many people jump back and forth between the squares of optimum and minimum nutrition. Both the game of nutrition and the game of checkers are a matter of some luck . . . but more skill. To maintain desired health states it is well to depend upon the skill of application of modern nutritional knowledge. Maintenance of high standard dietaries can be accomplished with surprising ease if the simple rules of nutrition are observed.

COCOMALT finds its place in this dietetic scheme of things for both normal and therapeutic diets. Its rich flavor urges young and old to drink milk. COCOMALT contains calcium, phosphorus, iron . . . Vitamins A, $B_1$, D and G . . . quick energizing elements . . . body building nutrients. Recent studies and references* confirm these facts.

**Cocomalt** is used more and more by physicians in diets for growing children and adults; for pregnancy and lactation; malnutrition, anorexia, pre- and post-operative patients, convalescence, febrile diseases and gastro-intestinal conditions.

**COCOMALT**
***The Enriched Food Drink for All Ages***
**R. B. DAVIS COMPANY • Hoboken, N. J.**

*Arch. of Ped.—56: Nov. 1939; Med. Record—Aug. 21, 1940; Med. Record—150:1:1939; Arch. of Ped. 57:448 (July) 1940; Med. Record—149: Jan. 1939; Surgery—6:1:1939.

## Cook County Graduate School of Medicine

**(IN AFFILIATION WITH COOK COUNTY HOSPITAL)**
Incorporated not for profit

*Announces Continuous Courses*

SURGERY—Two weeks Intensive Course in Surgical Technique with practice on living tissue starting every two weeks. General Courses One, Two, Three and Six Months; Clinical Courses; Special Courses. Rectal Surgery every week.

MEDICINE—Two Weeks Intensive Course starting October 6th. Two Weeks Course in Gastro-Enterology starting October 20th. One Month Course in Electrocardiography & Heart Disease every month, except December.

FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course starting September 22nd. Informal Course every week.

GYNECOLOGY—Two weeks Intensive Course starting October 20th. Twenty Hour Personal Course in Vaginal Approach to Pelvic Surgery starting November 3rd. Clinical and Diagnostic Courses every week.

OBSTETRICS—Two Weeks Intensive Course starting October 6th. Informal Course every week.

OTOLARYNGOLOGY—Clinical and Special Course starting every week.

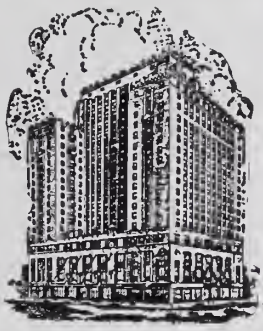
OPHTHALMOLOGY—Two Weeks Intensive Course starting September 22nd. Five Weeks Course in Refraction Methods starting October 13th. Informal Course every week.

ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

Teaching Faculty—Attending Staff of Cook County Hospital

**Address: Registrar, 427 South Honore Street, Chicago, Illinois**



## Your Visit to Milwaukee

Is Made More Enjoyable by Stopping at the SCHROEDER

*Metropolitan atmosphere . . .*
*Cocktail Lounge and Circular Bar*
*Coffee Shop with popular prices*

•

The Beautiful EMPIRE Dining Room

**Music and Dancing—At Lunch, Dinner, After Theatre**

**Music By America's Leading Bands**
**Air Conditioned**

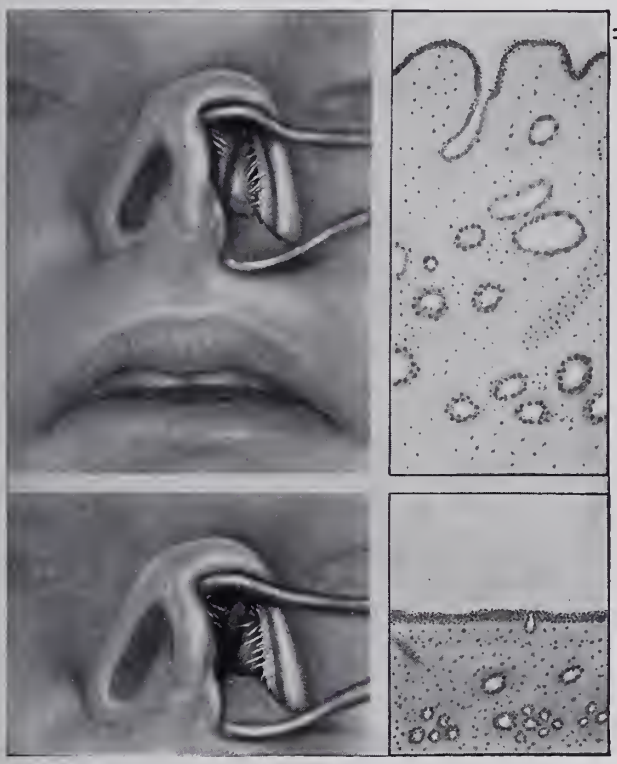
## HOTEL SCHROEDER

MILWAUKEE

**WALTER SCHROEDER, President**

1 LB. 2 OZ. NET (510 GM.
PABLUM
A thoroughly cooked and dried palatable mixed cereal food, vitamin and mineral enriched.
Composed of wheatmeal (farina), oatmeal, wheat germ, yellow cornmeal, powdered beef bone, specially prepared for human use, sodium chloride, powdered dehydrated alfalfa leaf, powdered yeast and reduced iron; cooked thoroughly and dried.
Formula devised by Pediatric Research Foundation of Toronto to furnish not only high nutritive value, but also vitamins B, and G (riboflavin) and essential mineral elements (Calcium, Phosphorus, Iron and Copper).
REQUIRES NO COOK
Add milk or water, hot
Serve with milk or
MEAD JOHN
EVANSVILL
KEEP
EATS

# PATHOLOGY OF THE UPPER RESPIRATORY TRACT



(*Above*) Allergic Rhinitis
(*Below*) Five Minutes after application of Neo-Synephrin Hydrochloride

## ALLERGIC RHINITIS

In allergic rhinitis, relief from nasal congestion is the thing the patient urgently demands—the single criterion by which he evaluates treatment.

To bring such relief

## NEO-SYNEPHRIN HYDROCHLORIDE

(laevo-alpha-hydroxy-beta-methyl-amino-3 hydroxy ethylbenzene hydrochloride)

shrinks the nasal mucous membrane swiftly—with more prolonged effect than ephedrine, and with lower toxicity in therapeutic dosage.

There is no "sting" on application, and unpleasant side reactions are a rarity.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

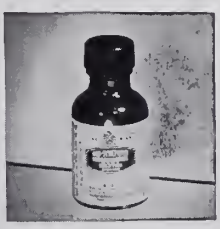
### DOSAGE FORMS

**Emulsion** ¼% (1-oz. bottle with dropper)

**Solution** ¼% and 1% in saline solution (1-oz. bottles) ¼% in Ringer's Solution with Aromatics (1-oz. bottles)

**Jelly** ½% (in collapsible tubes with nasal applicator)

EMULSION



SOLUTION

JELLY

**FREDERICK STEARNS & COMPANY, Detroit, Michigan**

New York Kansas City San Francisco Windsor, Ontario Sydney, Australia

Prescribe Journal-advertised products and you prescribe the best.

*86¢ out of each $1.00 gross income used for members benefit*

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness

INSURANCE

For ethical practitioners exclusively
(56,000 Policies in Force)

| | |
|---|---|
| LIBERAL HOSPITAL EXPENSE COVERAGE | For $10.00 per year |
| $5,000.00 ACCIDENTAL DEATH<br>$25.00 weekly indemnity, accident and sickness | For $32.00 per year |
| $10,000.00 ACCIDENTAL DEATH<br>$50.00 weekly indemnity, accident and sickness | For $64.00 per year |
| $15,000.00 ACCIDENTAL DEATH<br>$75.00 weekly indemnity, accident and sickness | For $96.00 per year |

*39 years under the same management*

$ 2,000,000 INVESTED ASSETS
$10,000,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

*Send for applications, Doctor, to*

400 First National Bank Bldg. Omaha, Nebraska

# Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO, ILL.
Telephones: Central 2268–2269
Wm. L. Brown, M.D., Director

# FOR ANGIOSCOTOMETRY

*USE THE*

## STEREO CAMPIMETER

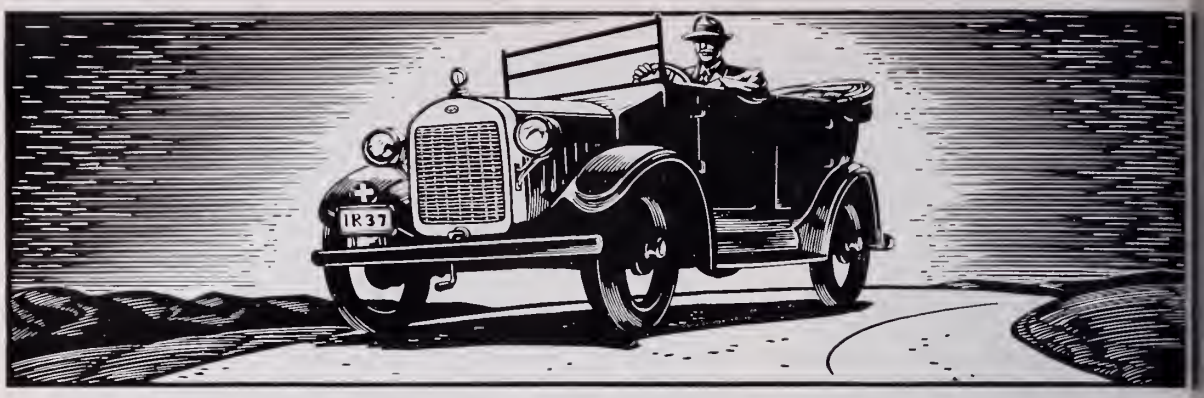
*BY AMERICAN*

PATENTED

The study of central visual fields, including Angioscotometry, one of the most recent clinical developments, can be carried out under ideal conditions with the Lloyd Stereo Campimeter by American The requirements of steady fixation, stereoscopically maintained; accommodative compensation, by virtue of the collimating lens, and equalized illumination of the test field, are fulfilled as in no other instrument of its type. The AO Lloyd Stereo Campimeter is only one of the many outstanding ophthalmic instruments being produced by American Optical Company and Spencer Lens Company, its Scientific Instrument Division.

BY AMERICAN OPTICAL COMPANY

NOW
ORETON-M
TABLETS
FOR ORALLY EFFECTIVE MALE HORMONE THERAPY
Physicians hail ORETON-M Tablets, the new, potent means of securing male hormone effects *by mouth*—for the male climacteric, hypogonadism, impotence of androgenic deficiency and prostatism; in the female, for the control of meno-metrorrhagia, dysmenorrhea, lactation, breast engorgement and after-pains. (Illustration from a woodcut by Rockwell Kent)
SCHERING CORPORATION · BLOOMFIELD · N. J.




# HOW MANY MILES

## have you run *your* x-ray equipment?

MOST any old car might take you from where you are to where you want to go—bumping along on wheels out of true, puffing and snorting while you wrestle with an antiquated gear shift and fight a stubborn steering wheel. But what a difference when you change from venerable antiques to one of these streamlined beauties of today!

It's that way with cars; it's that way with x-ray equipment. Old apparatus may still be working—after a fashion. It may produce radiographs, serve for fluoroscopy, possibly even do therapy. But it has none of the automatic precision built into modern equipment that is your assurance of uniform results.

It has none of the effortless ease and simplicity of positioning patient and table and tube, which so much speeds up the efficiency of an x-ray department and very substantially increases its patient capacity.

It lacks most of today's features that contribute so much to absolute electrical safety and fine mechanical precision. And like the car that was good in its days, old x-ray equipment, too, shows its age! Now in Westinghouse x-ray apparatus, transformers are conveniently out of the way. Well illuminated controls are compactly grouped at eye level. The "machine shop look" of tables and tube-stands has given way to well groomed, attractive lines which emphasize the sound engineering and fine craftsmanship that Westinghouse puts into their construction.

If *your equipment* is of honorable age—and in x-ray apparatus that means ten years or so—call in a Westinghouse X-Ray field engineer, soon. Ask him to survey it, without obligation. Then study the detailed specifications he will submit—and judge for yourself how much you will benefit from modernization of your x-ray department!

**WESTINGHOUSE ELECTRIC & MANUFACTURING COMPANY**

**WESTINGHOUSE X-RAY DIVISION** LONG ISLAND CITY • NEW YORK

When writing advertisers please mention the Journal.

# *Highly practical* FOR INFANTS *and* CHILDREN

● Incorporating the daily dose of vitamin D in milk removes some difficulties in administration. The mother need only add the prescribed dose to the daily ration of milk. Moreover, biologic and clinical investigations have shown that when vitamin D is thoroughly diffused in milk smaller doses may suffice for the prevention and cure of rickets.

Drisdol in Propylene Glycol makes it possible to secure the benefits obtainable from combining vitamin D with the daily milk ration. Unlike oily preparations, Drisdol in Propylene Glycol diffuses readily in milk and when well diluted imparts no taste nor odor.

WINTHROP

HOW SUPPLIED:
Drisdol in Propylene Glycol — 10,000 U.S.P. units per gram—is available in bottles containing 5 cc. and 50 cc. A special dropper delivering 250 U.S.P. vitamin D units per drop is supplied with each bottle.

## *Drisdol*

Reg. U. S. Pat. Off. & Canada

*Brand of* CRYSTALLINE VITAMIN D from ergosterol

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

**IN PROPYLENE GLYCOL**

*Winthrop Chemical Company, Inc.*

*Pharmaceuticals of merit for the physician*

**NEW YORK, N. Y.** **WINDSOR, ONT.**

822M

Congratulations and Best Wishes

to

The State Medical Society of Wisconsin

on the occasion of its

Centennial Anniversary

THE MILWAUKEE OPTICAL MFG. CO.

208 E. Wisconsin Avenue

MILWAUKEE, WIS.

SHOREWOOD

HOSPITAL • SANITARIUM

2316 E. Edgewood Avenue MILWAUKEE, WISCONSIN Phone: EDgewood 0900

For Nervous Disorders

A fifty bed hospital and sanitarium. Separate buildings for neurotic and psychotic cases.

*Illustrated booklet sent on request.*

WM. H. STUDLEY, M.D.
*Medical Director*
JACK L. KINSEY, M.D.
HERBERT W. POWERS, M.D.

ESTABLISHED 1898

THE WISCONSIN MEDICAL JOURNAL

VOLUME 40, NO. 9 Copyright, 1941, by The State Medical Society of Wisconsin SEPTEMBER, 1941

# The Management of Infantile Allergic Eczema*

By GERALD M. CLINE, M. D.
*Bloomington, Illinois*

NUMEROUS articles on infantile allergic eczema have appeared in medical literature during the last decade. When analyzed they have in general been helpful in the understanding of this difficult subject. An attempt on my part to add anything new would be presumptuous. To make a resume would be to repeat material with which physicians are familiar. Therefore, I have chosen to discuss informally the method of managing infantile eczema used in my office during the average day's practice. I shall not discuss other types of eczema, such as fungous infestation and primary contact eczema. How do I deal with the problems of parents, who have, as a rule, little knowledge of the difficulties of eczema? How and what do I prescribe to bring about a cosmetic as well as a clinical result?

The approach as carried out at the office examining table is of major importance. Making the mother feel that the physician has an individualized interest in her child instills confidence, and this confidence is of greatest value, since the infant, with a disease so often chronic, will probably be a patient for a long time.

If the patient has not improved at the age of two years he will usually remain in the chronic state, with various exacerbations, during future months or years. Therefore, if the physician can get and keep the confidence of the parent he has the breaks with him, and his early method of approach and his individualized interest will make his later problem much simpler.

As in all medical problems, emphasis must be placed first on a detailed history. What was the diet at the onset of the rash? How old was the child at the occurrence of the rash?

The history of a breast-fed baby presents a different problem from that of an artificially fed baby, because clinicians have definitely proved that proteins ingested in the mother's diet, which may not cause any symptoms in her, can be responsible for various allergic upheavals in the infant. I have on record a number of patients with infantile eczema who were almost immediately relieved by having the mother avoid in her diet such foods as oranges and other citrus fruits, chocolate and eggs. As a double check, the addition of these foods, one by one, to the mother's diet can be made, and by close observation the ones causing the more violent exacerbations can be detected.

### The Artificially Fed Baby

The artificially fed baby has not, in recent years, presented so great a problem as formerly, since evaporated and superheated milks are now in general use. Today the case of severe weeping eczema, with its typical picture of vesiculation and even pustulation, is rare. The decrease in the total number of all types of eczema in babies today can certainly be attributed to the feeding of these milks. At the risk of repeating, I wish to advise the general practitioner to make the superheated milks his choice in infant feeding, particularly if the patient has a family history of allergy.

Long-cooked or autoclaved dairy milk in most instances will answer the same purpose as the evaporated or superheated milks. Use of dairy milk will often keep the doctor in good faith with the local dairymen, who, after all, have cooperated universally in giving the consumer grade A milk. So often the

* Presented before the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

layman does not understand that the milk itself is satisfactory except for the raw protein, which causes severe reactions in some patients. He should be familiarized with the fact that evaporated milks, powdered milks and autoclaved dairy milks are stable and constant and their anaphylactogenic properties greatly reduced.

If a fair trial has been given these milks and the results are unsatisfactory, I then would advise trying evaporated goat's milk. Occasionally I obtain satisfactory results with this change. It is advisable to feed goat's milk for five to seven days, as often it requires at least that length of time for any appreciable clinical change to be evidenced. Some allergists and pediatricians advise cutaneous testing for the lactalbumin and casein of cow's milk and goat's milk before a change of feeding is made. They feel that this helps them to a quicker decision. I question the value of this procedure, but I am postponing a discussion of cutaneous testing until later in this paper.

### A Satisfactory Milk Substitute

Since the majority of babies seen in everyday practice are artificially fed, the question of a milk substitute becomes of prime importance. I agree with Dr. Samuel J. Levin,* of Detroit, who said: "One of the chief difficulties in the handling of infantile eczema is the need for a satisfactory milk substitute." I believe that most physicians agree with this statement. However, the results in many cases with a soybean substitute have been so successful that I am convinced such substitutes are worthy of trial. Sometimes. however, complaints such as diarrhea, huge, bulky stools with a bad odor, excoriation of the buttocks and vomiting do result. Moreover, many infants refuse to take the product in question, and mothers frequently object to the difficulties in its preparation, which are due to its insolubility. There are several soybean substitutes on the market. My experience has been only with the commercial product "sobee." Its value to me could be computed accurately only by a statistical review, which I have not yet made, of numerous cases in which I have successfully used it. Offhand, I would say that in 50 per cent of the cases in which I have prescribed it, the results have been successful. Perhaps this small percentage is accounted for by the fact that a few patients are sensitive to soybeans and immediately become worse when they take the food.

If evaporated milk, powdered milk, evaporated goat's milk and soybean mixtures do not improve the patient, what is the next procedure? If the patient is under six months of age, I explain to the parents the difficulty and dangers of the problem and the question of what the physical structure of the infant will be three to four years hence. I then go back to the superheated milk that best agreed clinically. I try to handle the eczema locally as best I can, again explaining that the averages at two years of age are in favor of a good future clinical result. With infants six months of age or over, I have successfully fed some of the cereals, vegetables, meat pulp and juices and fruits and have supplemented the diet with the needed calcium and various vitamin products, without using any type of milk. At times I have later used successfully oral desensitization with evaporated milk over a period of at least a year. Hypodermic desensitization is a procedure I have not tried in infants.

I want to express one word of warning which I have failed to see in print concerning these changes in foods. The results of two experiences have been timely and lasting lessons to me. In both instances the switching from cow's milk or goat's milk to a soy bean preparation and back to cow's milk proved very dangerous. A serious anaphylactic reaction occurred, with acute edema of the respiratory tract and a terrific flare of the cutaneous process, which resulted in a general pustular eruption over the entire body. A generalized gangrenous exudate with necrosis of large areas of skin followed. Toxemia and death resulted in thirty-six hours. The skin at its best is teeming with organisms, and its resistance to infection is very low. Therefore, such shocking reactions as this produce uncontrollable flares. The two experiences have made me very hesitant in prescribing radical changes

* J. Pediat. 17:79, 1940.

in diet for a patient with acute eczema, especially an infant under six months of age. I feel that evaporated goat's milk relieves, speaking in percentages, enough milk-sensitive infants to warrant trying it before beginning use of a soy bean preparation. It is cheaper, more palatable and easier to prepare. If later the physician tries a soy bean product, gets poor results and then wishes to go back to cow's milk, he should be careful to start with only a few drops of superheated milk in each feeding, increasing the amount gradually until at least a partial tolerance is reached. Small doses at repeated intervals will not be as likely to cause a flare as a large single feeding, especially if it is given on an empty stomach.

Another note of warning I wish to give concerns the danger of the feeding of cow's milk to newborn infants before the breast milk is available. This procedure, it will be remembered, was done routinely years ago; but it certainly was responsible for early sensitization of many babies to cow's milk protein. Therefore, I feel that water or dextrose water is the only food substitute that should be fed to a newborn baby. The gastrointestinal tract is then given a chance to adjust itself to its new duties of life.

### Other Essential Foods

In addition to the various milks or milk substitutes, sugars are essential items in the infant's diet. For many years my choice of sugar for the allergic infant has been sucrose. I cannot recall, however, a patient whom I have definitely proved to be sensitive to dextrimaltose, a common form of sugar. The various corn syrups have been proved troublemakers. As a rule, the sugar problem with most eczematous infants is minor.

It is an accepted fact that vitamins are of paramount importance. Orange juice, the universally accepted supply of vitamin C, commonly causes colic and frequently excites flares of eczema. A substitute for it may be tomato juice or crystalline vitamin C, ascorbic acid. Fish oils, supplying vitamins A and D, are sometimes excitants. Crystalline vitamin D (e.g. "Drisdol") and crystalline carotene (e.g. "Carotene") are valuable substitutes. Commercial vitamin B products, now so commonly used, must be suspected as potential causative agents in infantile eczema.

The choice of cereal is important. Boiled rice, in my opinion, is the least allergenic. Corn meal mush and oatmeal are two valuable cereal foods, but a suspicious watch must be kept for reactions. Tapioca prepared without eggs can be used as a cereal substitute. Wheat cereals are most commonly to be avoided, but occasionally they can be used successfully when some of the aforementioned foods cannot be taken.

### Foods to Be Avoided

Eggs in all forms, tomatoes often, potatoes, spinach, string beans, and the commercially mixed greens are foods to be avoided in the diet of the older eczematous child. Other foods may be the main cause of eczema. The six food gangsters, in my opinion, are milk, wheat, egg, orange, chocolate and potato, listed in the order of their importance. A simple but valuable procedure is to avoid these foods one at a time in the diet of the infant or nursing mother. With older children, a physician may try returning them to the diet one by one in shock doses, from which a resultant flare may occur, and locate the offender. He should remember, however, the dangers of this procedure.

I must emphasize that by "avoiding" foods I mean complete avoidance. The physician will do well to acquaint and equip himself with a list of foods containing the suspected allergens. Some of the commercial houses can furnish these diet charts.

### Cutaneous Testing

In my hands, cutaneous testing of the infant with eczema has been unsatisfactory, so much so that I rarely employ this means of study. Often the skin is so involved that there is little free space for testing; and an infant's skin reacts so differently to mere scratches or to hypodermic solutions that I can find no set standard of controls by which to evaluate the findings. Besides, parents often oppose this method of testing.

Practically all my patients clinically proved to be sensitive to milk or wheat show

a negative reaction to cutaneous tests. Moreover, some skins show huge reactions to all tests. For five to six years I, too, used various methods of cutaneous testing on various anatomic sites, but I have concluded that the best results come from food and environmental avoidances without preliminary cutaneous tests. Passive transfer testing does have some virtue, as it has a better possibility of an established control and can be done on older persons, who have more stable cutaneous reactions. Also, the objections of the parents are greatly minimized, since the infant is not subjected to the pain of testing.

The equipment for any cutaneous testing is expensive,—the physician must be trained before he dares try it and the entire process can be dangerous; consequently, cutaneous testing is not to be recommended for use by the busy general practitioner.

Since cutaneous testing is so uncertain of results, the greatest care must be taken to locate offending environmental allergens. This may be done by the elimination method, similar to that used in locating food atopens. Feather pillows must always be viewed with suspicion and eliminated. All contacts with wool and animal danders are to be avoided. Many patients with allergic eczema are made extremely worse by contact with allergens such as glue, rubber, soaps, paints, varnishes, dyes, cottonseed and kapok.

## Individual Care

The old proverb, "Cleanliness is next to Godliness," still holds true, but I fear that physicians have been too sparing in the use of soap. They have believed that soap alone was such an important irritant that it should be avoided completely; but it has been learned that with better medical management of diets and environmental factors bland soap and water can usually be used without any appreciable harm and, in most cases, will prove an excellent prevention against secondary pustulation.

Scratching and traumatizing the skin locally are the big factors which I have not handled successfully as yet, for even when the infant is restrained by the best of modern methods, he rubs his face, legs and arms at times and so undoes all the good that was done in several days' management. In this circumstance hospitalization is usually necessary, as most mothers will not completely restrain their infants.

Medically, each type of eczema needs an individualized local application. An oozing surface should be treated first with some drying lotion or pack and later with some form of tar. Undoubtedly each physician has his own pet remedies, as I have, and, like me, is abashed at seeing a patient return cured, happy and contented, after having disregarded his outline of treatment and having used some patent salve or medicine recommended by a relative or neighbor.

## Conclusions

1. Success in treatment depends on individualized interest in the patient.

2. Elimination diets for the nursing mother frequently bring about favorable results in the eczematous infant.

3. Superheated milks are the first choice of foods for the artificially fed infant with an allergic background.

4. Soy bean preparations are valuable milk substitutes.

5. Other foods supplemented with vitamin products provide for standard growth when superheated milks and milk substitutes fail.

6. Serious anaphylactogenic reactions may follow radical changes of foods.

7. Cutaneous testing is too uncertain of results to be accepted as a reliable aid to diagnosis.

*Medical Editor's Note:* Some readers may feel that Dr. Cline's paper is somewhat one-sided in stressing food allergy, especially milk sensitivity, and making light of dust sensitivity which may be a greater factor in infantile allergic eczema, especially in the rural areas of Wisconsin, than Dr. Cline's paper would indicate. Also some may not agree with his statement, "Skin testing is too uncertain of results to be accepted as a reliable aid in diagnosis."

Nevertheless, the paper is important and interesting as a true expression of opinion formed after nineteen years in pediatric practice, and as an outline of the author's method of managing patients with infantile allergic eczema.

# Emotional Factors in Allergic States

By THEODORE L. SQUIER, M. D.
*Milwaukee*

ALLERGIC diseases in general manifest themselves by an explosive reaction accompanied by evanescent increased capillary permeability, tissue edema and spasm of smooth muscle. As a rule, no residual tissue changes remain after the acute attack has subsided. The absence of pathologic changes and the bizarre nature of attacks make it inevitable that allergic manifestations should have been regarded as the result solely of emotional disturbances. In the literature of psychosomatic medicine the enthusiast stresses psychic factors as the primary or even the exclusive cause of asthma or other allergic diseases. On the other hand, allergists are often inclined to dismiss emotional factors with scant consideration.

Truth probably lies somewhere between these two diametrically opposed viewpoints. Attempts at management of frank allergic asthma or frank gastrointestinal allergy by psychotherapy alone are inadequate and unjustified because the underlying cause is ignored. On the other hand, the physician who entirely disregards the background of emotional factors in the care of allergic patients likewise overlooks an extremely important phase of therapeutic management.

The allergic patient at some time has acquired hypersensitivity to a specific foreign substance, usually protein, and has developed antibodies known as reagins against that substance. Some of these reagins circulate in the blood stream and some are attached to the tissue cells of various organs of the body. When the sensitized tissue cells again encounter the specific foreign protein, an explosive union occurs between that protein (antigen) and the reagin in or on the tissue cells of the shock organ. Histamine or a histamine-like substance is thereby liberated, which in turn exerts its specific chemical action to cause increased capillary permeability, edema, spasm of smooth muscle and, in the more severe reactions, a marked fall in blood pressure, shock and collapse.

The presence of circulating antibodies (reagin) in the blood of the sensitized allergic patient can be demonstrated easily by injecting a small amount of his serum into the skin of a nonsensitive person. The antibodies thus passively transferred rapidly become attached to the skin cells at the site of injection, and forty-eight hours later the area thus passively sensitized will react with a typical wheal and flare when tested intracutaneously with a small amount of the specific protein, whereas a control skin site similarly tested remains negative.

It is difficult to conceive how this union of antigen and antibody (P.–K. reaction) could be prevented through psychogenic means any more than the chemical reaction of acid and base could be prevented in a test tube. Emotional factors, however, conceivably can alter the clinical response from the antibody-antigen union, and it is this response which is of primary interest in clinical medicine.

It is known that the administration of epinephrine immediately before testing will obliterate or markedly diminish cutaneous reactions. For this reason, although one can safely make the general statement that psychic factors do not influence antigen-antibody union, it is not improbable that emotional factors in a person with a labile vegetative nervous system might block or diminish the passive transfer reaction or the ordinary type of intracutaneous test. Clarkson[1] has reported an experiment in an 18-year-old asthmatic girl in whom a positive reaction to egg was obtained on intracutaneous testing. On the following day, the test was repeated after hypnosis, with no resulting wheal or erythema. On the succeeding day, when the patient was once more in the normal state, the test was again repeated and a positive reaction obtained as in the first test. This experiment, if accepted, demonstrates that one clinical manifestation of the allergic response can be blocked by psychologic means. To conclude that psychotherapy con-

stitutes the ideal method of preventing such a response is obviously fallacious. It is evident that elimination of antigen-antibody contact, in this instance by omitting the intracutaneous test, would prevent the allergic response most surely.

### The Allergic Threshold

In the literature on allergy the statement often appears that the most minute exposure suffices to cause a reaction in sensitized persons; that, for example, the slightest trace of egg in the food eaten by an egg sensitive asthmatic person suffices to produce an asthmatic paroxysm. Clinically it is known that this is not true.

Some patients are so violently sensitive to egg that contact with infinitesimal amounts does cause immediate and violent symptoms, but from this extreme, all degrees of clinical sensitivity are found, until finally the threshold of reaction is so high that only mild distress follows ingestion of large amounts of egg or distress occurs only after ingestion of egg for several days in succession has broken the tolerance through cumulative effect. Thus a child who in infancy was exquisitely sensitive to egg after several years of avoiding this food might be able to tolerate reasonable amounts without symptoms.

As the allergic threshold for a specific substance rises the response after a given exposure becomes more bizarre and irregular. At this phase in the cycle of sensitivity, accessory nonspecific factors play an increasingly important role as precipitating causes of an allergic explosion.

As an illustration one might assume an allergic threshold of 100 hypothetical units in a person who is sensitive to egg. In infancy, during the phase of extreme sensitivity, minute contact with egg might liberate 250 units, thereby greatly exceeding the threshold. An allergic explosion would be inevitable. Let it be assumed that after avoidance of egg for several years, contact with an amount of egg which previously liberated 250 units now furnishes but 80 units. Sensitivity to egg is still present but the allergic threshold of 100 units has not been exceeded, so no clinical reaction occurs.

An unstable vegetative nervous system will accentuate and may, through stimulation of the parasympathetic system, at times even counterfeit true allergic reactions. When a stage of tolerance comparable to that just described has been reached, the allergic balance can be upset by many nonallergic factors, among which emotional stress and strain certainly is of major importance.

To continue with the example of sensitivity to egg in which ingestion of egg has supplied 80 hypothetical units, one may postulate an emotional upset occurring during this period sufficiently violent to add 30 units to the 80 units previously liberated. The resulting summation of 110 units now exceeds the threshold value of 100 and a clinical allergic reaction occurs, manifested by asthma, gastrointestinal reactions, or other allergic symptoms, depending on the location of the shock tissue.

As a rule, multiple sensitivities complicate the problem in allergic patients so that clinical reactions may result from a summation of allergic factors or as a result of imbalance from non-specific precipitating causes as described.

### Nervous, Psychi: or Emotional Factors

It is apparent therefore that emotional factors can act as the trigger mechanism of an allergic storm, and it is undoubtedly true that persons who have a constitutionally unstable nervous system will succumb more readily to the influence of such nonspecific factors.

Some students of psychosomatic medicine have attempted to attribute allergic manifestations, especially asthma, to a pure psychoneurosis. It is apparent from what already has been said that such a position is untenable. Straus[2] investigated thirty unselected cases of asthma to determine the presence or absence of nervous, psychic or emotional factors and found a nervous element strongly represented in sixteen, well represented in nine, feebly represented in four and absent in one. He rightly felt that

it was erroneous to regard asthma as a psychoneurosis. He did feel, however, that asthma might at times be a form of conversion hysteria and accordingly that in the allergic subject it might be part and parcel of the general anxiety state. Similarly, Clarkson[1] studied the emotional factors in childhood asthma and concluded that "the evidence all points to allergic factors as principally responsible for the onset of juvenile asthma, and that the psychic factor is either mobilized or intensified by the allergic state." He found the children studied to be oversensitive and apprehensive. In the group 73 per cent were above the average scholastically, and only one of the remaining 27 per cent was below average. Clarkson expressed the belief that the feeling of inferiority and isolation growing out of the asthma causes compensatory devotion to studies, so that time ordinarily spent in play is spent in reading. Balyeat[3] also has reported that allergic children are as a rule mentally superior. Piness, Miller and Sullivan[4] and Chobot and his co-workers[5] have failed to confirm these observations. Careful studies by these authors have shown that the general intelligence level of allergic children is essentially the same as that of normal children, although some irregularity of performance due to interruptions by illness was noted in the allergic group.

### Asthmatic Attacks

Recurrent attacks of asthma fulfil the requirements of a conditioned reflex. Therefore it may be expected that asthmatic attacks ultimately may occur in certain persons without contact with the original etiologic antigen and as a pure habituation reflex. Multiple nonspecific factors such as chilling, and contact with irritating nonspecific fumes and odors as well as emotional upsets may then precipitate attacks. An asthmatic patient seen at such a time presents a much more difficult diagnostic problem, because the cause and effect relation is obscured and in addition cutaneous reactions are apt to be diminished or absent.

Golla[6] stated that asthma is by no means infrequent as a hysterical symptom but that when once established it does not necessarily yield to suggestion. He cited the case of a German lung specialist and his assistant who for experimental purposes acquired the ability of reproducing in themselves a typical asthmatic attack. Eventually the attacks, which at first were controlled at will, appeared uninvited and both became confirmed sufferers from asthma.

### Psychotic Patients

Since emotional upsets apparently may act as precipitating causes of allergic explosions, it is significant that allergic reactions appear to occur with greater frequency in mentally normal than in psychotic patients.

Katherine MacInnis[7] made a survey of clinical symptoms of allergy in a group of over 7,000 psychiatric patients, including only those with a frank psychosis and excluding all who had only a neurosis. She found only five patients, or 0.07 per cent of the entire group, with allergic symptoms, in contrast to the usually accepted incidence for allergy of one in seven in the population at large. Three of these five patients showed improvement or disappearance of allergic symptoms during acute psychotic episodes and reappearance of allergic symptoms on approach to mental balance.

In treatment of any chronic disease mental hygiene assumes a major role. This is especially true with allergic diseases, in which the recurrent violent symptoms are prone to lead to the development of an atmosphere of protection. The allergic child is reared in such an atmosphere. The very necessity of guarding against contacts with dust and animals and against inadvertent ingestion of offending foods provides the ideal circumstance for the development of neuroses and behavior problems. Only too readily the child learns that his disability provides a useful foil and means of escape.

Forman[8] has emphasized the importance of intelligent mental hygiene in management and warns against physical overprotection of the patient.

The allergic child should be taught to live with his handicap in as normal and healthy a fashion as possible. Psychic maladjust-

ments must be recognized if they do develop and every attempt made to reestablish mental normalcy.

Psychosomatic medicine has a role of major importance in the management of the allergic person. The aggravating effects of psychic traumas should be recognized and reduced to a minimum. However, it must be realized that if permanent equilibrium is to be achieved the primary allergic offenders must be eliminated or controlled. Psychotherapy should supplement and in no instance supersede allergic investigation and allergic control.


BIBLIOGRAPHY

1. Clarkson, A. K.: The Nervous Factors in Juvenile Asthma, Brit. M. J. 2:845 (Oct. 30) 1937.
2. Straus, E. B.: Psychology of Asthma, Guy's Hosp. Rep. 87:273, 1937.
3. Balyeat, R. M.: The General Health and Mental Activity of Allergic Children, Am. J. Dis. Child. 37:1193 (June) 1929.
4. Piness, G.; Miller, H., and Sullivan, E. B.: The Intelligence Rating of the Allergic Child, J. Allergy 8:168 (Jan.) 1937.
5. Chobot, R.; Spadavecchia, R., and De Sanctis, Rose M.: Intelligence Rating and Emotional Pattern of Allergic Children, Am. J. Dis. Child. 57:831 (April) 1939.
6. Golla, F.: Hysteria, Oxford Med., VI p. 1011.
7. MacInnis, Katharine: Allergic Symptoms in the Psychiatric Patient, J. Allergy 8:73 (Nov.) 1936.
8. Forman, J.: Importance of Mental Hygiene in the Management of the Allergic Child, Ohio State M. J. 35:748 (July) 1939.


# Oil Bases in Estrogenic Substances as a Cause of Allergic Dermatitis

## Report of a Case

By LEONARD S. MARKSON, M. D. and CHARLES M. SCHOEN, M. D.
*Milwaukee*

THE case reported is of dermatitis following the parenteral administration of estrogenic substances contained in two different types of oil bases. The past few years have revealed in the literature only a few cases of sensitivity to such oil bases. In one case shock followed parenteral administration of estrogenic substance in an oil base. In another the reaction was severe dermatitis.

Since reports of such sensitivities are rare, we submit this case report in the hope that more reactions of this type will be recognized in their incipience and untoward reactions thereby be avoided.

### Report of Case

Mrs. M. K. white, aged 46, a housewife, was first seen by one of us (C. S.) on November 18, 1940, complaining of irregular menstruation for the past two years, accompanied by nervousness, sweats, hot and cold flushes and inability to sleep.

Examination gave essentially negative results except to reveal an old perineal laceration and cystocele. For her menopausal disturbance the patient was given estrone (theelin) (Eli Lilly & Co.) in refined cottonseed oil, 2,000 international units intramuscularly in the left arm. She received a similar injection on November 25 and 28 and on December 6 and 13. On December 18 she returned complaining of itching about the site of the last injection.

Examination of this area revealed a zone of erythema. The brand of estrogenic substance was changed to progynon-b (Schering Corporation), and 2,000 rat units were given intramuscularly in the right arm. On December 22 there was an erythematous zone about both injection sites.

On December 24 the patient was referred to one of us (L. M.) because of the dermatologic aspects of the case. At examination erythema and induration were present about the sites of injection on the upper part of each arm; these were beginning to encroach on the rest of the arm. On the flexor surfaces of both arms and forearms there was an erythematous squamous dermatitis of closely grouped vesicles and on the dorsum of the forearms there was an eruption. Also present was a woody edema of the left wrist. On the chest, neck and shoulders was an eczematoid dermatitis morphologically similar to that on the forearms. Local palliative measures were instituted immediately, and within ten days the entire eruption had subsided. Injection of estrogenic substance of course was stopped.

Since the patient was still having her menopausal difficulties, it was decided to do patch, scratch, and intradermal tests to see whether the oil base or the estrogenic substance was the cause of the derma-

titis. Eli Lilly & Co. supplied the oil base used in their estrogenic products, a highly refined cottonseed oil, and also 10 mg. of crystalline estrogenic substance. Schering Corporation supplied their base, sesame oil, used in progynon-b.

On February 11, 1941 patch tests were done with cottonseed oil, sesame oil and a saturated solution of estrone crystals. Reactions read in a twenty-four hour period were negative.

On February 12 scratch tests with the same substances gave negative results.

On February 14 intradermal tests with the same substances were done. No immediate reactions were noted. On the morning of February 17 an erythematous indurated area the size of a half-dollar was present about the sites of injection of both oils. The site of injection of the saturated solution of estrone crystals showed no reaction. On February 18 the areas of erythema had spread considerably. Also present was a diffuse eczematoid dermatitis on the forearms. This reaction lasted about a week and then rapidly subsided.

All patch, scratch and intradermal tests were done on the flexor surfaces of both arms.

Oral estrogenic therapy was instituted, and the patient has progressed satisfactorily.

### Comment

1. Allergic dermatitis followed the parenteral administration of estrogenic substances contained in two different oil bases. It was definitely proved by delayed positive reactions to intradermal tests with sesame and cottonseed oils that these substances and not the estrogenic substance were the causal factor.

2. There was no reaction to the intradermal tests with cottonseed oil or sesame oil for forty-eight hours. A delay in reaction was a characteristic also of the original eruption.

Title used in preceding papers describing allergic responses to oil bases in estrogenic substances have been misleading. (Davis; Levinson and Harrison)

#### BIBLIOGRAPHY

1. Davis, Earl S.: Sensitivity to Estrogenic Substance in Oil, J. A. M. A. 114:1285 (March 30) 1940.
2. Levinson, Louis A., and Harrison, Julian J.: Severe Allergic Dermatitis Following the Parenteral Use of Theelin, J. A. M. A. 113:2055 (Dec. 20) 1939.

# Molds as a Cause of Seasonal Allergy

## Spore Count of Milwaukee

By BERT B. SCHOENKERMAN, M. D.
*Milwaukee*

DURING the last few years, attention has been called to the important role played by fungi as the causative factor of many of the manifestations of allergy. To my knowledge, no report concerned with the particular conditions prevailing in Wisconsin has reached the literature. Originally, clinical mold allergy was thought to include only the respiratory manifestations, such as asthma, hay fever and allergic rhinitis,[1] but recently Feinberg[2] has shown that molds and pollen can be the cause of atopic eczema. Thus the importance of mold allergy has been enhanced.

In an attempt to substantiate the clinical significance of reactions to mold, I have compared the mold spore counts with the symptoms of persons who gave positive cutaneous reactions to these antigens. The majority of the patients showed a definite correlation.

The preponderance of spores observed on the slides were of the genus Alternaria and one or two other members of the Dematiaceae. This supports the idea of the association of reactions obtained by scratch and intracutaneous testing. Practically all the mold-sensitive patients observed gave positive reactions to Alternaria, and in a majority of instances that was their greatest reaction.

The mold spore counts also explain an important situation. Persons who have received pollen therapy for hay fever and asthma without having been thoroughly tested have sometimes shown poor results. This was found to be due in some cases to an overlooked sensitivity to fungus spores. I have observed that the time of the height of the spore count often agrees closely with the time of heaviest pollination, and there-

fore pollen hay fever diagnosed purely on a seasonal basis may easily be confused with sensitivity to mold. Treatment with pollen extract may then be entirely useless.

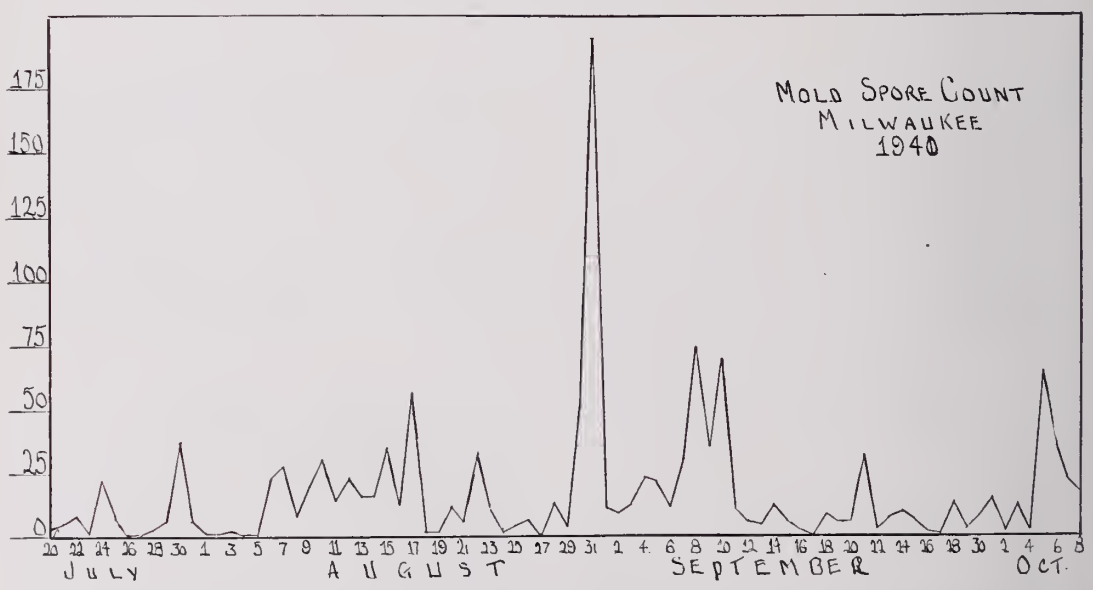
In addition, the spore count has been of value in making possible an estimate of the results of treatment. The relation of count to symptoms, just as with the pollen count, enables one to determine approximately the efficacy of treatment. It has also been of occasional aid to diagnosis in the absence of cutaneous reactions simply by making possible a comparison of the rise and fall in count with the accompanying exacerbations and remissions in symptoms.

Here I should like to enumerate a few of the facts elicited in the history which may help lead to a diagnosis. First, the symptoms commonly present a definite seasonal tendency. However, on further inquiry it is found that the season is long, extending from about May to October or November, and usually associated with exacerbations during the middle of the summer. A history of acute attacks as a result of a visit to a barn, hay loft, circus or scene of a threshing is another point of information supporting a suspicion of mold allergy. A story is also often obtained that the patient has difficulty during the pollen-free time of the summer, such as the period between the grass and ragweed seasons.

The technic employed in the mold spore count is exactly that used in the pollen count; in fact the two counts are done on the same slide. The procedure consists of exposing a microscope slide which has been coated with a fine layer of petrolatum in a simply constructed slide shelter. The shelter used in this study consists of a platform with a depressed stage for the slide and a roof to protect the slide from rain. The roof is supported by four corner posts and is about 15 inches (38 cm.) above the slide, allowing free circulation of air. The slide is exposed for twenty-four hours, and then the spores are counted with the low power objective of the microscope. An area of 1.8 sq. cm. is taken as the standard. Counts may also be done by the plate method.

## Summary

1. Molds constitute a fairly common cause of allergic symptoms.




The mold spore count in Milwaukee during the summer of 1940. It should be noticed that on October 7 the molds still appeared in large enough numbers to cause severe symptoms, and although not included in this graph the count continued to be high enough to cause difficulty for approximately three weeks longer. Amounts represent the number of spores per unit slide area (1.8 sq. cm.).

2. A survey showed that Wisconsin has a contamination of the atmosphere with mold spores sufficiently heavy to cause clinical effects.

3. The spread of the mold season varies from year to year, but usually the greatest intensity is from May to October.

REFERENCES

1. Feinberg, S. M.: Seasonal Hay Fever and Asthma Due to Molds, J. A. M. A. 107:1861 (Dec. 5) 1936. Brown, G. T.: Hypersensitiveness to Fungi, J. Allergy 7:455, 1936. Bernton, H. S., and Thom, C.: The Importance of Molds as Allergic Excitants in Some Cases of Vasomotor Rhinitis, J. Allergy 4:114, 1933.
2. Feinberg, S. M.: Seasonal Atopic Dermatitis: The Role of Inhalant Atopens, Arch. Dermat. & Syph. 40:200–207 (Aug.) 1939.

# Vertigo*

By W. E. GROVE, M. D.
*Milwaukee*

DIZZINESS is one of the most common complaints of mankind and may be initiated by disease in such widely separated portions of the brain as the cerebellum, brain stem, central vestibular nuclei and cerebral cortex. It may also arise in the vestibular portion of the labyrinth. The term includes many varieties of subjective sensations and denotes a feeling of disorientation in the individual.

By vertigo we refer to that form of dizziness initiated by a disturbance in the vestibular mechanism and exclude all other varieties of whatever origin. In this sense vertigo is a purely otological subject and we may define it as a subjective sensation of a disturbed relation with one's environment in some definite plane, accompanied by a false sense of motion, subjective or objective, in one of those planes.

It is interesting to trace the phylogenetic evolvement of the vestibular mechanism. In the lower forms, such as the medusae, it consists merely of a thickened groove of ectoderm known as the otic groove. In somewhat higher forms, such as the mollusk and the octopus, the groove closes in and becomes a cyst, the statocyst. This statocyst may or may not contain concretions and tends to move inward from the ectodermal covering. The removal of this cyst causes locomotor disorientation, compensatory eye movements and loss of muscle tone. Still higher in the scale, in the lower vertebrates, such as fish and birds, we encounter the first complete vestibular apparatus, as we know it in man, that is, an apparatus consisting of three semicircular canals. The evolution of the semicircular canals seems to bear a direct relation to the development of the body appendages such as fins and wings. In the lower forms the simple vestibular apparatus exerts a marked control over the body musculature. As one goes up the scale one finds that it exerts less and less muscular control because such control is shared by other organs as they develop. But even in man the vestibular apparatus is in direct communication by various nerve tracts with all the body musculature and exerts a very definite control over muscle action.

It is interesting to compare the embryological development of the human vestibular mechanism with the phylogenetic history of the apparatus. A thickening of the ectoderm known as the otic plaque first develops in the head region; in an embryo of 2.4 mm. it has been converted into a groove, the otic groove; at 4 mm. the groove has closed in and the otic cyst is beginning to move inward; at 6.9 mm. we begin to see a budding from the otic cyst, the future endolymphatic duct; the first budding of the semicircular canals from the otocyst takes place in an embryo of 13.5 mm.; and the completely developed labyrinth with cochlea, utricle, saccule and canals is present in the embryo of 22 mm.

* Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

### Anatomy of the Vestibular Apparatus

The vestibular apparatus consists of a peripheral portion, situated in the labyrinth, and a central portion consisting of the vestibular nuclei and their central connections. The peripheral portion consists of three semicircular canals, the utricle and the saccule, all located within the temporal bone.

The semicircular canals number three on each side, two vertical and one horizontal. Within the three bony canals are three membranous canals of approximately one-fifth of the diameter of the bony canals. Each semi-canal communicates with the utricle by two openings. Near one of these openings it expands and becomes ampullated, the ampulla. Across the ampulla of the membranous canal is a thickening of the endothelium, covered by hairs which are surmounted by a gelatinous substance, the cupola. The cupola reaches to the opposite wall and is deflected by every movement of the endolymph. The membranous canals are filled with endolymph, secreted by the stria vascularis of the cochlea and surrounded by perilymph which is derived from the cerebrospinal fluid and is in constant connection with the subarachnoid space through the aqueductus cochlea.

The three canals of each side are set roughly at right angles to each other and are so arranged that each canal of the right side lies in the same plane and complements a canal of the left side. Thus the right horizontal canal pairs with the left horizontal canal, the right anterior vertical with the left posterior vertical and the left anterior vertical with the right posterior vertical. Furthermore, in each such pair of canals the ampullae are at opposite ends of the pair.

On the inner surface of the utricle, the cavity into which the three semicircular canals open is a thickened plaque of sensory epithelium covered by hair cells, the macula utriculi. The saccule is a smaller cavity lying between the utricle and the cochlea. Although innervated by a branch of the vestibular nerve it is highly questionable whether it has anything to do with vestibular function.

The vestibular nerve is distributed to the utricle, saccule and the ampullae of the semicircular canals. Its fibers are derived from bipolar cells in Scarpa's ganglion, which is situated in the internal auditory meatus. Together with the cochlear nerve, the nervus intermedius of Wrisberg and the facial nerve, it courses through the internal auditory meatus toward the brain stem which it enters at the lower level of the pons. A few of its fibers pass directly to the cerebellar cortex. The majority end in four masses of nuclei just under the floor of the fourth ventricle, the lateral or Deiter's nucleus, the superior or von Bechterew's nucleus, the inferior or descending spinal nucleus of Roller and a central mass. From this nuclear mass there are connections with the cerebellar cortex by way of the nucleus tecti, with all of the body musculature by way of the vestibulospinal tract, synapsing with the anterior horn cells of all the spinal nerves and with the nuclei of the third, fourth and sixth cranial nerves of both sides by way of the medial longitudinal bundle or the substantia reticularis. These communications put the vestibular mechanism into direct connection with the cerebellum, the body musculature and the eye muscle nuclei.

### Physiology

The cerebrum is the organ of motivation, the cerebellum the organ of coordination of motivated action and the vestibular mechanism the organ of orientation. By equilibrium we mean that muscle action is properly motivated and coordinated and that the individual is properly orientated in space. Perfect equilibrium is maintained by three functions—(1) vision, (2) deep muscle, joint and tendon reflexes and (3) reflexes from the vestibular apparatus. Of the three the last is by far the most important. An individual may lose his vision or his muscle, tendon and joint reflexes and still maintain his equilibrium if the other two functions are retained. If his vestibular function is badly damaged, even though the other two be retained, he is unable to do so.

When the functional balance, normally existing between the right and left halves of the vestibular apparatus, is upset certain definite manifestations occur. They are vertigo, nystagmus, a fall tendency, past pointing, drift in the deviation test and the systemic signs of a sympathetic disturbance, namely, pallor, sweating, nausea, vomiting and faintness. The function of the vestibular apparatus is motion sensing and position sensing. It apprises us of our position in space, that is, in relation to the earth's surface—a static function, and of any change in that position—a kinetic function. It also informs us of any change in the position of the head in relation to the body. Because of a movement of the endolymph toward or away from the cupola each pair of canals can detect a motion or a change of position in its own plane. The two horizontal canals detect a motion in their plane and as this plane is horizontal the motion must be circular or rotatory. This is probably the only pair of canals which functions in an individual way. Tilting or rocking of the head or body forward or backward, side to side or at any oblique angle is sensed by all the vertical canals together in conjunction with the utricle. Acting together the utricle and the vertical canals determine the exact amount of compensation necessary to overcome any given stimulus. In this cooperation between utricle and vertical canals the utricle has more to do with slow changes of position of a rocking or tilting nature while the canals sense the more rapid changes. When the head remains any length of time in a tilted or tipped position the impulses from the ampullae which were generated by the motion itself soon cease but the impulses from the utricle continue until the head is again righted. The function of the saccule is unknown but, despite its vestibular nerve connections, it probably has nothing to do with vestibular function. The head righting reflexes probably arise in the utricle and in the neck muscles.

### Disturbed Vestibular Function

A disturbance of vestibular function results in the subjective symptom of vertigo and the objective signs of spontaneous nystagmus, past pointing, drift in the deviation test, falling and disturbed equilibrium.

*Vertigo:* I stated at the beginning of this paper that vertigo is a subjective sensation of a disturbed relationship with one's environment, usually in some definite plane and accompanied by a false sense of motion in one of these planes. The patient complains that he is turning or that objects about him are turning or spinning; or he is conscious of a tipping or tilting sensation; or the bed is tilting, the walls of the room tipping, the sidewalk uneven or coming up to meet him; or he feels as though he were unsteady and intoxicated. The turning or rotatory type of vertigo is probably due to a lesion involving the horizontal canals or their intracranial connections.

The tilting or tipping types of vertigo have been called "errors of sensation" by Purkinje and are, in all probability, dependent upon disturbances of the utricle, the vertical canals or their central connections. Other forms of dizziness such as black spots before the eyes, faintness, giddiness and pressure sensations in the head are not, in general, due to disturbances of the vestibular mechanism unless they are accompanied by spontaneous nystagmus, a labyrinth which is hyperirritable to artificial stimulation or an imbalance of the two vestibular mechanisms to caloric stimulation.

Vertigo may be of peripheral or central origin. In general it may be said that the vertigo due to a peripheral lesion such as labyrinthitis, massive hemorrhage into the labyrinth or a fracture of its bony walls, is sudden, severe and continuous for three to four weeks after which it disappears completely. After three to four weeks, compensation takes place and the vertigo disappears. The exception to this statement is the appearance of vertigo in short spells due to a fistula in one of the semicircular canals.

The vertigo which is due to irritation of the central vestibular nuclei differs from the peripheral type in that it is not severe and not continuous although it may be similar in other characteristics. It comes on in spells which are initiated by sudden move-

ments of the head, bending or stooping, tilting the head forward or backward, hard physical effort, exposure to heat, undue mental excitement and by the indulgence in even minute quantities of alcohol.

The explanation of this central type of vertigo lies in a vasomotor instability, either generalized or restricted to specific areas. This change in the vasomotor control causes an increase in capillary permeability resulting in localized areas of stasis and edema, the end result of which is destruction of brain tissue and irritation of the central vestibular nuclear masses. Late petechial hemorrhages may well result from this increased capillary permeability.

Disturbances of the vestibular apparatus, either peripheral or central, produce certain objective signs which may be studied under the headings, spontaneous nystagmus, the falling reaction and the induced vestibular reactions.

*Spontaneous Nystagmus:* Spontaneous nystagmus may be either ocular or vestibular in origin. Ocular or optical nystagmus is a rythmic to-and-fro movement of the eyes in which the amplitude of each phase is the same. Vestibular nystagmus is a jerky movement of the eyes having a quick and a slow component. There is a slow movement to one side followed by a quick return. The slow movement is due to the vestibular action; the quick return is a cerebral compensatory act. Vestibular nystagmus may be either physiological or pathological. If a person looks to the right and has a pure horizontal nystagmus toward the right and then on looking to the left has a pure horizontal nystagmus to the left, of the same frequency and amplitude, the nystagmus is physiological. The same may be said of a rotary-horizontal nystagmus appearing under the same conditions unless it be accompanied by other signs of vestibular disease such as an abnormal falling reaction or abnormal induced reactions. A spontaneous nystagmus of the vestibular type may be either peripheral or central in origin.

In studying a spontaneous nystagmus the following points should be stressed: (1) Association or dissociation of the eye movements; (2) the type of the nystagmus; (3) the direction of the nystagmus; (4) the degree of the nystagmus and (5) the amplitude, frequency and constancy of the nystagmus. In the first place the search for a spontaneous nystagmus should be made in every position of the eyes and in every position of the head. The eyes are directed to the right, left, upward and downward with head erect, tipped backward, forward, to the right and to the left shoulder. The same maneuvers should be followed with the patient in the lying position. To prevent fixation of the eyes a large pair of goggles with plus 13 diopter spherical lenses should be worn by the patient.

(1) The eye movements may be associated or dissociated. If associated the lesion may be peripheral or central, if dissociated the lesion is definitely central. (2) The type of the nystagmus may be horizontal, rotary, horizontal and rotary, vertical or diagonal. The pure horizontal type, if equal to the two sides, is physiological. The vertical and diagonal types are central in origin and involve other portions of the brain stem than the vestibular nuclei. (3) The direction of the nystagmus is called from its quick component and may be to the right, left, upward, downward or diagonal. (4) The degree of the nystagmus is of importance in judging its severity. If present to the right on looking to the right we speak of a nystagmus of grade 1; if present on looking to the right and on looking forward and not looking to the left we call it grade 2; if present in all three positions of the eyes we have a nystagmus of grade 3, naturally the most severe type. (5) The amplitude of the excursions, their frequency and the constancy of the nystagmus must also be noted. If on looking to the right or left there are a few nystagmoid jerks which cease soon after the position of the eyes has been assumed we cannot regard this as a true nystagmus.

*The Falling Reaction:* In general the falling reaction is dependent upon the subjective sense of motion either of the rotatory or the tipping variety. Therefore, the Romberg, past pointing, drift and gait devia-

tions can all be considered as indicators of a fall tendency.

A positive Romberg reaction, due to vestibular disturbance, is indicated by a tendency to fall in the direction of the slow component of the existing spontaneous nystagmus, no matter which way the head is turned. In a positive Romberg due to a cerebellar hemisphere lesion the fall is always in the direction of the lesion irrespective of the position of the head. When due to a lesion of the vermis the fall is usually backward. A patient does not protect himself against a fall which is due to these lesions. A certain amount of forward or backward swaying is normal due to the fact that the body is not symmetrical in the anteroposterior diameter. A definite fall backward which the patient prevents by a movement of his feet is not a true Romberg but is due to hysteria or to simulation. When simulation is suspected the attention of the patient should be diverted from the fact that his equilibrium is being tested. This can be accomplished by asking, just before he closes his eyes, what number the examiner is writing on his forehead, or by having him stretch his arms forward to repeat the deviation or past pointing tests. In this way he forgets what is being done until proper observations have been made.

It is generally supposed if an individual stands quietly when placed in the Romberg position that the reaction is negative. This is not always true. The girdle or overthrow test must then be applied. If a gentle lateral pressure or push is applied to one shoulder the normal individual protects himself against a fall in the opposite direction by a compensatory movement of his pelvic girdle, but if the Romberg is positive he does not make this girdle movement.

The pointing test need not be described here, but it should be pointed out that the test is more delicate when performed by both arms simultaneously than by each arm separately. Some patients past point outward or inward with both arms. I know of no disease which would produce such a reaction and if it occurs each arm should be tested individually. If bona fide past pointing is thus unearthed, it should be in the direction of the slow component of the nystagmus. Most of us content ourselves by making the pointing test in the vertical plane. A positive reaction in this plane would indicate a subjective sense of rotation on the part of the patient. The test should also be carried out in the horizontal plane, for upward or downward past pointing at this time would indicate a subjective sense of tipping or tilting on the part of the patient.

The deviation test is much more delicate than the pointing reaction. The patient, sitting with eyes closed, stretches his arms straight forward with palms facing each other and touches the outstretched fingers of the examiner. If the test is positive, the examiner, after he withdraws his own fingers from those of the patient, notes a slow drift of one or both arms to the right or left, as the case may be. This also denotes a subjective sense of rotation in the patient.

The normal individual with eyes closed can walk straight forward or backward for a distance of 10 to 20 feet. If he has a subjective sense of rotation, occasioned by a vestibular disturbance, he will deviate to the right or left in forward or backward progression.

In disturbed vestibular function the vertigo of the rotary type is usually in the direction of the quick component of the existing spontaneous nystagmus while the falling, past pointing, drift and gait deviations are usually in the direction of the slow component.

### Induced Vestibular Reactions

The vestibular mechanism can be artificially stimulated by the fistula test, thermal irritation, the rotation chair or the galvanic current. The fistula test is so well known that it needs no description. The galvanic current is rarely used and the rotation chair finds its main use when total destruction of one labyrinth is suspected or if, for any reason, the caloric or thermal test cannot be used. I will, therefore, confine my remarks on induced vestibular reactions to the caloric test.

Since the time of Barany it has been known that if the membrana tympani is

cooled below body temperature or warmed above body temperature convection currents are set up in the endolymph of the canal or canals which are at that time in a vertical position. This can be accomplished by injecting into the external auditory canal hot or cold water. The convection currents thus set up are either toward or away from the cristae in the ampullated end of the semicircular canal and this push or pull, as the case may be, irritates the sensory epithelium producing the usual signs of a disturbed vestibular function, namely, vertigo, nystagmus, past pointing, falling, pallor, sweating, nausea and vomiting.

The caloric irritation may be maximal or minimal. The maximal stimulation will produce all of the above symptoms and signs unless the labyrinth is dead, and is very disagreeable to the patient. The maximal stimulation can be produced by the use of ice water for three to five minutes. The minimal stimulation can be obtained by the use of water only slightly below body temperature (80 F.) and in small amounts (5 cc.) slowly injected against the drum. This will produce a nystagmus and at times a slight vertigo but does not, as a rule, occasion sweating, nausea or vomiting. After a latent period of from ten to twenty-five seconds, it produces a rotary-horizontal nystagmus to the opposite side lasting from one to two and a half minutes in the normal individual.

If the resulting nystagmus comes on in less than ten seconds the vestibular apparatus is hyperirritable. If it does not come on within the first twenty-five seconds after the cessation of the syringing the apparatus is hypoirritable. In the normal individual with the two sides in perfect balance there should not be a variation of more than five seconds in the latent period or more than thirty seconds in the duration of the induced nystagmus. If there is a greater variation than this the two sides are not in balance and this imbalance could be due either to an increase in the stimuli from one side or a decrease from the other. If no response is obtained in one minute the amount of the water may be increased or the temperature reduced until a response is obtained.

As stated above, the minimal caloric irritation will produce nystagmus and slight vertigo but, as a rule, will not produce the other signs of vestibular imbalance. If one wishes to study past pointing, drift or the fall tendency one must resort to an increased caloric stimulus or the rotation chair. The disadvantage of rotation is that the stimulus is applied to both vestibular mechanisms simultaneously but this disadvantage disappears if there is a total paralysis of one labyrinth. On the other hand, one can study the reaction of the vestibular apparatus of one side by means of the caloric reaction although I do not believe that one can, by the caloric test, study the response of individual canals as has been suggested. To be sure, the canal which is in a vertical position receives the maximum irritation from the caloric stimulation but the three canals are not absolutely at right angles to each other and it is impossible to place one canal alone in an exactly vertical position. Some of the stimulus applied also acts on the canal or canals which are supposedly in a horizontal position. Our deductions from the caloric reaction must, therefore, be drawn from the actions of the thermal stimulus on the canals as a whole and not on its action on one canal alone. I find that the optimum position for producing a response from caloric stimulation is with the head tipped about 30 degrees backward. As both horizontal and vertical canals are irritated in this position the resulting nystagmus has both a horizontal and a rotary component.

### Etiology

The etiology of vertigo is as varied as the causes of disturbed vestibular function. These can be classified under various headings:

(1) Inorganic chemical poisons: Iodine, lead, arsenic.

(2) Organic chemical poisons: Alcohol, alcohol plus nicotine, iodoform, chloroform, the various hypnotics (veronal, trional, luminal and the barbiturates).

(3) Alkaloids: Quinine, nicotine, scopolamine, cocaine, novocaine, ptomaine.

(4) Benzol derivatives: Analine and its derivatives; salicylic acid and its derivatives.

(5) Carbon monoxide gas.

(6) Acute infectious diseases: Diphtheria, epidemic meningitis, mumps, influenza, typhus, herpes zoster, encephalitis, erysipelas, pertussis, acute rheumatic fever.

(7) Chronic infectious diseases: Tuberculosis, chronic rheumatism, focal infections, diabetes, thyroid disorders, nephritis, syphilis and leukemia.

(8) Disorders of the central nervous system: Neoplasms, meningitis, multiple sclerosis, increased intracranial pressure from any cause.

(9) Suppurative and nonsuppurative ear disease.

(10) Vascular diseases: Migraine, Ménières disease, cardiac diseases, cerebral arteriosclerosis.

(11) Allergy and endocrine disorders.

(12) Trauma to the labyrinth or to its central vestibular connections.

### Treatment

The treatment of vertigo in general is that of the underlying etiological factor. In the specific treatment of the symptom itself we make use of rest, sedation in the form of bromides and the barbiturates, and the avoidance of all those specific factors which initiate or aggravate the attacks of vertigo. In the treatment of that type of vertigo which is due to vasomotor instability and increased capillary permeability, considerable success has been achieved by the use of a salt-free diet and more recently by the subcutaneous administration of histamine acid phosphate. These methods have been especially efficacious in the treatment of the Ménière syndrome.

## IN OCTOBER AND NOVEMBER ISSUES . . ,

Articles scheduled to appear in the October and November issues of The Wisconsin Medical Journal are as follows:

"Some Common Everyday Injuries Around the Knee Joint," Kellogg Speed, M. D., clinical professor of surgery, Rush Medical College, University of Chicago, Chicago

"The First-Aid Treatment of Fractures," H. C. Schumm, M. D., associate professor of orthopedic surgery, University of Wisconsin Medical School, Madison; clinical professor of orthopedic surgery, Marquette University School of Medicine, Milwaukee

"Fractures About the Wrist," H. L. Greene, M. D., Madison

"Fractures About the Ankle," W. P. Blount, M. D., Milwaukee

"The Use of Venesection in the Treatment of Erythremia," A. A. Holbrook, M. D., Milwaukee

"Tuberculosis Case Finding in Industry," O. A. Sander, M. D., Milwaukee

"Clinical Value of Certain Laboratory Blood Tests," J. A. Schindler, M. D., Monroe

"Sulfanilamide and Its Derivatives in the Treatment of Escherichia Coli Septicemia; Report of a Case With Recovery," Marie Louise Carns, M. D. and R. B. Larsen, M. D., Department of Medicine, State of Wisconsin General Hospital, and University of Wisconsin Medical School, Madison

"Testosterone in the Treatment of Testicular Deficiency and Prostatic Enlargement," W. M. Kearns, M. D., Milwaukee

"Silicosis," A. J. Lanza, M. D., assistant medical director, Metropolitan Life Insurance Company, New York City, New York

# Comments on Treatment

EDITORS
A. J. Quick M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

## Belladonna Substitutes

The pharmacological actions of belladonna, and its principal alkaloid atropine, are so numerous that it is usually impossible to restrict the effects of the drug to those structures on which therapy is directed. Certain side-actions must often be tolerated in order to secure the desired result. A dose adequate to serve as an antispasmodic usually produces unpleasant cardiovascular, secretory or pupillary actions. In fact, small doses of belladonna for the relief of smooth muscle spasm are of doubtful value. Full dosage and long continued administration are necessary. In a majority of patients full therapeutic effects on the gastrointestinal tract are obtained only with a dosage level just short of that which will induce mild intoxication. The usual practice is to start with small quantities 0.3 to 0.6 cc. (5–10 minims) of the tincture three times daily. This dose should be increased 0.06 cc. (1 minim) per dose until optimum relief is obtained. A total daily dose of 5 to 10 cc. of the tincture may be required. Failure to prescribe adequately often leads to disappointing results and condemnation of the drug.

Several synthetic substitutes, Novatropine (N.N.R.), Syntropan (N.N.R.) and Transcentin, all of which appear to have a more specific antispasmodic effect than atropine, have been introduced. Of these, Syntropan, a compound chemically related to the local anesthetic, larocaine, seems to possess the most useful properties. The principal action of this drug seems to be exerted on smooth muscle especially of the gastrointestinal tract. The relaxation appears to be due to a direct effect on the muscle similar to that exerted by papaverine and the nitrites, rather than to a specific parasympatholytic action, as is the case with atropine. This compound is virtually devoid of mydriatic action and is much less effective in blocking secretory activity. Good results have been obtained in the treatment of gastrointestinal, ureteral, cystic, and vesicular spasm and spastic dysmenorrhea without the mydriasis, dry mouth, tachycardia and occasional dysuria associated with atropine medication. The oral dose as an antispasmodic is usually one tablet (50 mg.) three or four times daily; for subcutaneous or intramuscular administration, 1 cc. of Syntropan solution (representing 10 mg. of Syntropan) three times a day. Syntropan has been used successfully in the treatment of postencephalic Parkinsonian. Large oral doses (1,200–2,400 mg. daily) are tolerated and in fact necessary to accomplish significant results. Symptoms of overdosage are referable largely to the nervous system and include vertigo, confusion and drowsiness.

Novatropine does not differ sufficiently from atropine to render it of distinctive value. Like homatropine it is weaker and somewhat less active than atropine on the nervous system and as an autonomic blocking agent.

Transcentin, an unofficial compound, accomplishes its spasmolytic action by a direct effect on smooth muscle similar to that of Syntropan. This drug possesses local anesthetic properties and some of its beneficial effects may be attributed to this action. The drug is marketed in oral tablets of 75 mg., the dose being 2 to 6 tablets daily.

Recently the extract of Bulgarian belladonna root has been exploited as a substitute for the pure alkaloids or galenical preparations of the leaf, especially for use in neurological disorders. There is no pharmaceutical evidence that the combination of alkaloids present in this preparation is significantly different than that found in the less costly preparations. Much more clinical evidence is necessary to establish a selective clinical effect. M. H. S.

# THE WISCONSIN MEDICAL JOURNAL



**The Council on Scientific Work**

E. R. SCHMIDT, Madison — EBEN J. CAREY, Milwaukee, *Chairman* — C. J. SMILES, Ashland
G. W. KRAHN, Oconto Falls — KARL H. DOEGE, Marshfield — W. S. MIDDLETON, Madison *(ex officio)*

**Editorial Staff**

KARL H. DOEGE, Marshfield, Medical Editor

**Collaborators**

THE COUNCIL

H. P. BOWEN—Watertown
C. E. PECHOUS—Kenosha
W. T. CLARK—Janesville
B. I. PIPPIN—Richland Center
A. H. HEIDNER—West Bend
S. E. GAVIN—Fond du Lac
H. A. JEGI—Galesville
G. W. KRAHN—Oconto Falls
H. H. CHRISTOFFERSON—Colby
F. E. BUTLER—Menomonie
F. G. JOHNSON—Iron River
H. J. GRAMLING—Milwaukee
R. E. FITZGERALD—Milwaukee
ROBERT W. BLUMENTHAL—Milwaukee
J. W. LAMBERT—Antigo
R. G. ARVESON—Frederic
(Past President)



**Annual Subscription—Three Dollars-Fifty Cents Single Copies—Fifty Cents**

Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Ill.

**Address all communications to THE WISCONSIN MEDICAL JOURNAL, Madison**

Volume 40 — SEPTEMBER, 1941 — Number 9

**OFFICIAL PUBLICATION OF THE STATE MEDICAL SOCIETY OF WISCONSIN**



**Copyright by the Society, 1941**


« « « EDITORIAL » » »

## Some of Our Enviable Achievements of 1940

ANNOUNCEMENTS from the State Board of Health indicate that Wisconsin has again made an enviable record in health achievements. A greater percentage of the deaths occurring in 1940 occurred among people who had passed the age of sixty-five years. As stated by our Bureau of Vital Statistics, the 1940 percentage was "a greater percentage than ever before." This postponement of death into the higher age brackets is due in no small part to the medical service which has been received by our citizens. It means that many pleasant, happy and profitable years have been added to the lives of our Wisconsin citizens.

Wisconsin, in 1940, according to provisional figures, recorded the lowest infant death rate ever recorded in this state (36.8 per 1,000 live births). The lowest rate was attained by our neighbor state, Minnesota, and our future efforts should be directed to attain and surpass their accomplishment. While other states attained a lower infant death rate than was recorded in Wisconsin, the difference in rate was small. The death rate which was attained by Wisconsin, Minnesota, and eight other states is a far lower rate than that which had been recorded prior to the present conflict by the European countries, whose health pattern it has been recommended we follow in Wisconsin. The physicians in Wisconsin, who attended over 99 per cent of the mothers in this state, can be justly proud of their contribution to our babies.

Wisconsin over an extended period has maintained the lowest reported incidence of syphilis of any state in the United States. Repeated reports from such sources as examination for marriage licenses, Wassermann tests for draftees, and other similar sources indicate that the rate of syphilis in Wisconsin is lower than seven-tenths of 1 per cent (.007). We can be proud of this outstanding health achievement.

# . . . . THE PRESIDENT'S PAGE . . . .

## "My Position of Trust . . ."

THIS is my last appearance on this page. Each month I have looked forward to recording a few brief thoughts which seemed appropriate at the moment. Although it has been my good fortune to meet most of you in your home cities during the last two years, there are many with whom this medium is my only contact.

My position of trust has been very stimulating and educational. Wherever I have gone the kindly reception of all of you has been more than I could expect or deserve. However, it has further influenced me to carry on in those endeavors that I thought were for the best interests of the Society and the public.

It is a pleasure to turn over the gavel to such a worthy successor as Dr. Gunnar Gundersen. He is a man of charm, ability and is respected in his community. I am sure the leadership of the State Medical Society of Wisconsin could not be in better hands.

Ralph P. Sproule

# Meeting High Lights

## TUESDAY, SEPTEMBER 9 . . .

P. M.
1:00 Golf, Maple Bluff Country Club
6:30 House of Delegates—Play Circle, Memorial Union

## WEDNESDAY, SEPTEMBER 10 . . .

A. M.
8:00 Registration—Council Room, Memorial Union
9:00 General Session—Memorial Union Theater
10:00 Recess to view exhibits
10:30 General Session—Memorial Union Theater

P. M.
12:10 Round-Table Luncheons—Hotel Loraine
2:00 General Session—Memorial Union Theater
2:30 House of Delegates—Play Circle, Memorial Union
3:00 Recess to view exhibits
3:30 General Session—Memorial Union Theater
6:45 Annual Dinner—Crystal Ballroom, Hotel Loraine
- Granting of Centennial Award
- Address, Nathan B. Van Etten, past-president, American Medical Association
- Social Entertainment

## THURSDAY, SEPTEMBER 11 . . .

A. M.
8:00 House of Delegates—Play Circle, Memorial Union
9:00 Sections on Medicine, Surgery, and Orthopedics—Memorial Union Theater
Sections on Obstetrics, Gynecology, and Pediatrics—Tripp Commons, Memorial Union
Sections on Radiology and Urology—Georgian Grill, Memorial Union
Section on Otolaryngology—Old Madison Room, Memorial Union

P. M.
12:10 Round-Table Luncheons—Hotel Loraine
2:00 Section on Ophthalmology—Old Madison Room, Memorial Union
2:00 General Session—Memorial Union Theater
3:00 Recess to view exhibits
3:30 General Session—Memorial Union Theater
8:00 Theater Hour Featuring Jessica Dragonette—Memorial Union Theater

## FRIDAY, SEPTEMBER 12 . . .

A. M.
9:00 General Session—Memorial Union Theater
10:00 Recess to view exhibits
10:30 General Session—Memorial Union Theater

P. M.
12:10 Round-Table Luncheons—Hotel Loraine
2:00 General Session—Memorial Union Theater

# OUR GUEST SPEAKERS

DR. A. VERBRUGGHEN

Associate Clinical Professor of Surgery, Rush Medical College, University of Chicago, Chicago, Illinois

DR. MORRIS FISHBEIN

Editor, The Journal of the American Medical Association; Assistant Clinical Professor of Medicine, Rush Medical College, University of Chicago, Chicago, Illinois

PRESIDENT CLARENCE A. DYKSTRA

University of Wisconsin

DR. HENRY W. WOLTMAN

Professor of Neurology and Psychiatry, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota

DR. FREMONT A. CHANDLER

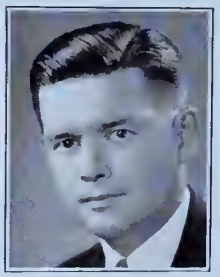
Associate Professor of Bone and Joint Surgery, Northwestern University Medical School, Chicago, Illinois

MR. HARRY A. NELSON

Director, Workmen's Compensation, Industrial Commission of Wisconsin, Madison

DR. THEODORE BAST

Department of Anatomy, University of Wisconsin Medical School, Madison



DR. VINCENT C. JOHNSON

Associate Professor of Roentgenology, University of Michigan Medical School, Ann Arbor, Michigan

## WEDNESDAY MORNING, SEPTEMBER 10 . . .

8:00 Registration
Council Room, Memorial Union

## GENERAL SESSION . . .

Memorial Union Theater (air-conditioned)

9:00 Transport and First Aid of Accident Cases
Joseph M. King, associate clinical professor of surgery, Marquette University School of Medicine, Milwaukee

9:20 Head Injuries
A. Verbrugghen, associate clinical professor of surgery, Rush Medical College, University of Chicago, Chicago, Illinois

*(General Session, continued)*

9:40 Fractures of the Extremities

Herman C. Schumm, associate professor of orthopedic surgery, University of Wisconsin Medical School; clinical professor of orthopedic surgery, Marquette University School of Medicine, Milwaukee

**10:00 Recess to view exhibits**

10:30 Address of Welcome

President Clarence A. Dykstra, University of Wisconsin, Madison

11:00 Fractures of the Spine

Fremont A. Chandler, associate professor of bone and joint surgery, Northwestern University Medical School, Chicago, Illinois.

11:20 Crushing Wounds of the Body

Peter A. Midelfart, Eau Claire

**11:40 Recess to view exhibits**

# WEDNESDAY NOON . . .

## ROUND—TABLE LUNCHEONS 12:10—1:45 P. M.

**Hotel Loraine**

1. The Neurologic Problems in General Practice—Medical and Surgical

   John L. Garvey, clinical professor of neurology, Marquette University School of Medicine, Milwaukee

   David Cleveland, associate clinical professor of neurosurgery and assistant professor of anatomy, Marquette University School of Medicine, Milwaukee

2. When and When Not to Transport Patients With Traumatic Injuries

   Herman C. Schumm, associate professor of orthopedic surgery, University of Wisconsin Medical School; clinical professor of orthopedic surgery, Marquette University School of Medicine, Milwaukee

3. Surgical Patients and Their Mental Problems

   Joseph Pessin, Madison

4. The Relationship of Surgery to Hypertension, Myocardial Failure, Angina Pectoris, and the Heart

   Vincent Koch, Janesville

5. Hand Infections

   Albert R. Tormey, Madison

6. The Home, Office and Hospital Treatment of Back Pain

   John O. Dieterle, Milwaukee

7. Feeding Problems in Infants

   H. Kent Tenney, associate professor of pediatrics, University of Wisconsin Medical School, Madison

8. Fractures and Their Emergency Treatment

   Walter P. Blount, Milwaukee

9. Section on Cardiology. Chemotherapy in the Treatment of Subacute Bacterial Endocarditis

   A. G. Koehler, Oshkosh

10. Past-Presidents

11. Accessory Sinuses and Their Treatment

    Wellwood M. Nesbit, professor of otolaryngology, University of Wisconsin Medical School, Madison

# WEDNESDAY AFTERNOON . . .

## GENERAL SESSION . . .

**Memorial Union Theater (air-conditioned)**

2:00 Injuries to the Thoracic Cage and Contents

Joseph W. Gale, associate professor of surgery, University of Wisconsin Medical School, Madison

2:20 Injuries to the Abdominal Wall and Contents

Matthew A. McGarty, La Crosse

2:40 Nerve Injuries

David Cleveland, associate clinical professor of neurosurgery and assistant professor of anatomy, Marquette University School of Medicine, Milwaukee

*(General Session, continued)*

**3:00 Recess to view exhibits**

3:30 American Medicine and the People's Health

Morris Fishbein, editor, The Journal of the American Medical Association; assistant clinical professor of medicine, Rush Medical College, University of Chicago, Chicago, Illinois

4:00 Late Neurologic Manifestations in Cases of Injury

Henry W. Woltman, professor of neurology and psychiatry, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota

4:20 Sequelae in Bone and Joint Injuries

Robert E. Burns, professor of orthopedic surgery, University of Wisconsin Medical School, Madison

4:40 Evaluation of Injury for Compensation

Mr. Harry A. Nelson, director, Workmen's Compensation, Industrial Commission of Wisconsin, Madison

## AMENDMENTS TO THE CONSTITUTION AND BY-LAWS

All members of the Society are accorded the right and privilege of attending sessions of the House of Delegates, the governing body of our Society, composed of representatives from each of the component county medical societies. Each year important actions are taken by the delegate body, and among those this year will be amendments to the Constitution and By-Laws.

At the 1940 annual meeting, the House added a new chapter to the By-laws with respect to the establishment of scientific sections. The Council indicated in its 1940 report that in event of adoption of that particular by-law, it would propose amendments to the Constitution and By-Laws to permit each section to elect a delegate to the House of Delegates so as to give the section of certainty a voice on the floor of the House. Such proposals were made following the action of the House of Delegates, and having laid on the table one year will therefore be voted on. Their publication here is to comply with the requirements of the Constitution.

A. Amend Chapter XII of the By-Laws entitled "Scientific Sections" by adding Section 6 to read:

Each section so established shall have the privilege of electing a delegate and alternate to the House of Delegates.

B. Amend Article V of the Constitution entitled "House of Delegates" by inserting after the word "societies" the following:

and one delegate representing each section of the Society organized under the By-Laws.

For the information of members, the Council, at its January, 1941, meeting approved sections on (1) radiology, (2) eye, ear, nose and throat, (3) orthopedic surgery, and (4) cardiology.

---

Dr. L. W. Peterson, delegate from Dane County, offered the following amendments to the Constitution and By-Laws at the 1940 annual session. Having laid on the table for one year, the constitutional amendment will be voted on at the forthcoming session, and if adopted the amendment to the By-Laws will be in order:

Amend the Constitution by numbering the present contents of Article X as Section 1 and creating Section 2 of Article X to read:

The House of Delegates, by adoption of a By-Law, may provide for a special classification of members at per capita reduced dues where such classification may be applied generally throughout the state, and has no special application to individual members or to individual societies.

Amend Chapter VIII of the By-Laws by creating Section 4, to read:

Physicians and graduates, training as hospital residents or as research fellows, may be admitted to membership in the county society upon payment of dues not to exceed twelve dollars ($12) yearly, of which at least six dollars ($6) shall be remitted to the State Society.

# OUR GUEST SPEAKERS

DR. T. K. BROWN

Professor
of Clinical Obstetrics
and Gynecology,
Washington University
School of Medicine,
St. Louis, Missouri

DR. JULIUS LEMPERT

Research Fellow in
Otology, Tufts Medical
College, Boston;
Surgical Director,
Lempert Ear Clinic,
New York City,
New York

DR. A. H. PARMELEE

Clinical Professor
of Pediatrics,
Rush Medical College,
University of Chicago,
Chicago, Illinois

DR. CONRAD BERENS

Chairman, American
Board of Ophthalmology;
Associate Professor
of Ophthalmology,
New York University;
Surgeon, New York
Eye and Ear Infirmary,
New York City, New York

DR. THEODORE WALSH

Head of Department
of Otolaryngology,
Washington University
School of Medicine,
St. Louis, Missouri

DR. FRANK E. BURCH

Professor of Ophthalmology,
University of Minnesota
Medical School and
University of Minnesota
Graduate School,
Minneapolis;
St. Paul, Minnesota

LT. COL. ALBERT N.
BAGGS

Med-Res., National
Headquarters, Selective
Service System,
Washington, D. C.

DR. RUSSELL D.
HERROLD

Associate Professor of
Surgery, University of
Illinois College of Medicine,
Chicago, Illinois

## THURSDAY MORNING, SEPTEMBER 11 . . .

### COMBINED SECTIONS ON MEDICINE, SURGERY, AND ORTHOPEDICS . . .

Memorial Union Theater (air-conditioned)
Chairmen: Merritt L. Jones, Wausau; Frederick W. Madison, associate clinical professor of medicine, Marquette University School of Medicine, Milwaukee

9:00 Fractures of the Os Calcis
John O. Dieterle, Milwaukee

Discussants:

9:20 Walter P. Blount, Milwaukee
Arthur G. Sullivan, Madison

9:30 Modern Bone Graft Surgery
Chester Schneider, Milwaukee

*(Combined Sections on Medicine, Surgery, and Orthopedics, continued)*

Discussants:

9:50 H. L. Greene, Madison

Robert E. Burns, Madison

**10:00 Recess to view exhibits**

10:30 Epidemic Infectious Jaundice in Wisconsin

L. M. Morse, Stevens Point

Discussants:

10:50 W. D. Stovall, professor of hygiene, University of Wisconsin Medical School, Madison

R. L. MacCornack, Whitehall

11:00 Modern Trends in Treatment of Hypertension—With Especial Reference to the Use of the Kidney Anti-Pressor Substance

F. D. Murphy, clinical professor of medicine, Marquette University School of Medicine, Milwaukee

Discussants:

11:20 C. M. Kurtz, assistant professor of medicine, University of Wisconsin Medical School, Madison

N. W. Bourne, Milwaukee

## COMBINED SECTIONS ON OBSTETRICS, GYNECOLOGY, AND PEDIATRICS . . .

**Tripp Commons, Memorial Union**

Chairmen: John W. Harris, professor of obstetrics and gynecology, University of Wisconsin Medical School, Madison; M. G. Peterman, Milwaukee

9:00 The Treatment of Puerperal Infections

T. K. Brown, professor of clinical obstetrics and gynecology, Washington University School of Medicine, St. Louis, Missouri

Discussant:

9:20 Roland S. Cron, clinical professor of obstetrics and gynecology, Marquette University School of Medicine, Milwaukee

9:30 The Management of Cervical Malignancy

Harold W. Shutter, Milwaukee

Discussant:

9:50 Carl S. Harper, assistant clinical professor of obstetrics and gynecology, University of Wisconsin Medical School, Madison

**10:00 Recess to view exhibits**

10:30 The Joint Responsibility of Obstetrics and Pediatrics in the Problems of the Newborn

A. H. Parmelee, clinical professor of pediatrics, Rush Medical College, University of Chicago, Chicago; Oak Park, Illinois

Discussants:

10:50 R. M. Greenthal, Milwaukee

R. W. Roethke, Milwaukee

11:00 Contact Infections in Childhood, Particularly Tuberculosis

Karl E. Kassowitz, associate clinical professor of pediatrics, Marquette University School of Medicine, Milwaukee

Discussants:

11:20 The Upper Respiratory Infections

K. B. McDonough, assistant professor of pediatrics, University of Wisconsin Medical School, Madison

11:30 The Venereal Infections

F. R. Janney, assistant clinical professor of pediatrics, Marquette University School of Medicine, Milwaukee; Wauwatosa

## SECTION ON OTOLARYNGOLOGY . . .

**Old Madison Room, Memorial Union**

Chairman: F. A. Davis, professor of ophthalmology, University of Wisconsin Medical School, Madison

9:00 Nasal Therapy in Common Colds

Theodore Walsh, head of department of otolaryngology, Washington University School of Medicine, St. Louis, Missouri

Discussant:

9:30 M. P. Andrews, Manitowoc

9:40 Symposium on the Labyrinth

9:40 Embryological Observations Bearing on the Problem of Otosclerosis

Theodore Bast, Ph.D., department of anatomy, University of Wisconsin Medical School, Madison

*(Section on Otolaryngology, continued)*

10:10 The Lempert Fenestration for the Restoration of Air Conduction Hearing on Otosclerosis
Julius Lempert, research fellow in otology, Tufts Medical College, Boston; surgical director, Lempert Ear Clinic, New York City, New York

10:40 The Function of the Non-Acoustic Labyrinth
J. Grant MacKenzie, Madison

Discussants:

11:10 Opening of Symposium Discussion
William E. Grove, clinical professor of otolaryngology, Marquette University School of Medicine, Milwaukee

11:20 Wellwood M. Nesbit, professor of otolaryngology, University of Wisconsin Medical School, Madison

11:30 Recess to view exhibits

## COMBINED SECTIONS ON RADIOLOGY AND UROLOGY . . .

**Georgian Grill, Memorial Union**

Chairmen: T. J. Pfeffer, Racine; Walter Sexton, Marshfield

9:00 Examination of the Skull by X-ray Methods
Vincent C. Johnson, associate professor of roentgenology, University of Michigan Medical School, Ann Arbor, Michigan

Discussants:

9:20 H. W. Hefke, Milwaukee
S. A. Morton, Milwaukee

9:30 Case Reports:

9:30 Esophageal Diverticulum
F. H. Kuegle, Janesville

9:35 A Therapeutic Case Report
A Diagnostic Case Report
E. A. Pohle, professor of radiology, University of Wisconsin Medical School, Madison

9:40 Peritendinitis Calcarea
F. W. Mackoy, clinical professor of roentgenology, Marquette University School of Medicine, Milwaukee

9:45 Malignant Tumor of the Kidney in Infant
H. W. Hefke, Milwaukee

9:50 Case Finding in Tuberculosis
H. M. Coon, Statesan

10:00 Recess to view exhibits

10:30 Cancer of the Bladder
John B. Wear, associate professor of urology, University of Wisconsin Medical School, Madison

Discussant:

10:50 Cyril G. Richards, Kenosha

11:00 Chemotherapy in Urinary Infection
Russell D. Herrold, associate professor of surgery, University of Illinois College of Medicine, Chicago, Illinois

Discussant:

11:30 Walter Kearns, Milwaukee

# THURSDAY NOON . . .

## ROUND—TABLE LUNCHEONS 12:10—1:45 P. M.

**Hotel Loraine**

1. The Treatment of Vaginitis
T. K. Brown, professor of clinical obstetrics and gynecology, Washington University School of Medicine, St. Louis, Missouri

2. Chemotherapy in Ophthalmology
Conrad Berens, chairman, American Board of Ophthalmology; associate professor of ophthalmology, New York University; surgeon, New York Eye and Ear Infirmary, New York City, New York

3. Some New Ocular Therapeutics
Frank E. Burch, professor of ophthalmology, University of Minnesota Medical School and University of Minnesota Graduate School, Minneapolis; St. Paul, Minnesota

4. The Fenestration Operations for Otosclerosis
Julius Lempert, research fellow in otology, Tufts Medical College, Boston; surgical director, Lempert Ear Clinic, New York City, New York

*(Round-Table Luncheons, continued)*

5. The Therapy of Sinusitis in the Light of Recent Advances in Nasal Physiology
   Theodore Walsh, head of department of otolaryngology, Washington University School of Medicine, St. Louis, Missouri
6. Pneumonia—Serum and Chemotherapy
   F. D. Murphy, clinical professor of medicine, Marquette University School of Medicine, Milwaukee
7. Methods for Control of Skin Cancer
   Harry R. Foerster, assistant professor of dermatology, University of Wisconsin Medical School; assistant clinical professor of dermatology, Marquette University School of Medicine, Milwaukee
   H. W. Hefke, Milwaukee
8. Urinary Infections
   Ira R. Sisk, professor of urology, University of Wisconsin Medical School, Madison
9. Bedside Medicine and Newer Drugs
   William S. Middleton, dean, University of Wisconsin Medical School, Madison
10. Office Proctology
    Karver L. Puestow, associate professor of medicine, University of Wisconsin Medical School, Madison
11. Allergy: Its Diagnosis and Treatment
    T. L. Squier, associate clinical professor of medicine, Marquette University School of Medicine, Milwaukee
12. Emergency Problems in General Practice
    R. G. Arveson, Frederic
13. Roentgen Diagnosis of Lesions of the Skull Including Lesions of the Mastoids and Paranasal Sinuses
    Vincent C. Johnson, associate professor of roentgenology, University of Michigan Medical School, Ann Arbor, Michigan
14. Developments in the Treatment of Peritonitis
    E. H. Mensing, Milwaukee
15. Sulfonamid Group and Use in Treatment—Outside of Pneumonia
    Harold Marsh, Madison
16. Use of Sex Hormones
    E. L. Sevringhaus, professor of medicine, University of Wisconsin Medical School, Madison
17. Clinical Management of Thyroid Disease
    Arnold S. Jackson, Madison

# THURSDAY AFTERNOON . . .

## SECTION ON OPHTHALMOLOGY . . .

Old Madison Room, Memorial Union

Chairman: F. A. Davis, professor of ophthalmology, University of Wisconsin Medical School, Madison

2:00 Chronic Infections of the Eye Other Than Tuberculosis and Gonorrhea
Conrad Berens, chairman, American Board of Ophthalmology; associate professor of ophthalmology, New York University; surgeon, New York Eye and Ear Infirmary, New York City, New York

Discussant:
2:30 E. E. Neff, associate professor of ophthalmology, University of Wisconsin Medical School, Madison

2:40 Tuberculosis of the Eye
F. H. Haessler, Milwaukee

Discussant:
3:10 Lyman Copps, Marshfield

3:20 Ocular Manifestations of Head Injuries
Frank E. Burch, professor of ophthalmology, University of Minnesota Medical School and University of Minnesota Graduate School, Minneapolis; St. Paul, Minnesota

Discussant:
3:50 E. G. Nadeau, Green Bay

4:00 Present Status of Vitamin Therapy
Edgar S. Gordon, Madison

Discussant:
4:30 C. A. Elvehjem, Ph. D., professor of biochemistry, University of Wisconsin, Madison

## GENERAL SESSION . . .

Memorial Union Theater (air-conditioned)

2:00 The Management of Endocervicitis
T. K. Brown, professor of clinical obstetrics and gynecology, Washington University School of Medicine, St. Louis, Missouri

2:20 The Problem of the Running Ear
Otis M. Wilson, Wausau

*(General Session, continued)*

2:40 Eczema

Harry R. Foerster, assistant professor of dermatology, University of Wisconsin Medical School; assistant clinical professor of dermatology, Marquette University School of Medicine, Milwaukee

**3:00 Recess to view exhibits**

3:30 Wringer Injuries

Irwin Schulz, Milwaukee

4:00 Bronchitis

Charles F. Burke, Madison

4:20 Cesarean Section in Wisconsin

William C. Keettel, Bureau of Maternal and Child Health, State Board of Health, Madison

4:40 Chemotherapy With the Sulfonamid Group

Henry F. Helmholz, professor of pediatrics, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota

## FOR GOLFERS AND NON-GOLFERS

A good dinner, many prizes, and a jovial time await all members who attend the special golf dinner to be held following the golf tournament at Maple Bluff Country Club on Tuesday, September 9.

Dr. J. B. Wear, chairman of the Centennial Golf Committee, and his fellow committeemen, Drs. E. B. Keck, J. C. Dean, V. B. Hyslop, F. L. Weston, and G. H. Ewell, invite you to come to the specially arranged golf dinner on Tuesday evening after the golf tournament. Trophies will be presented to the golfers and prizes to other guests.

Those who wish to play golf are urged to send their reservations at once to Dr. J. B. Wear, 1 South Pinckney Street, Madison. The charge for golf and dinner is $4. Those who wish to attend only the dinner may make reservation, advising Dr. Wear of their anticipated attendance and forwarding him $1.50 to cover the cost of the dinner.

# OUR GUEST SPEAKERS

DR. HENRY F. HELMHOLZ

Professor of Pediatrics,
University of Minnesota
Graduate School,
Minneapolis;
The Mayo Clinic,
Rochester, Minnesota

DR. PHILIP S. HENCH

Associate Professor
of Medicine,
University of Minnesota
Graduate School,
Minneapolis;
The Mayo Clinic,
Rochester, Minnesota

DR. JAMES A. EVANS

The Lahey Clinic,
Boston, Massachusetts

DR. GEORGE WILSON

Professor of
Clinical Neurology,
University of Pennsylvania
School of Medicine,
Philadelphia, Pennsylvania

DR. NATHAN A. WOMACK

Associate Professor
of Clinical Surgery,
Washington University
School of Medicine,
St. Louis, Missouri

DR. ROBERT I. HARRIS

Associate Professor
of Surgery,
Toronto University,
Toronto, Ontario,
Canada

DR. JOHN W. TOWEY

Superintendent and
Medical Director,
Pinecrest Sanatorium,
Powers, Michigan

DR. C. A. ELVEHJEM

Professor of Biochemistry,
University of Wisconsin,
Madison

## FRIDAY MORNING, SEPTEMBER 12 . . .

### GENERAL SESSION . . .

Memorial Union Theater (air-conditioned)

9:00 Pulmonary Tuberculosis and Erythema Nodosum: A Roentgenologic Study
L. W. Paul, associate professor of radiology, University of Wisconsin Medical School, Madison

9:20 Cardiac Accidents and Their Management
James A. Evans, The Lahey Clinic, Boston, Massachusetts

9:40 Pathogenesis of Tumors of the Lung
Nathan A. Womack, associate professor of clinical surgery, Washington University School of Medicine, St. Louis, Missouri

*(General Session, continued)*

10:00 Recess to view exhibits

10:30 President's Address

10:50 Secretary's Report

10:55 Address of Chairman of Council

11:05 Drugs in Intractable Pain

M. H. Seevers, associate professor of pharmacology, University of Wisconsin Medical School, Madison

11:25 Classification and Management of Rheumatoid Disease

Philip S. Hench, associate professor of medicine, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota

11:40 Recess to view exhibits

# FRIDAY NOON . . .

## ROUND—TABLE LUNCHEONS 12:10—1:45 P. M.

Hotel Loraine

1. Emergency Thrombophlebitis and Its Treatment
   James A. Evans, The Lahey Clinic, Boston, Massachusetts
2. Pain Relief and Sedation
   M. H. Seevers, associate professor of pharmacology, University of Wisconsin Medical School, Madison
   A. J. Quick, associate professor of pharmacology, Marquette University School of Medicine, Milwaukee
3. Practical Hints in the Treatment of Arthritis
   Philip S. Hench, associate professor of medicine, University of Minnesota Graduate School, Minneapolis; The Mayo Clinic, Rochester, Minnesota
4. The Selective Service System and the Examining Physician
   Lt. Col. Robert N. Baggs, Med-Res., National Headquarters, Selective Service System, Washington, D. C.
   Reservations for this table are not limited to twenty
5. The Place of Surgery in the Treatment of Tuberculosis
   H. M. Coon, Statesan
6. How Early Tuberculosis Can Be Detected in the Office
   John W. Towey, superintendent and medical director, Pinecrest Sanatorium, Powers, Michigan
7. X-ray Conference on Unusual Films
   L. W. Paul, associate professor of radiology, University of Wisconsin Medical School, Madison
   J. N. Sisk, Madison
   Ivan G. Ellis, Madison
8. Measures to Produce Collapse Therapy in Tuberculosis
   T. L. Harrington, Stevens Point
9. Practical Treatment of Heart in the Home
   Chester M. Kurtz, assistant professor of medicine, University of Wisconsin Medical School, Madison
10. The Use of Biopsy in Diagnosis
    W. D. Stovall, professor of hygiene, University of Wisconsin Medical School, Madison
11. Bedside Medicine and Newer Drugs
    F. D. Murphy, clinical professor of medicine, Marquette University School of Medicine, Milwaukee

# FRIDAY AFTERNOON . . .

## GENERAL SESSION . . .

Memorial Union Theater (air-conditioned)

2:00 Neuropsychiatry and Some of Its Medicolegal Complications

Theresa Limberg Rogers Memorial Lecture

George Wilson, professor of clinical neurology, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania

2:30 Recent Advances in the Use of Human Serum and Plasma

Maurice Hardgrove, Milwaukee

2:50 War Time Amputations

Robert I. Harris, associate professor of surgery, Toronto University, Toronto, Ontario, Canada

3:10 The Selective Service System and the Examining Physician

Lt. Col. Albert N. Baggs, Med-Res., National Headquarters, Selective Service System, Washington, D. C.

# Scientific Exhibits

### BOOTHS 100 AND 101

**Consultations in Obstetrics, With Manikin Demonstrations**

*Carl S. Harper, Madison*

A group of obstetricians and gynecologists will demonstrate forceps procedures, podalic versions, diagnosis of position and presentation, rotary version, and so forth, on the obstetrical phantom, and will discuss cases with individual physicians who wish to present problems.

### BOOTH 102

**Tularemia—(Pathology)**

*American Medical Association*

An exhibit from the Scientific Exhibit of the American Medical Association of photographs, photomicrographs and roentgenograms collected by Dr. Walter M. Simpson and Dr. Edward Francis, showing the pathologic changes of tularemia in animals and man.

### BOOTH 103

**Tuberculosis Survey Work With Miniature Film**

*Wisconsin State Board of Health*

The use of miniature films representing the photographic image of the fluoroscopic screen has rapidly developed as one of the most important case-finding aids in tuberculosis control programs throughout the country. The use of this type of film has been especially recognized by the army and navy for use with its present far-reaching defense program. The Army is using a 4 by 5 inch film and the navy is using the 35 mm. film. Both of these methods have their very definite indication of value, and the use of the films has been made available in the state by the Wisconsin State Board of Health. Miniature films are widely used because they are inexpensive. However, it should be understood that this type of film is merely used as a screening process and that it is in this way that its greatest value can be utilized.

Representative samples of both types of film, and the separate and distinct spheres of usefulness of each, will be displayed in this exhibit.

### BOOTH 104

**Wringer Injury**

*Surgical Staff, Milwaukee Children's Hospital*

The exhibit will consist of kodachrome and black and white transparencies of cases and charts. It will depict the following experience of the surgical staff of the Milwaukee Children's Hospital in treating forty patients requiring hospital care:

1. This injury always involves the upper extremity. 2. As a rule, the most serious damage occurs in the upper arm. 3. Damage to the hand may be permanently crippling. 4. The degree of injury may vary from moderate contusion of the skin to necrosis and slough of skin, fat, fascia, nerves, vessels, muscle, and even of bone. 5. Two deaths occurred from the injuries. 6. At times the question of amputation is a serious one. 7. Many patients require skin graft, but difficulty is often encountered in obtaining satisfactory "takes" because of devitalized surrounding structures. 8. The degree and depth of injury are difficult to evaluate shortly after injury. Many patients are admitted ten to fourteen days after injury with a history of having been seen by a physician shortly after injury and the serious consequences not appreciated. 9. Proper early treatment may prevent later serious tissue loss.

Wringer injury in children is considered a clinical entity.

### BOOTH 105

**Surgeons' Quarters at Fort Winnebago**

*Daughters of the American Revolution*

Recently the Surgeons' Quarters at Fort Winnebago (Portage) have been restored as a permanent symbol of the introduction of medicine in central Wisconsin. At the exhibit presented at this meeting will be shown many historical relics of life at the fort a hundred years ago. Many of the items now form a part of the quarters at Portage, while still others will be donated for the exhibit by organizations and individuals throughout the state. Typical of the relics to be shown are old maps, pictures, war communications, books, an antiquated mortar and

pestle, and old furniture. It is anticipated that this will be an exceedingly interesting exhibit, particularly apropos to this year's centennial celebration of the State Society.

### BOOTHS 106 AND 107

**Wisconsin Rheumatism Association**

*M. C. Borman, Milwaukee*

This exhibit will present the various procedures which can be used by the general practitioner in the treatment of arthritis in the home. Emphasis will be placed upon early methods in the treatment of arthritis. Prevention of deformity, a function of the family physician, will also be stressed. Rest, exercise, physical therapy, and various procedures to produce heat will be demonstrated. Actual demonstrations of massage will be demonstrated by trained technicians.

### BOOTH 109 AND STAGE

**Mortality Studies and Cardiovascular Disease**

*Robert H. Feldt, Assistant Medical Director, The Northwestern Mutual Life Insurance Company*

A graphic representation of the prognostic significance of certain cardiovascular impairments will be exhibited. Mortality reports based on large-scale statistical studies give us an insight into prognosis which supplements clinical experience. The charts to be exhibited were prepared from material already published representing contributions from many life insurance companies covering over 1,000,000 lives. The effect of various heart murmurs on the mortality ratio, as well as some interesting ideas on the subject of blood pressure, will be shown.

### BOOTH 109 AND STAGE

**Radiology of the Heart and Great Vessels**

*J. E. Habbe, Milwaukee*

By diagrammatic sketches and full-size roentgenograms and orthodiagrams, the manner of conducting a roentgenologic investigation of the heart and thoracic vessels will be demonstrated. Consideration will be given to the simplifying of roentgen mensuration, and emphasis will be placed on this point as one of the more important functions of the roentgenologist in arriving at a conclusion, based primarily on roentgenologic evidence, for or against cardiac disease. Some material will also be presented showing the application of kymography in the detection of abnormalities of cardiovascular pulsations and in differentiating cardiovascular from other mediastinal lesions.

A fluoroscopic unit for orthodiascopy will be made available by one of the x-ray manufacturing companies, and orthodiascopic mensuration of members of the Society will be done at stated intervals each day on those who may request it.

### BOOTH 110

**The Electrocardiogram, Help or Hindrance?**

*Cardiology Department, State of Wisconsin General Hospital*

This exhibit will consist of tracings representing the typical patterns seen in coronary occlusion with infarction of the anterior wall, posterior wall, and lateral wall of the left ventricle, coronary sclerosis, various types of bundle branch block, pulmonary infarction, hypertensive heart disease and acute pericarditis. In addition, there will be a number of electrocardiograms which fall within the normal range but which were taken on patients known to have serious heart disease. Emphasis will be placed on the practical importance of the electrocardiogram and its proper place in diagnosis.

### BOOTH 111

**Medical Library Service**

*University of Wisconsin Medical School*
*Gladys Ramsey, Librarian*

At its exhibit this year the Medical Library Service will again explain the extension loan system whereby physicians of Wisconsin may borrow the latest medical textbooks and literature without cost, except for postage and mailing. Many new medical text and reference books will be on display, as well as current periodicals and journals. Comprehensive lists of publications and letters explaining the service will be distributed to the physicians visiting the booth.

### BOOTHS 113, 114, 115 AND 116

**Applied Anatomy**

*Marquette University School of Medicine*

This exhibit will consist of dissections demonstrating the anatomy of the female perineum and female reproductive system, dissections of the male perineum and male reproductive system, and dissections showing the anatomic relations in inguinal hernia. The dissections will be supplemented by models of the female pelvis, perineum, and reproductive system and the male perineum and reproductive system. A series of transparencies of the anatomy of the male and female reproductive systems and the inguinal region will also be presented.

### BOOTHS 113, 114, 115 AND 116

**Applied Anatomy**

*University of Wisconsin Medical School*

Most laboratories of anatomy are glad to have interested physicians use their equipment and materials. Some take advantage of these facilities, but many do not appreciate that the laboratories are for them as well as for the undergraduates. It is thought that occasional anatomical exhibits at the meetings of the State Society will remind the physicians that the laboratories are open to them on their own terms.

The exhibit this year will be a series of dissections of the upper extremity by Dr. Otto Hibma and Dr.

Roy B. Larsen. Members of the departments of anatomy and surgery will demonstrate the preparations.

### BOOTH 117

**Vitamin Deficiency in Pregnancy**

*State of Wisconsin General Hospital*

Acute and latent vitamin deficiencies may be seen in pregnancy. The acute deficiencies, nearly always associated with severe hyperemesis gravidarum, will be illustrated by charts showing both the clinical and laboratory aspects of the problem.

The latent deficiencies occur more frequently, but they are difficult to recognize and their true significance is not completely understood. The demands of normal pregnancy and their influence on deficiency create an obstetric problem which involves the pregnant woman and her unborn infant as well. Results of current investigations along these lines will be shown.

### BOOTH 118

**External Diseases of the Eye**

*Lyman A. Copps and G. L. McCormick, Marshfield*

This exhibit will consist of a series of colored photographs of external eye diseases. Its purpose is to acquaint the general practitioner with certain eye diseases, to assist him in determining whether or not a patient should be referred to a specialist.

### BOOTH 119

**Chemistry of the Sulfonamide Drugs**

*American Medical Association*

An exhibit from the American Medical Association Chemistry Laboratory consisting of a transparency showing crystals of the sulfonamide drugs, in color, together with six posters dealing with the chemistry of the subject.

### BOOTH 120

**Industrial Health**

*American Medical Association*

An exhibit from the Council on Industrial Health consisting of a group of posters showing the status of industrial health in the United States together with an exposition file giving additional information.

### BOOTH 121

**Cutaneous Manifestations of Tuberculosis**

*American Medical Association*

An exhibit from the Scientific Exhibit of the American Medical Association, in conjunction with the Section on Dermatology and Syphilology, consisting of four panels each 5 feet high and 3 feet wide, showing photographs of cutaneous tuberculosis and conditions which simulate it.

### BOOTHS 122 AND 123

**100 Years of Progress in the Fight Against Tuberculosis**

*Wisconsin Anti-Tuberculosis Association*

This exhibit will be divided into three panels, with six diorama type illustrations, two in each panel. These illustrations will show a number of important events in the fight against tuberculosis during the last 100 years. As another part of the exhibit, 35 mm. films taken throughout the state during trips of the Association's trailer will be shown.

### BOOTHS 124 AND 125

**Cancer of the Gastrointestinal Tract**

*James A. Jackson, Arnold S. Jackson and J. Newton Sisk, Jackson Clinic, Madison*

This will be an exhibit of moulages, transilluminated drawings, charts, and roentgenograms showing cancer of the stomach, small and large intestines, and rectum. The technique of various surgical procedures such as the use of the Petz suture machine for gastric resection, the Devine operation for resection of the large bowel, and the new operation for cancer of the rectosigmoid are to be illustrated by moulages. A case of total gastrectomy, including the preoperative and postoperative roentgenograms, the gross specimen and the follow-up, will be displayed. Motion picture films illustrating types of operations will be shown.

### BOOTHS 126 AND 127

**Human Serum and Plasma**

*R. Smith, P. Voigt, and M. Hardgrove, Columbia Hospital, Milwaukee*

This exhibit will show the modern treatment of shock and burns with human serum and plasma. Dried products which are of value in the treatment of these conditions occurring as the result of war injuries will be demonstrated. Procedures for the preparation and use of the substances will be explained.

### BOOTH 128

**Fixation of Intertrochanteric Fractures of the Hip; Angles on Fractures**

*H. L. Greene and L. V. Littig, Madison*

In this exhibit will be demonstrated a method, utilizing a special nail, for internal fixation of intertrochanteric fractures of the femur. The treatment of fractures of this type by the special nail allows the same freedom and semi-ambulatory convenience as fractures of the neck of the femur treated by internal fixation.

Another part of the exhibit will consist of radiographs of the wrist, elbow, and knee joints. The angle formed by the joint surface with the axis of the shaft will be demonstrated in the normal and in the

fracture case. Emphasis is to be placed on the importance of reducing the fracture so that the angles involved are returned to as near normal as possible.

### BOOTHS 129 AND 130
### Drivers' Safety Tests
*Motor Vehicle Department, Madison*

The drivers' safety tests of the Motor Vehicle Department of Wisconsin will be on display and available for demonstration purposes, with an attendant always at hand to explain the procedures.

Stereoscopic eye tests measure vision efficiency of each eye; muscular imbalance, both lateral and verticle; and fusion and depth perception. Poor results in any of these tests may be the reason for eye fatigue in driving.

A glare test, as a part of the equipment, illustrates the reason why tilting the headlights is a safety necessity in driving. A color test (Ishihara type) will quickly identify any color weakness.

A steering coordination test shows how well the eyes and hands cooperate, while a perception and brake reaction test shows the time which elapses between the sight of danger and the application of the brakes.

The tests measure certain physical characteristics of individuals. When weaknesses are discovered, the individual is told how he may drive to compensate for his defects.

### BOOTH 131
### Biopsy Diagnosis
*State of Wisconsin General Hospital*

This exhibit will show indications for methods of removing biopsies for histological examination and the technique for making frozen sections of the fresh unfixed tissue. This will be accomplished with placards indicating the salient points connected with this method of diagnosis, and by demonstration of frozen section technique. There will be someone in the booth continuously to demonstrate the technique, and during each morning and afternoon there will be a lecture emphasizing details which cannot be shown in the exhibit.

### BOOTHS 132 AND 133
### State Laboratory of Hygiene

This exhibit is designed to show the distribution of rabies in this state, the incidence of the disease in the last ten years, and the methods of diagnosis. It will consist of charts, demonstration of methods of preparing material and shipping it to the laboratory, and the diagnostic procedures used in this laboratory. There will be colored photographs showing the Negri body and the bodies that may be confused with it, and the methods of animal inoculation.

There will also be a section devoted to the demonstration of communicable diseases, as well as a section on special laboratory methods useful in the diagnosis of incipient tuberculosis, the progress in the patient following treatment, and the period when the case has reached a non-communicable stage. A lecture will be given during each forenoon and afternoon.

### BOOTH 134
### Testicular Deficiency
*Walter Kearns, Milwaukee*

This exhibit will demonstrate by means of transparencies of photographs, colored charts, drawings, etc., the methods of treatment in various types of hypogonadism; causes, methods of examination, and treatment of male infertility; and an improved method of extraction and determination of androgens in the urine.

A 16 mm. film on this same subject matter will be shown.

### BOOTHS 135 AND 136
### Health Achievements in Wisconsin
*State Medical Society of Wisconsin*

Society members visiting this booth will have an opportunity to preview the Society's new film strip, "Health Achievements in Wisconsin." This film, together with an appropriate manuscript, has been prepared under the guidance of the Committee on Health and Public Instruction for use by members of the Society in discussing health achievements of our state before lay groups. Copies of this film strip and manuscript, as well as projectors for showing the film, will be available at the State Society office shortly after the annual meeting. This project is a further effort on the part of the Society to enlighten the people of the state on the progress made by medical science and its practical application in the improvement of their health.

Another part of this exhibit will be devoted to acquainting the physicians in the state with the Society's cooperative efforts with the Industrial Commission in the field of workmen's compensation insurance. Special emphasis will be placed upon the purpose, preparation, and distribution of the workmen's compensation panels and an explanation of the open panel agreement between the Society and the insurance carriers in the state.

### BOOTH 137
### Neurological Anatomy and Neurological Surgery
*David Cleveland, Milwaukee*

In this exhibit will be neuroanatomic models, x-ray films, drawings, and charts to illustrate various types of neuroanatomic lesions, such as peripheral nerve lesions, protruding intervertebral discs, etc. Encephalography and ventriculography in tumors and cerebral injuries, and illustrations as to the proper type of treatment for these conditions, will also be included.

# Technical Exhibitors at Centennial Session

A. S. Aloe Company, St. Louis, Missouri

Bard–Parker Company, Inc., Danbury, Connecticut

Barr X-ray Company, Milwaukee, Wisconsin

Borden Company, New York City, New York

S. H. Camp and Company, Jackson, Michigan

Carnation Company, Oconomowoc, Wisconsin

Chicago Dietetic Supply House, Chicago, Illinois

Coca–Cola Company, Atlanta, Georgia

Conformal Footwear Co., St. Louis, Missouri

R. B. Davis Sales Company, Hoboken, New Jersey

Davis and Geck, Inc., Brooklyn, New York

Duke Laboratories, Inc., Stamford, Connecticut

Employers Mutuals, Wausau, Wisconsin

H. G. Fischer and Company, Chicago, Illinois

General Electric X-ray Corporation, Milwaukee, Wisconsin

Gerber Products Company, Fremont, Michigan

Chr. Hansen's Laboratories, Inc., "The Junket Folks," Little Falls, New York

H. J. Heinz Company, Pittsburgh, Pennsylvania

Horlick's Malted Milk Corporation, Racine, Wisconsin

House of Vision, Milwaukee, Wisconsin

Hurley X-ray Company, Milwaukee, Wisconsin

Mead Johnson and Company, Evansville, Indiana

E. H. Karrer Company, Milwaukee, Wisconsin

Kelley–Koett Mfg. Co., Covington, Kentucky

Kremers–Urban Company, Milwaukee, Wisconsin

Lakeside Laboratories, Inc., Milwaukee, Wisconsin

Lederle Laboratories, New York City, New York

Eli Lilly and Company, Indianapolis, Indiana

J. B. Lippincott Company, Philadelphia, Pennsylvania

Medical Protective Company, Fort Wayne, Indiana

Mellin's Food Company, Boston, Massachusetts

The Mennen Company, Newark, New Jersey

C. V. Mosby Company, St. Louis, Missouri

M & R Dietetic Laboratories, Columbus, Ohio

V. Mueller & Company, Chicago, Illinois

Parke, Davis & Company, Detroit, Michigan

Pet Milk Sales Corporation, St. Louis, Missouri

Petrolagar Laboratories, Inc., Chicago, Illinois

Philip Morris & Co. Ltd., New York City, New York

Physicians and Hospitals Supply Company, Minneapolis, Minnesota

Roemer Drug Company, Milwaukee, Wisconsin

W. B. Saunders Company, Philadelphia, Pennsylvania

Scanlan–Morris Company, Madison, Wisconsin

Schering Corporation, Bloomfield, New Jersey

Sharp & Dohme, Philadelphia, Pennsylvania

Smith, Kline and French Laboratories, Philadelphia, Pennsylvania

E. R. Squibb & Sons, New York City, New York

U. S. Hospital Supply Company, Minneapolis, Minnesota

U. S. Standard Products Company, Woodworth, Wisconsin

Westinghouse Electric and Mfg. Company, Milwaukee, Wisconsin

White Laboratories, Inc., Newark, New Jersey

Winthrop Chemical Company, Inc., New York City, New York

Wisconsin Alumni Research Foundation, Madison, Wisconsin

John Wyeth and Brother, Inc., Philadelphia, Pennsylvania

Zimmer Manufacturing Company, Warsaw, Indiana

# Centennial Meeting Committees*

A. S. Jackson, General Centennial Chairman

*Assistants*

D. L. Williams
L. E. Holmgren
J. S. Supernaw

*Advisory Committee*

R. P. Sproule, Chairman, Milwaukee
R. G. Arveson, Frederic
Gunnar Gundersen, La Crosse
E. J. Carey, Milwaukee
W. S. Middleton

*Executive Committee*

A. G. Sullivan, Chairman
J. P. Dean
T. W. Tormey, Sr.
G. H. Ewell

*Transportation*

A. R. Tormey, Chairman
E. S. Sullivan
H. E. Marsh
I. R. Sisk
W. J. Ganser

*Housing*

L. V. Sprague, Chairman
H. M. Carter
A. J. Boner
G. J. Maloof
G. A. Cooper

*Entertainment*

C. K. Schubert, Chairman
Louis Fauerbach
D. C. Atwood
J. A. Hurlbut
E. M. Juster

*Wednesday Evening Program*

C. O. Vingom, Chairman
R. M. Waters
H. K. Tenney
W. B. Dimond
N. A. Hill

*Guests*

W. F. Lorenz, Chairman
R. T. Cooksey
J. A. Jackson
F. A. Davis
H. A. Keenan, Stoughton

*Decorations*

T. A. Leonard, Jr., Chairman
M. J. Coluccy
S. J. Briggs
C. S. Harper
J. E. Gonce
C. E. Neupert
J. S. Supernaw

*Parking*

H. L. Greene, Chairman
W. M. Nesbit
K. L. Puestow
F. B. Taylor
S. A. McCormick

*Golf*

J. B. Wear, Chairman
E. B. Keck, Quantico, Virginia
J. C. Dean
V. B. Hyslop
F. L. Weston
G. H. Ewell

*Press*

D. L. Williams, Chairman
A. W. Bryan
M. H. Wirig
J. H. Lee
W. H. Krehl

* Unless otherwise indicated, committee members are from Madison.

## SPECIAL TELEPHONE SERVICE

In order that you may be reached while attending the Centennial Meeting of the Society, a special telephone has been installed at the Memorial Union, and an operator will be on duty when Society functions are in progress.

This telephone number is Badger 580, Extension 331.

# MEMBERS—1941 HOUSE OF DELEGATES

| *Society* | *Delegate* | *Alternate Delegate* |
|---|---|---|
| Ashland–Bayfield–Iron | J. W. Prentice, Ashland | A. H. Lamal, Ashland |
| Barron–Washburn–Sawyer–Burnett | A. S. White, Rice Lake | R. W. Adams, Chetek |
| Brown–Kewaunee–Door | P. R. Minahan, Green Bay | W. W. Kelly, Green Bay |
| | O. A. Stiennon, Green Bay | W. E. Leaper, Green Bay |
| Calumet | F. P. Knauf, Kiel | N. J. Knauf, Chilton |
| Chippewa | C. N. B. Hatleberg, Chippewa Falls | A. J. Somers, Chippewa Falls |
| Clark | M. C. Rosekrans, Neillsville | H. H. Christofferson, Colby |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | L. V. McNamara, Montello |
| Crawford | C. A. Armstrong, Prairie du Chien | G. M. Sargeant, Prairie du Chien |
| Dane | A. R. Tormey, Madison | S. A. McCormick, Madison |
| | H. E. Marsh, Madison | A. J. Boner, Madison |
| | L. W. Peterson, Sun Prairie | A. T. Smedal, Stoughton |
| | Louis Fauerbach, Madison | N. A. Hill, Madison |
| Dodge | A. G. Hough, Beaver Dam | A. A. Hoyer, Beaver Dam |
| Douglas | T. J. O'Leary, Superior | Charles W. Giesen, Superior |
| Eau Claire–Dunn–Pepin | S. L. Henke, Eau Claire | B. F. Johnson, Mondovi |
| Fond du Lac | D. J. Twohig, Fond du Lac | J. C. Devine, Fond du Lac |
| Forest | H. C. Marsh, Crandon | G. E. Carroll, Laona |
| Grant | J. D. Glynn, Lancaster | E. H. Spiegelberg, Boscobel |
| Green | N. E. Bear, Monroe | L. E. Creasy, Monroe |
| Green Lake–Waushara | A. A. Beck, Wautoma | L. J. Seward, Berlin |
| Iowa | S. B. Marshall, Hollandale | H. M. Walker, Dodgeville |
| Jefferson | G. E. Eck, Lake Mills | O. F. Dierker, Watertown |
| Juneau | C. A. Vogel, Elroy | A. R. Kaufman, Mauston |
| Kenosha | G. C. Schulte, Kenosha | W. C. Stewart, Kenosha |
| La Crosse | F. A. Douglas, La Crosse | A. H. Gundersen, La Crosse |
| Lafayette | R. B. Quinn, Darlington | Not reported |
| Langlade | C. E. Zellmer, Antigo | W. P. Curran, Antigo |
| Lincoln | F. C. Lane, Merrill | R. G. Baker, Tomahawk |
| Manitowoc | E. C. Cary, Reedsville | T. H. Rees, Manitowoc |
| Marathon | J. F. Smith, Wausau | E. E. Flemming, Wausau |
| Marinette–Florence | A. T. Nadeau, Marinette | J. W. Boren, Marinette |
| Milwaukee | J. O. Dieterle, Milwaukee | B. J. Birk, Milwaukee |
| | C. W. Eberbach, Milwaukee | E. A. Brzezinski, Milwaukee |
| | Charles Fidler, Milwaukee | S. J. Darling, Milwaukee |
| | R. E. Galasinski, Milwaukee | G. S. Flaherty, South Milwaukee |
| | J. L. Garvey, Milwaukee | P. J. Niland, Milwaukee |
| | L. W. Hipke, Milwaukee | P. E. Oberbreckling, Milwaukee |
| | Irwin Schulz, Milwaukee | E. D. Schwade, Milwaukee |
| | E. J. Carey, Milwaukee | L. J. Van Hecke, Milwaukee |
| | J. W. Smith, Milwaukee | H. J. Farrell, Milwaukee |
| | R. A. Toepfer, West Allis | J. P. Conway, Milwaukee |
| | D. F. Pierce, Hales Corners | J. J. Pink, Milwaukee |
| | S. M. Markson, Milwaukee | Aaron Yaffe, Milwaukee |
| | J. C. Griffith, Milwaukee | J. R. Regan, Milwaukee |
| Monroe | C. D. Beebe, Sparta | C. S. Phalen, Sparta |
| Oconto | A. F. Slaney, Oconto | C. R. Kwapy, Oconto |
| Oneida–Vilas | W. S. Bump, Rhinelander | I. E. Schiek, Rhinelander |
| Outagamie | C. D. Neidhold, Appleton | D. W. Curtin, Little Chute |
| Pierce–St. Croix | A. E. McMahon, Menomonie | O. H. Anderson, Plum City |
| Polk | L. O. Simenstad, Osceola | K. F. Johnson, Frederic |
| Portage | E. E. Kidder, Stevens Point | R. J. Stollenwerk, Stevens Point |
| Price–Taylor | J. D. Leahy, Park Falls | H. B. Norviel, Phillips |
| Racine | T. C. Hemmingsen, Racine | E. C. Pfeifer, Racine |
| Richland | George Parke, Sr., Viola | W. C. Edwards, Richland Center |
| Rock | H. E. Kasten, Beloit | H. A. Raube, Beloit |
| | W. A. Munn, Janesville | W. T. Clark, Janesville |
| Rusk | L. M. Lundmark, Ladysmith | W. F. O'Connor, Ladysmith |
| Sauk | J. A. Booher, La Valle | O. V. Pawlisch, Reedsburg |
| Shawano | F. L. Litzen, Gresham | A. A. Cantwell, Shawano |
| Sheboygan | C. J. Weber, Sheboygan | A. C. Radloff, Plymouth |
| Trempealeau–Jackson–Buffalo | R. L. MacCornack, Whitehall | Robert Krohn, Black River Falls |
| Vernon | W. M. Trowbridge, Viroqua | W. H. Remer, Chaseburg |
| Walworth | C. J. Brady, Lake Geneva | E. M. Case, Delavan |
| Washington–Ozaukee | O. J. Hurth, Cedarburg | C. H. Kalb, Grafton |
| Waukesha | J. C. Hassall, Oconomowoc | R. E. Davies, Waukesha |
| Waupaca | J. H. Murphy, Clintonville | R. K. Irvine, Manawa |
| Winnebago | A. G. Koehler, Oshkosh | J. P. Canavan, Neenah |
| Wood | K. H. Doege, Marshfield | F. X. Pomainville, Wis. Rapids |

# OFFICERS

## STATE MEDICAL SOCIETY OF WISCONSIN

R. P. SPROULE
Milwaukee
President

GUNNAR GUNDERSEN
La Crosse
President-Elect

R. M. KURTEN
Racine
Speaker

CHARLES FIDLER
Milwaukee
Vice-Speaker

I. R. SISK
Madison
Treasurer

# COUNCILORS
## STATE MEDICAL SOCIETY OF WISCONSIN

S. E. GAVIN
Fond du Lac
Chairman of Council, 6th District

H. P. BOWEN
Watertown
Councilor, 1st District

C. E. PECHOUS
Kenosha
Councilor, 2nd District

W. T. CLARK
Janesville
Councilor, 3rd District

B. I. PIPPIN
Richland Center
Councilor, 4th District

A. H. HEIDNER
West Bend
Councilor, 5th District

H. A. JEGI
Galesville
Councilor, 7th District

G. W. KRAHN
Oconto Falls
Councilor, 8th District

H. H. CHRISTOFFERSON
Colby
Councilor, 9th District

F. E. BUTLER
Menomonie
Councilor, 10th District

F. G. JOHNSON
Iron River
Councilor, 11th District

H. J. GRAMLING
Milwaukee
Councilor, 12th District

R. E. FITZGERALD
Milwaukee
Councilor, 12th District

R. W. BLUMENTHAL
Milwaukee
Councilor, 12th District

J. W. LAMBERT
Antigo
Councilor, 13th District

R. G. ARVESON
Frederic
Past-President

# THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Donne F. Gosin, Green Bay, President
Mrs. J. S. Supernaw, Madison, President-Elect
Mrs. Samuel A. Montgomery, LaCrosse, Vice-President
Mrs. Harry A. Keenan, Stoughton, Recording Secretary
Mrs. Robert W. Kispert, Green Bay, Corresponding Secretary
Mrs. Edwin P. Bickler, Milwaukee, Treasurer
Mrs. William M. Jermain, Milwaukee, Parliamentarian

COMMITTEE CHAIRMEN

Archives—
Mrs. D. B. Dana, Kewaunee
Convention—
Mrs. Arnold S. Jackson, Madison
Finance—
Mrs. Robert E. Fitzgerald, Wauwatosa
Hygeia—
Mrs. Gerald H. Friedman, Milwaukee
Organization—
Mrs. Ernest S. Schmidt, Green Bay
Philanthropic—
Mrs. Henry E. Twohig, Fond du Lac
Press and Publicity—
Mrs. Arnold H. Barr, Port Washington
Program—
Mrs. Maynard H. Fuller, Green Bay
Public Re ations—
Mrs. Reuben H. Bitter, Oshkosh
National Exhibit (special committee)—
Mrs. E. Lee Lochen, Waukesha
Circulation of Bulletin (special committee)—
Mrs. Robert E. McDonald, Milwaukee

## Your 1941 Convention Will Be a Gay Affair

CONVENTION time is nearing for the Woman's Auxiliary to the State Medical Society of Wisconsin, and the Dane County Auxiliary is hoping that you will all be able to participate. It is going to be a memorable gathering, so we want you to be on hand for all the festivities.

Headquarters for your 1941 reunion is the Hotel Loraine located in picturesque Madison. It is fitting that the annual meeting this year, at which our members will assist in the celebration of the centennial anniversary of the State Medical Society, should be held in Madison for it is here that the State Society received its charter from the Territorial Legislature in 1841.

Also, few cities can offer finer cultural advantages or facilities for the entertainment and convenience of visitors than does Madison, the capital. Built on a narrow isthmus of sightly land between Lake Monona and Lake Mendota, it is the site of the University of Wisconsin which is rated among the foremost educational institutions of the world. Madison is rapidly assuming an important position as one of the better medical centers of the country, having more hospital beds per capita than any city in the United States except one. Zona Gale once said of Madison, "We who love it are always watching to see how well it measures up to its gifts. No other state capital in this or any other land can vie with it in natural beauty."

Among its entertainment facilities are numerous beautiful parks, golf courses, and tennis courts, swimming at city and university beaches, and boating. So remember your play clothes when you pack your bags for the thirteenth annual convention.

Mrs. Donne F. Gosin, Green Bay
President

Mrs. Eben J. Carey

Mrs. George H. Ewell

Mrs. Robert E. Fitzgerald

Wisconsin's Three National Officers

Your hostesses at convention time are members of the Dane County Auxiliary, assisted by members of the Fond du Lac County Auxiliary, and it is certain that their long and efficient work will prove so successful that you will always remember this great conclave.

You will have an opportunity to meet Wisconsin's three national officers: Mrs. Eben J. Carey, Wauwatosa, director; Mrs. George H. Ewell, Madison, press and publicity chairman and editor of the *Bulletin;* and Mrs. Robert E. Fitzgerald, Wauwatosa, parliamentarian. These three members have been active in both state and national Auxiliary activities. Mrs. Carey was state president in 1933–1934, national treasurer in 1934, 1935, and 1936, and national Hygeia chairman in 1939–1940. Before Mrs. Ewell's appointment to a national office two years ago, she had served as state secretary from 1933–1935. Mrs. Fitzgerald was state president in 1938–1939 and national president in 1936–1937. She has also held the offices of national chairman of press and publicity and chairman of revisions.

Other honor guests include Mrs. Donne F. Gosin, president of the State Auxiliary, Mrs. Walton C. Finn, president of the Woman's Auxiliary to the Fond du Lac County Medical Society, and Mrs. R. E. Mosiman, Seattle, Washington, president of the National Auxiliary.

Convention time opens on Tuesday, September 9, with registration at the Hotel Loraine. Following this in the evening the Board of Directors will hold their annual dinner at the Madison Club.

Golf is scheduled for Wednesday morning, followed by an important business session, and a luncheon and style show in the afternoon. An informal banquet, which promises to be an enjoyable one, will be held in the evening. Dr. Nathan B. Van Etten, past-

Mrs. J. S. Supernaw, Madison
President-Elect

Mrs. Roscoe E. Mosiman, Seattle, Washington
President
Woman's Auxiliary, American Medical Association

president of the American Medical Association, will be the guest speaker, his subject being "The Triumphs of Optimism."

Another business meeting marks Thursday's program, which also includes a Smörgasbord, boat ride on Lake Mendota, boat races, and a tea at the home of President and Mrs. C. A. Dykstra of the University of Wisconsin.

Social entertainment in the evening, featuring Jessica Dragonette and the Wisconsin Symphony Orchestra, will conclude the activities. Auxiliary members have received a special announcement concerning this feature and are urged to make immediate reservations.

Of course, there is much more to convention time than this brief recital of events. Especially appealing is the fact that here is a good opportunity to meet old friends and make new ones, and the Dane County Auxiliary sincerely hopes to see you all at this great convention which marks the centennial anniversary of the State Medical Society.

So remember the dates—September 9, 10, and 11.

Remember the place—Madison, Wisconsin. And remember we will all be waiting to welcome you in the spirit of friendship.

LAURA L. JACKSON
*Convention Chairman*
ALMA S. GRUMKE
*Publicity Chairman*

Madison, Your Convention City

## Tuesday, September 9, 1941

P. M.

3:00–6:00 Registration—Hotel Loraine

7:00 Board of Directors' Dinner—Madison Club

Mrs. Donne F. Gosin, president, presiding

*Guests*

Past-presidents, Woman's Auxiliary, State Medical Society of Wisconsin

Wisconsin's three national officers: Mrs. George H. Ewell, Madison, press and publicity chairman and editor of the *Bulletin*; Mrs. Robert E. Fitzgerald, Wauwatosa, parliamentarian; Mrs. Eben J. Carey, Wauwatosa, director.

Reports of State Auxiliary Chairmen

## Wednesday, September 10, 1941

A. M.

8:00 Golf—Maple Bluff Country Club

Two-ball foursome

Putting contest

Awarding of prizes

10:00 General meeting—Pompeian Room, Hotel Loraine

Mrs. Donne F. Gosin, president, presiding

Invocation—The Rev. William Mahoney, pastor, St. Raphael's Church

Convention Announcements — Mrs. Arnold S. Jackson, chairman

Greetings—The Hon. James R. Law, Mayor of the City of Madison

Address of Welcome—Mrs. Carl N. Neupert, president, Woman's Auxiliary to the Dane County Medical Society

Response—Mrs. Walton C. Finn, president, Woman's Auxiliary to the Fond du Lac County Medical Society

In Memoriam

Reports of State Officers and County Auxiliary Presidents

Report of Mrs. Thomas W. Tormey, Jr., chairman, Committee on Credentials and Registration

Announcements

P. M.

1:00 Luncheon and Style Show—Maple Bluff Country Club

Hostesses—Members of Woman's Auxiliary to Fond du Lac County Medical Society.

Honor Guests from Woman's Auxiliary, American Medical Association

Mrs. R. E. Mosiman, Seattle, Washington, president

Mrs. George H. Ewell, Madison, press and publicity chairman and editor of the *Bulletin*

Mrs. Robert E. Fitzgerald, Wauwatosa, parliamentarian

Mrs. Eben J. Carey, Wauwatosa, director

Style show

Fashions by H. S. Manchester, Inc.

Music—harp ensemble of Margaret Rupp Cooper

Commentator—Madame Colette

Models—Members of Woman's Auxiliary to Dane County Medical Society

Tickets—$1.25

Special busses will leave Hotel Loraine at 12:40 p. m.

Registration Headquarters, Hotel Loraine, Madison

6:45 Informal Banquet—Crystal Ballroom, Hotel Loraine
"The Triumphs of Optimism"—Nathan B. Van Etten, M. D., past-president, American Medical Association

## Thursday, September 11, 1941

A. M.

9:30 General Meeting—Pompeian Room, Hotel Loraine
Mrs. Donne F. Gosin, president, presiding
Business Session and Election of Officers
Induction of the President, Mrs. J. S. Supernaw
Installation of New Officers
"The Legislature and the Public Health"—Mr. Charles H. Crownhart, legal counsel, State Medical Society of Wisconsin
Announcements

11:30 Post-Convention Meeting of Board of Directors—Pompeian Room, Hotel Loraine
Mrs. J. S. Supernaw, president, presiding

P. M.

12:30 Smörgasbord—Memorial Union Terrace Overlooking Lake Mendota (In case of inclement weather,—Tripp Commons, Memorial Union Building)
Greetings—Ralph P. Sproule, M. D., president, State Medical Society of Wisconsin
Round-Table Discussions of Auxiliary Activities
Mrs. J. S. Supernaw, chairman

1. Presidents, Vice-Presidents, and Secretaries
2. Treasurers and Finance—Mrs. R. E. Fitzgerald, Wauwatosa
3. Archives—Mrs. D. B. Dana, Kewaunee
4. Hygeia—Mrs. G. H. Friedman, Milwaukee
5. Organization—Mrs. E. S. Schmidt, Green Bay
6. Philanthropic—Mrs. H. E. Twohig, Fond du Lac
7. Press and Publicity—Mrs. A. H. Barr, Port Washington
8. Program—Mrs. M. H. Fuller, Green Bay
9. Public Relations—Mrs. R. H. Bitter, Oshkosh
10. Circulation of Bulletin—Mrs. R. E. McDonald, Milwaukee

2:30 Boat ride on Lake Mendota
Boat races
Surfboard riding
Swimming

4:00 Tea—Home of President and Mrs. C. A. Dykstra
Special transportation provided.

8:00 Social Hour Featuring Jessica Dragonette

## Annual Meeting Committees*

*Executive Committee*

Mrs. A. S. Jackson, Chairman
Mrs. W. S. Middleton
Mrs. H. M. Carter
Mrs. C. N. Neupert
Mrs. J. C. Dean

*Publicity*

Mrs. E. H. Grumke, Chairman

* Unless otherwise indicated, committee members are from Madison.

Mrs. C. A. Dykstra, Madison

Memorial Union Terrace

*Headquarters*

Mrs. R. A. Quisling, Chairman
Mrs. Sverre Quisling
Mrs. J. C. Doolittle

*Finance and Budget*

Mrs. H. E. Marsh, Chairman
Mrs. N. A. Hill, Co-Chairman

*Registration*

Mrs. T. W. Tormey, Jr., Chairman
Mrs. H. N. Winn
Mrs. R. M. Wheeler
Mrs. D. L. Williams
Mrs. C. A. Fosmark
Mrs. F. E. Collins
Mrs. A. W. Bryan
Mrs. J. T. Sprague
Mrs. B. I. Brindley
Mrs. N. A. Hill
Mrs. C. G. Reznichek
Mrs. F. K. Dean
Mrs. T. A. Leonard
Mrs. I. R. Sisk

*Information*

Mrs. A. G. Sullivan, Chairman
Mrs. E. S. Sullivan
Mrs. E. R. Schmidt
Mrs. W. A. Mowry
Mrs. Louis Fauerbach
Mrs. L. R. Cole
Mrs. J. G. Crownhart
Mrs. F. W. Kundert, Monroe

*Flowers*

Mrs. S. J. Briggs, Chairman
Mrs. L. E. Holmgren
Mrs. J. T. Gallagher
Mrs. D. C. Atwood
Mrs. H. K. Tenney
Mrs. K. B. McDonough
Mrs. J. N. Sisk
Mrs. H. H. Reese
Mrs. E. L. Sevringhaus
Mrs. R. H. Jackson
Mrs. P. A. Duehr

*Pages*

Mrs. H. W. Wirka, Chairman
Mrs. O. O. Meyer
Mrs. R. H. Stiehm
Mrs. J. C. McCarter
Mrs. S. A. McCormick
Mrs. L. V. Littig

*Hostesses*

Mrs. W. A. Werrell, Chairman
Mrs. J. P. Dean
Mrs. G. E. Gonce
Mrs. W. H. Krehl
Mrs. Milton Trautmann
Mrs. I. G. Ellis
Mrs. B. I. Brindley

Mrs. Arnold S. Jackson, Madison
Convention Chairman

*(Hostesses, continued)*

Mrs. D. M. Britton
Mrs. S. A. McCormick
Mrs. A. C. Stehr
Mrs. R. E. Campbell
Mrs. T. D. Hunt
Mrs. E. J. Carey, Wauwatosa
Mrs. R. E. Fitzgerald, Wauwatosa
Mrs. F. W. Pope, Racine

*Transportation*

Mrs. K. L. Puestow, Chairman
Mrs. P. A. Brehm
Mrs. T. W. Tormey, Sr.
Mrs. S. A. McCormick
Mrs. W. C. Keettel
Mrs. M. J. Coluccy

*Wednesday Golf*

Mrs. J. B. Wear, Chairman
Mrs. P. A. Duehr
Mrs. D. M. Britton
Mrs. R. L. McIntosh
Mrs. H. L. Greene

*Wednesday Luncheon*

Mrs. G. G. Stebbins, Chairman
Mrs. G. H. Ewell
Mrs. J. A. Hurlbut
Mrs. H. L. Greene
Mrs. M. E. Nesbit

*Wednesday Luncheon Hostesses—Fond du Lac Auxiliary*

Mrs. S. E. Gavin, Chairman, Fond du Lac
Mrs. H. E. Twohig, Co-chairman, Fond du Lac
Mrs. D. W. Calvy, Fond du Lac
Mrs. J. P. Connell, Fond du Lac
Mrs. H. A. Devine, Fond du Lac
Mrs. J. C. Devine, Fond du Lac
Mrs. W. C. Finn, Fond du Lac
Mrs. A. C. Florin, Fond du Lac
Mrs. L. C. Gardner, Fond du Lac
Mrs. O. F. Guenther, Campbellsport
Mrs. L. A. Hoffmann, Campbellsport
Mrs. A. M. Hutter, Fond du Lac
Mrs. J. M. Johnson, Ripon
Mrs. H. J. Kief, St. Cloud
Mrs. O. M. Layton, Fond du Lac
Mrs. C. W. Leonard, Fond du Lac
Mrs. F. P. Marshall, Fond du Lac
Mrs. P. G. McCabe, Fond du Lac
Mrs. Nora E. McGauley, Fond du Lac
Mrs. E. H. Pawsat, Fond du Lac
Mrs. R. G. Raymond, Brownsville
Mrs. J. J. Rehorst, Fond du Lac
Mrs. H. R. Sharpe, Fond du Lac
Mrs. L. J. Simon, Fond du Lac
Mrs. P. J. Trier, Fond du Lac
Mrs. J. E. Twohig, Fond du Lac

*(Wednesday Luncheon Hostesses — Fond du Lac Auxiliary, continued)*

Mrs. W. J. Walderschmidt, Fond du Lac
Mrs. E. L. Watson, Ripon
Mrs. H. C. Werner, Fond du Lac
Mrs. J. C. Yockey, Fond du Lac

*Wednesday Style Show*

Mrs. H. L. Greene, Chairman
Mrs. W. B. Dimond
Mrs. W. W. Stebbins
Mrs. A. C. Stehr

*Thursday Noon Luncheon*

Mrs. C. K. Schubert, Chairman
Mrs. J. A. Hurlbut
Mrs. G. H. Ewell

*Thursday Round-Table Luncheon*

Mrs. J. S. Supernaw, Chairman
Mrs. C. A. Harper, Co-Chairman
Treasurer and Finance—Mrs. R. E. Fitzgerald, Wauwatosa
Archives—Mrs. D. B. Dana, Kewaunee
Finance—Mrs. R. E. Fitzgerald, Wauwatosa
Hygeia—Mrs. G. H. Friedman, Milwaukee
Organization—Mrs. E. S. Schmidt, Green Bay
Philanthropic—Mrs. H. E. Twohig, Fond du Lac
Press and Publicity—Mrs. A. H. Barr, Port Washington
Program—Mrs. M. H. Fuller, Green Bay
Public Relations—Mrs. R. H. Bitter, Oshkosh
National Exhibit—Mrs. E. L. Lochen, Waukesha
Circulation of Bulletin—Mrs. R. E. McDonald, Milwaukee

*Thursday Afternoon Entertainment*

Mrs. L. V. Sprague, Chairman
Mrs. W. B. Dimond
Mrs. M. E. Nesbit
Mrs. C. S. Harper
Mrs. K. E. Lemmer
Mrs. H. A. Keenan, Stoughton
Mrs. W. E. Meanwell

*Thursday Tea at Dykstra Home*

Mrs. E. R. Schmidt, Chairman

## IN THE CENTENNIAL SECTION . . .

The attention of Auxiliary members is called to the Centennial Anniversary Section of this issue of The Journal. The history of a pioneer physician appearing therein represents the seventh installment of material contributed by county auxiliaries.

# Morale*

By ROSCOE LLOYD SENSENICH, M. D.
*Member, Advisory Council, Woman's Auxiliary, American Medical Association*

AN ARMY is sustained by the fires of its spirit. A free citizenry lives in the light of its freedom, and spurred by that spirit strives for a greater realization of the opportunities which freedom offers.

The patterns of our individual lives are largely determined by those things which we value and seek to hold. The zeal with which we strive for them is in proportion to how dearly we hold them. Some basic liberties won by our ancestors have been ours to enjoy for so long that we may now fail to measure their values or the possibilities of their loss.

Times of great national stress bring new centralization and investments with authority, new groupings of individuals and readjustments of their personal affairs; even the lives of individuals are subject to established authority in the interests of the public good. Personal morale, however, requires assurance of restoration of individual liberty when the need has passed.

The family and the home have retained continuity of design and sanctity of purpose to a much greater degree than any other social unit throughout ages of change. Woman is the central figure in the permanence of that unit; and therefore the greatest factor in the maintenance of high levels of morale. It is especially to her interest to safeguard those values which tend to support the individuality and dignity of self and family.

Women may give an immeasurable service to society by assisting in maintaining a high level of public morale. A morale based upon a common effort and faith—but with a determination to preserve freedom of spirit and the dignity of the individual and his life; to assure freedom from political regimentation in matters peculiarly his own spiritually, socially and physically. In supporting the public morale the nation likewise will be strengthened. A high morale is the most effective armament, and no guardian is so valiant as he who defends the nation which protects him and permits to him the greatest measure of individual freedom and freedom from political domination.

In the days upon which we are now entering, our nation will marshall men and material to the utmost of its resources to the high purpose of the preservation of our democracy. The men of the profession of medicine will be found by the side of those who need their care, ministering to those in the front line of the struggle and caring for the physical and mental needs of those who remain at home. Their service without stint will reflect their devotion to the high principle to which the medical profession is committed.

Descartes, more than three hundred years ago, said: "If ever the human race is lifted to its highest practicable level intellectually, morally and physically, the science of medicine will perform that service." To that end the individual, his family, and his culture must be free to develop. The medical profession also must be free, free from destructive political patterns, free to progress and to utilize the researches of a free science in assisting man to greater and still greater possibilities as it has done since the dawn of civilization.

A high morale is necessary to freedom. Morale is not a nothingness to which a name is given. It is the light of hope and faith, the fire of zeal, the confidence born of effort, the essence of a way of life.

The women of your group are a part of a profession dedicated to the welfare of mankind. A high morale is necessary to that welfare—an opportunity to serve—an intangible—but the most enduring of all forces of the yesterdays, today, and tomorrows yet to come.

* This article appeared in the Bulletin of the Woman's Auxiliary to the American Medical Association (vol. 2, no. 4, 1941).

# County Auxiliary Proceedings

## Dodge

*Is Entertained at Resort*

Mrs. A. A. Hoyer of Beaver Dam writes that members of the Dodge County Auxiliary were entertained by Mrs. A. M. Rosenheimer on July 16 at the Heber Resort on Fox Lake. Following a chicken dinner the members drove to the cottage of Dr. R. R. Roberts and enjoyed an afternoon of bridge. Fourteen members were present.

Regular meetings will be resumed next autumn.

## Sauk

*Elects Officers*

Mrs. T. W. Walsh of Sauk City reports that the Woman's Auxiliary to the Sauk County Medical Society met for luncheon on June 12 in the Pine Room of the Heidelberg Hofbrau, Madison.

This being the annual meeting, election of officers was held. The following were elected: President, Mrs. C. B. Pope, Baraboo; president-elect, Mrs. H. A. Bachhuber, Sauk City; and secretary-treasurer, Mrs. E. V. Stadel, Reedsburg.

## Walworth

*Sponsors Benefit Card Party*

There were 106 tables of cards at the party given at the Big Foot Country Club on August 1, sponsored by the Walworth County Auxiliary. A total of $375 was cleared which will be used toward an infant respirator for the Walworth County Hospital.

## Washington—Ozaukee

*Reads Message of Dr. Van Etten*

Mrs. C. P. Kauth of Port Washington writes this account of the July meeting:

"The Woman's Auxiliary to the Washington–Ozaukee County Medical Society met at the Hartford Golf Club on Thursday, July 10, with Mrs. F. W. Lehmann and Mrs. M. E. Monroe acting as hostesses. Thirteen members and two guests, Mrs. Charles Veranth of Hartford and Mrs. Mary Ellen Kolls of Milwaukee, attended.

"Mrs. P. B. Blanchard of Cedarburg read a message from the National Auxiliary Bulletin, by Dr. Nathan B. Van Etten, president of the American Medical Association, praising the sacrifices of the medical profession in the grave world crisis and urging continued loyalty and even greater efforts in the great task before it."

---

Mrs. Kauth reports further that "the Washington–Ozaukee Auxiliary enjoyed a delightful combined business and picnic meeting at the home of Mrs. A. H. Barr of Port Washington on August 14. Fourteen members and one guest, Miss Irene Spiegelmeyer of Pittsburgh, Pennsylvania, attended. After the one o'clock picnic lunch the members were taken through the beautiful new St. Alphonsus Hospital in Port Washington. Later at the business meeting Mrs. H. Meyer Lynch of West Bend distributed unfinished layettes which will be completed by the members for the West Bend Chapter of the Red Cross.

"New officers were elected for the ensuing year as follows: Mrs. J. E. Reichert, West Bend, president-elect; Mrs. T. J. Kern, Richfield, secretary-treasurer. Mrs. M. E. Monroe, Hartford, will take over her duties as president in October, succeeding Mrs. A. H. Heidner, West Bend.

"Mrs. P. B. Blanchard, Cedarburg, of the public relations committee, has made arrangements for a series of health talks to be given by Dr. W. W. Bauer (director of the Bureau of Health Education, American Medical Association, Chicago) to various service organizations in Washington and Ozaukee counties on September 22 and 23.

"Due to the Centennial Meeting, which many members plan to attend, the next auxiliary meeting will be postponed until October."

## Waukesha

*Entertains at Picnic Buffet Supper*

The Woman's Auxiliary and the Waukesha County Medical Society entertained at a picnic buffet supper at the Merrill Hills Country Club on July 30. This party is an annual event of the members of the Auxiliary and their husbands. Bridge and golf were played and prizes awarded to the winners. Mrs. J. C. Frick and Mrs. F. W. Aplin, both of Waukesha, won bridge awards and Dr. P. E. Campbell, Waukesha, and Dr. T. H. Nammacher, Oconomowoc, won the golf trophies.

## Waupaca—Shawano

*Hears Committee Reports*

Mrs. P. J. Christofferson of Waupaca reports that the Waupaca–Shawano Auxiliary met at Hotel Elwood in New London for a one o'clock luncheon on August 5. The New London members were hostesses to seventeen members and one guest.

At the business meeting very satisfactory reports were given by the committees. The question of changing the meeting date was discussed but no decision was reached.

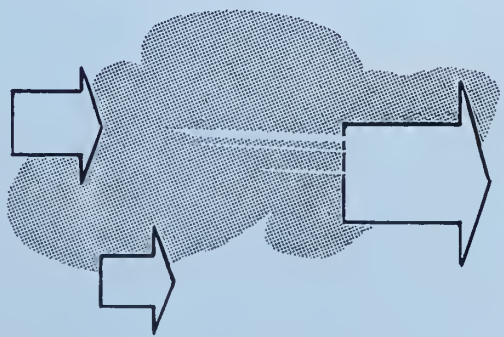
The meeting adjourned to the Golf Club where the members were given a choice of playing cards or golf. Mrs. R. R. Rivard of Shawano won high honors at cards.

The next meeting will be held at Clintonville in November.

*The Story of how*

# 57,000,000 LIFE YEARS

HAVE BEEN ADDED TO THE LIVES OF OUR WISCONSIN CITIZENS . . . . . .



# . . . AND HOW PHYSICIANS OF WISCONSIN HAVE MADE THE FILMING OF THIS STORY POSSIBLE:

The story of how 57,000,000 years* have been added to the lives of our Wisconsin citizens has been filmed.

Who made this possible? You!

It is the physicians of Wisconsin who have brought health and longer and happier lives to the people in our state.

How you accomplished this is worth telling. It is worth telling at every opportunity.

YOUR patients and your community look upon you as their health authority. As that health authority, you are no doubt called upon from time to time to cooperate with your Parent–Teachers Association, women's clubs, civic organizations and others in supplying health information. The details of our health achievements in Wisconsin have been assembled and produced on film to assist you in fulfilling your obligation as a health adviser in your community.

The fact that Wisconsin workers lose only two and a half days from work each year is worth emphasizing. This is only one-tenth the length of absenteeism recorded for the nation as a whole and only one-tenth to one-twentieth the time lost in many foreign countries. It is these same foreign countries whose system of medical care we have been urged to adopt.

The fact that you have stamped out smallpox is worth calling to the attention of those who look upon you as the source of authoritative health information. The fact that motherhood is safer in Wisconsin, that childhood is safer in Wisconsin, that diphtheria and typhoid have become medical curiosities merits your public declaration. These are only a few of the outstanding records established in our state and included in the 100 photographs and charts which comprise the film strip.

Through the Society's office several film strips, as well as projection lanterns, will be available to members for use in appearances before public audiences. A manuscript, which is so arranged as to follow the sequence of the pictures as they are projected on the screen, is also completed. While this was prepared with exceeding care and can be used exactly as it is, it can be modified by the speaker to meet special circumstances, and in some instances this may be necessary. To present the film strip, giving the information contained in the manuscript at a normal rate of speed, requires approximately forty-five minutes, depending upon the individual speaker.

The subject matter is divided into three sections:

1. The numerous health achievements that make it possible for the average Wisconsin citizen to live nineteen years longer.
2. The education and training of a physician and the value of more thoroughly qualified physicians.
3. The health future in Wisconsin.

* Nineteen years have been added to the average life of 3,000,000 citizens.

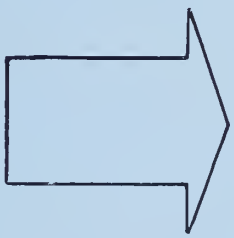
This film strip and the manuscript form an excellent basis for bringing to your people knowledge of the tremendous contributions made by you and your 2,500 fellow physicians in Wisconsin. Our record in Wisconsin is an enviable one,—one of which the profession can justly be proud and one of which the public should be apprised. You, together with the other 2,500 members of the Society, form a health educational force which cannot be equalled if all the opportunities are utilized.

Several months of work and repeated meetings of the Committee on Health and Public Instruction** were required to make this film strip available to you. The manuscript, as well as the pictures, and the organization of the material have been submitted to experts in this field. The information is both interesting and accurate.

See this outstanding health education aid in booth 135 at the Centennial Meeting. Make reservations now for the film strip for your scheduled public appearances.

** W. J. Egan, Milwaukee, chairman; F. B. Sazama, Chippewa Falls; J. A. Riegel, St. Croix Falls.

PORTIONS OF THE *Film Strip* AND MANUSCRIPT ARE REPRINTED ON THE FOLLOWING PAGES



# *Health Achievements* IN WISCONSIN . . .

*Prepared by*

THE COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

THE STATE MEDICAL SOCIETY OF WISCONSIN

FRAME 1
Focusing frame.

FRAME 2
*Frame title:* YOU WILL LIVE NINETEEN YEARS LONGER, ON THE AVERAGE, THAN THIS AUDIENCE OF NINETEEN YEARS AGO.
*Lecturer's comment:* You—as an average audience of today—will live nineteen years longer than this audience of nineteen years ago.

FRAME 3
*Frame title:* A STORY OF YOUR HEALTH, IN YOUR HOME.
*Lecturer's comment:* My story is to be a story of your health, in your home.

FRAME 4
*Frame title:* . . . IN YOUR PHYSICIAN'S OFFICE.

FRAME 5
*Frame title:* . . . IN YOUR HOSPITAL.

FRAME 6
*Frame title:* . . . UNDER THE GUIDING HAND OF YOUR PHYSICIAN.

FRAME 7
*Frame title:* . . . LIVE NINETEEN YEARS LONGER.
*Lecturer's comment:* On the average, you will live nineteen years longer than you would have nineteen years ago. There are a number of reasons for this, some of which I am going to discuss with you.

FRAME 8
*Frame title:* IMMUNIZATION HAS PROTECTED THIS BOY FROM DIPHTHERIA THROUGHOUT HIS LIFETIME.
*Lecturer's comment:* One reason that the average span of life has been increased is that through improved treatment, immunization, or a combination of them, death from diphtheria is rare. With immunization as readily available to us as it is today, there should be *no* diphtheria.

FRAME 9
*Frame title:* THESE SEVEN DEATHS NEED NOT HAVE OCCURRED.
*Lecturer's comment:* The remarkable reduction in the number of deaths which have occurred is grand evidence of the mutual cooperation of the physicians and their patients. By carrying this cooperation still further we can eliminate these seven deaths.

FRAME 10
*Frame title:* CHILDREN ESCAPE SMALLPOX THROUGH VACCINATION.

FRAME 11
*Frame title:* NO DEATHS FROM SMALLPOX.
*Lecturer's comment:* To maintain this record we must keep up our efforts to have all children vaccinated before their first birthday.

FRAME 12
*Frame title:* SAVE MANY MOTHERS AND BABIES WHO FORMERLY MIGHT HAVE DIED.
*Lecturer's comment:* Another reason for our longer span of life is that we are able to save many mothers and babies who formerly might have died. How mothers and babies fare is a yardstick that is widely used today to indicate the state of our individual and collective health.

FRAME 13
*Frame title:* APPLYING THIS YARDSTICK OF HOW MOTHERS AND BABIES FARE . . .
*Lecturer's comment:* Applying this yardstick of how mothers and babies fare, we find that in Wisconsin over 99 per cent of births are attended by a physician.

FRAME 14
*Frame title:* MORE WISCONSIN MOTHERS LIVE TO CARE FOR THEIR BABIES THAN DO EUROPEAN MOTHERS.
*Lecturer's comment:* More and more Wisconsin mothers come safely through childbirth because they avail themselves of the services of their physicians and because we are constantly broadening our fundamental scientific knowledge of this subject.

FRAME 15
*Frame title:* MOTHERHOOD IS SAFER IN WISCONSIN.
*Lecturer's comment: (note)* Emphasize that fewer maternal deaths occur in Wisconsin than is the average for the United States.

FRAME 16
*Frame title:* . . . DURING THE IMPORTANT PRENATAL PERIOD.
*Lecturer's comment:* . . . and because more and more expectant mothers are consulting their physicians during the important prenatal or pre-birth period, we have fewer and fewer mothers dying from the so-called "childbed fever" which at one time was one of the most feared phases of childbearing. The number of women who experience difficult labor has also decreased because of adequate early prenatal care.

FRAME 17
*Frame title:* MORE WISCONSIN BABIES LIVE THAN DO EUROPEAN BABIES.
*Lecturer's comment:* Now let us transfer our attention to our Wisconsin babies. What do we find? Through the joint cooperation of the family physician and better-informed mothers, more and more babies are guided safely through the perilous first year of life.

FRAME 18
*Frame title:* CHILDHOOD IS SAFER IN WISCONSIN.
*Lecturer's comment: (Note)* Emphasize that fewer infant deaths occur in Wisconsin than is the average for the United States.

FRAME 19
*Frame title:* PERIODIC INFANT EXAMINATIONS.
*Lecturer's comment:* These Wisconsin babies live because through periodic examinations the physician is able to advise the mothers on questions of diet, habits, and hygiene. During this most uncertain first year of life all babies should be examined periodically by the family physician.

FRAME 20
*Frame title:* VACCINATED AGAINST SMALLPOX.

FRAME 21
*Frame title:* AND IMMUNIZED AGAINST DIPHTHERIA AND WHOOPING COUGH.

FRAME 22
*Frame title:* OUR ABILITY TO DIAGNOSE DISEASES ACCURATELY.
*Lecturer's comment:* The third important factor in our living nineteen years longer than our parents is that scientific knowledge has progressed by leaps and bounds. Our ability to diagnose diseases accurately and to treat them correctly has undergone a change that is dramatic beyond description. We have the x-ray machine, which permits us to examine the innermost recesses of the body.

FRAME 23
*Frame title:* X-RAY PICTURE OF THE STOMACH.
*Lecturer's comment:* The x-ray machine, for example, permits us to examine such organs as the stomach, lungs, the gallbladder and the kidneys by using substances through which the x-rays do not pass.
*(Note:* When showing this frame you may wish to tell your audience that the shadow at the left is the spine. You may also wish to outline the stomach, showing the location of the duodenum, etc.)

FRAME 24
*Frame title:* AN INVALUABLE AID IN SETTING BROKEN BONES.
*Lecturer's comment:* The x-ray is an invaluable aid when it becomes necessary to set broken bones. It enables us to place the bones in their proper position and to check the results of our work. In the hands of the skilled physician, the x-ray has made possible improved results following accidents involving broken bones.
*(Note:* Point out the fracture to the audience, and advise them of the location.)

FRAME 49
*Frame title:* THE LABORATORY CONTINUES TO BE IMPORTANT THROUGHOUT THE PERIOD OF INTERNSHIP.
*Lecturer's comment:* Even after the student completes the classroom and laboratory work required by the medical school, he must continue his education through laboratory procedures. He recognizes the value of a thorough knowledge of laboratory tests, but realizes also that these tests are only a part of the practice of medicine and that most laboratory reports would be valueless without the ability properly to interpret them.

FRAME 50
*Frame title:* AT LEAST SEVEN YEARS OF CLASSROOM AND LABORATORY STUDY IS FOLLOWED BY A YEAR OF INTERNSHIP.
*Lecturer's comment:* Here the theoretical knowledge gained from the textbook, the laboratory, the lecture room, and the conference is translated into actual application. Here is the real test of seven years of study. Step by step throughout the period of internship the student applies his earlier training, and with this application of his knowledge earns the right to be called a physician.

FRAME 51
*Frame title:* A STUDY OF THE SYMPTOMS COMBINED WITH A STUDY OF THE BODY.
*Lecturer's comment:* A knowledge of the blood supply, the circulation of the blood, and the condition of the heart is essential to an understanding of disease. It is necessary to be able to recognize the normal and the abnormal. This knowledge can be obtained only through repeated observation, extended over a long period. Internship gives the student an opportunity to observe these important body functions.

FRAME 52
*Frame title:* EXAMINATION OF THE EAR IS IMPORTANT.
*Lecturer's comment:* An examination of the ear may reveal the evidences of previous illness, or it may give a clue to look elsewhere for indications of disease. Of course, the ear may also be involved with disease peculiar to itself. In children with colds or contagious diseases it is imperative to inspect the ears at frequent intervals to prevent deafness or the development of a condition that might lead to loss of hearing in one or both ears.

FRAME 53
*Frame title:* THE NOSE AND THROAT MUST BE EXAMINED AS POSSIBLE SOURCES OF INFECTION.
*Lecturer's comment:* Again, by repetition and constant observation, the student is trained to recognize any abnormality in any part of the body. Diseased organs in one part of the body may cause pain and sickness in a portion of the body remote from that diseased organ. To recognize disease, to understand its possible relation to another part of the body, is possible only through years of study.

FRAME 54
*Frame title:* THE EYE CAN REVEAL DISEASES IN REMOTE PARTS OF THE BODY.
*Lecturer's comment:* An examination of the eye can disclose the presence of high blood pressure, diseases of the kidneys or brain, and of course diseases limited to the eye itself. The intern must have an opportunity to observe these cases in order to recognize them. Constant training, repeated training, training, and more training is the life of an intern. His training is always under the guidance and supervision of established physicians who are in active practice.

FRAME 55
*Frame title:* IN THE OPERATING ROOM.
*Lecturer's comment:* So that he will learn the technic of a surgical operation, the intern must have an opportunity to participate in a minor role in operations which are performed in the hospital where he is continuing his studies. At first he is only an observer, then he becomes an assistant, and later he performs simple operations, with one of long experience always at his elbow. Finally, after several years of training under the direction of a particularly proficient surgeon, he attains the skill to perform more exacting operations.

FRAME 56
*Frame title:* CHANGING SURGICAL DRESSINGS—AN OPPORTUNITY FOR THE INTERN TO STUDY THE RESULTS OF SURGERY.
*Lecturer's comment:* The study of patients, both before and after an operation, is important, as it offers an opportunity to secure an understanding of surgery.

FRAME 57
*Frame title:* POSTGRADUATE MEDICAL EDUCATION.

FRAME 58
*Frame title:* MEDICAL EDUCATION IS CONTINUOUS.
*Lecturer's comment:* The years spent in medical school and the year or years as an intern are but the beginning of a physician's medical education. This must be followed by constant attendance at county, state, and national medical meetings; reading medical journals; and, of course—

FRAME 59
*Frame title:* THE CONSTANTLY REVISED MEDICAL TEXT BOOKS.

FRAME 60
*Frame title:* THIS EXTENSIVE AND PROLONGED TRAINING OF THE MEDICAL STUDENT AND THE INTERN, AND THE POSTGRADUATE MEDICAL EDUCATION OF THE PRACTICING PHYSICIAN, HAVE RESULTED IN MAKING AVAILABLE TO OUR PEOPLE IN WISCONSIN THE HIGHEST TYPE OF PHYSICIANS.

# Society Proceedings

## Milwaukee

The Medical Society of Milwaukee County held a golf tournament with the Racine and Kenosha County Medical Societies at the Meadowbrook Country Club, Racine, on August 14. Dinner was served following the tournament.

## Trempealeau—Jackson—Buffalo

Dr. E. E. Seedorf, radiologist at St. Francis Hospital, La Crosse, spoke at the meeting of the Trempealeau–Jackson–Buffalo County Medical Society at Blair on July 17. His subject was "Some Contributions of Radiology to the Practice of Medicine."

## Winnebago

A revival of the annual stag picnic of the Winnebago County Medical Society was held on August 16 at the Oshkosh Power Boat Club. A buffet supper was served following the afternoon entertainment.

## Second Councilor District

On August 20 the members of the Second Councilor District Medical Society (Racine–Kenosha–Walworth) met at the Racine Country Club. The program was as follows:

A. M.

10:00 Paul Starr, M. D., assistant professor of medicine and director of endocrine clinic, Northwestern University Medical School, Chicago, Illinois

"Diagnosis and Treatment of Adrenal Insufficiency"

10:45 Archibald Hoyne, M. D., chief, Chicago Municipal Contagious Hospital, Chicago, Illinois

"Present Day Treatment of Contagious Diseases"

11:30 H. O. McPheeters, M. D., formerly director of varicose and ulcer clinic of the Minneapolis General Hospital, Minneapolis, Minnesota; J. K. Anderson, M. D., instructor of surgery, University of Minnesota School of Medicine, Minneapolis, Minnesota

"Injection Treatment of Varicose Veins and Hemorrhoids" (Lantern slides and movies)

P. M.

1:00 Luncheon

2:00 Golf and bridge for wives of physicians

Members of the society and their wives were dinner guests of Mr. A. J. Horlick.

## Ninth Councilor District

The summer meeting of the Ninth Councilor District Medical Society was held at Marshfield on August 21. The following program was arranged by the members of the Marshfield Clinic, under whose auspices the meeting was held:

P. M.

3:30 Clinical Meeting, Classroom at St. Joseph's Hospital

Eczema in Infants_____Dr. Stephan Epstein

*Clinical Cases*

Coronary Heart Disease___Dr. K. H. Doege
Renal Diabetes _____Dr. W. F. Kammer
Toxemia in Pregnancy_____Dr. J. B. Vedder
Indications for Caesarean Section
_____Dr. J. B. Vedder
Rupture of the Ovary_____Dr. E. J. McGinn
Fibromyoma of the Uterus
Developing Carcinoma in Cervical Stump
_____Dr. C. A. Vedder
X-Ray Therapy of Carcinoma of Cervix
_____Dr. J. M. Wickham

7:00 Dinner, Hotel Charles

8:00 Treatment of Decompensation of the Heart
_____Dr. Ovid Meyer
Associate Professor of Medicine at University of Wisconsin

Menopause Disturbances____Dr. Carl Harper
Assistant Professor of Obstetrics and Gynecology at University of Wisconsin

# News Items and Personals

*Dr. J. J. Kane* and *Dr. T. E. Farrell*, both of Prairie du Chien, are now in charge of the Beaumont Hospital formerly operated by *Dr. S. M. Welsh*. Dr. Welsh has reported to the United States Army for duty at Fort Meade, Maryland.

*Dr. Carl N. Neupert*, assistant state health officer, who attended the summer session at the University of Michigan, has been awarded his master's degree in public health and elected to the national honorary public health society.

At the weekly luncheon meeting of the Stevens Point Rotary Club on July 21 at the Hotel Whiting, *Dr. F. C. Iber* gave an instructive talk on the heart and its functions.

—△—

The new east wing, latest addition to the Oconto County and City Hospital, which has been under construction during the last year, was opened during the week of July 21. In observance of the occasion and the conclusion of twenty years of service by the hospital board, open house for the general public was held on July 25, 26, and 27.

—△—

*Dr. W. W. Kelly*, Green Bay, president of the State Board of Health, has been appointed to a newly organized state N.Y.A. advisory committee to correlate local needs with the N.Y.A. administrative staff and advise the staff on general policy. Dr. Kelly represents the field of health.

—△—

*Dr. E. H. Jorris*, for four years district health officer at Sparta, has assumed the directorship of the state health department's tuberculosis division, including supervision of the state sanatorium at Wales and the tuberculosis rehabilitation camp at Lake Tomahawk.

—△—

The Marathon county health committee recently announced the resignation of *Dr. Ernest Newman*, director of the county health unit. Dr. Newman recently passed two United States civil service examinations in both of which he ranked first throughout the nation. One of these was for senior medical officer in the United States Public Health Service. He has been ordered to Washington, D. C., to be stationed in the domestic quarantine division of the United States Public Health Service until he is definitely assigned to the position of acting assistant surgeon in the field service.

—△—

On August 4 at the meeting of the American Interprofessional Institute of Milwaukee, *Dr. Maurice Hardgrove* discussed "Recent Advances in the Use of Blood Substitutes for Transfusions."

—△—

The National Foundation for Infantile Paralysis, Incorporated, of New York City has published the location and owners of respirators in each of the several states.

The location and owners of respirators in Wisconsin as of July, 1941, are as follows:

Delavan (Walworth)—Walworth County
Green Bay (Brown)—Chicago & Northwestern Railway Co.
Kaukauna (Outagamie)—St. Elizabeth Hospital
Kenosha (Kenosha)—Kenosha Hospital
La Crosse (La Crosse)—Mercy Hospital
Madison (Dane)—Wisconsin Orthopedic Hospital for Children (2)
Manitowoc (Manitowoc)—City Health Department; Johnston Emergency Hospital; Milwaukee County Hospital (3) (2 owned by Milwaukee County Chapter of The National Foundation)
Neenah (Winnebago)—Theda Clark Memorial Hospital
Oshkosh (Winnebago)—Mercy Hospital; Winnebago County Court House
Port Washington (Ozaukee)—St. Alphonsus Hospital
Racine (Racine)—St. Luke's Hospital
Sheboygan (Sheboygan)—Sheboygan Memorial Hospital
Watertown (Jefferson)—St. Mary's Hospital
Wauwatosa (Milwaukee)—Milwaukee County Hospital (2)
West Bend (Washington)—St. Joseph's Hospital
Wild Rose (Waushara)—Waushara County American Legion

Respirators located within ready reach of Wisconsin physicians were listed for Duluth, Minneapolis, St. Paul, and Winona. Also available for use by Wisconsin physicians are respirators located in Rockford, Waukegan and Woodstock.

—△—

### Return Your Information Card For the Directory Promptly

About September 1, an information card will be sent from the headquarters office of the American Medical Association to every physician in the United States and Canada. The information secured is to be used in compiling the Seventeenth Edition of the American Medical Directory.

The directory is prepared at regular intervals in the Biographical Department of the American Medical Association. The last previous edition appeared in 1940. This volume is one of the most important contributions of the American Medical Association to the work of the medical profession in the United States; it has been especially valuable in the medical preparedness program. In it, as in no other published directory, are dependable data concerning physicians, hospitals, medical organizations and activities. The directory provides full information concerning medical colleges, specialization in the field of medical practice, memberships in special medical societies, tabulations of medical journals and medical libraries and, indeed, practically every important fact concerning the medical profession in which any one might possibly be interested.

Before filling out the information card, read the instructions carefully. Physicians are especially urged to state whether or not they are on extended active duty for the medical reserve corps of the United States Army and Navy. Fill out the card and return it promptly whether or not a change has occurred in any points on which information is requested. If a change of address occurs before March 1, 1942, report it at once. Should you fail to receive a card before the first of October, write at once to the headquarters office stating that fact and a duplicate card will be mailed.

## BIRTHS

A son to Dr. and Mrs. I. E. Schiek, Jr., Rhinelander, July 27.

### Correction

In the August issue was announced the birth of a daughter to Dr. and Mrs. W. C. Andrews of Frederic.

This information was based on a unique birth announcement in the form of an Rx signed by Dr. W. C. Andrews who attended the wife of Dr. Carl Johnson of Frederic at the birth of her daughter on June 6.

## MARRIAGES

Dr. R. A. Jefferson, Milwaukee, and Mrs. Brooks Ott, Appleton, July 26.

Dr. E. W. Witcpalek, Kewaunee, and Miss Agatha Wright, Stoughton, June 11.

## SOCIETY RECORDS

### New Members

W. W. Busby, 425 East Wisconsin Avenue, Milwaukee.

H. A. Settlage, Lone Rock.

### Changes in Address

Edward McCormack, Monmouth, Ill., to 123rd Field Artillery, Camp Forrest, Tenn.

C. A. Wood, Fort Custer, Mich., to Station Hospital, Fort Leavenworth, Kan.

L. F. Kaiser, Fort Sam Houston, Tex., to 2nd Section, 5th Medical Supply Depot, Gurdon, Ark.

D. W. Ovitt, Milwaukee, to Billings General Hospital, Fort Benjamin Harrison, Ind.

W. C. Henske, Chippewa Falls, to Fort George G. Meade, Md.

A. C. Taylor, Washburn, to Irving Zuelke Building, Appleton.

G. A. Rau, Fort Sam Houston, Tex., to 154 West Pomfret Street, Carlisle, Pa.

G. B. Benson, Fort Benning, Ga., to School of Aviation Medicine, Randolph Field, Tex.

E. H. Jorris, Sparta, to Room 400, State Office Building, State Board of Health, Madison.

John O. McCabe, Milwaukee, to 135th Medical Regiment, Camp Shelby, Miss.

L. M. Boxer, Milwaukee, to 135th Medical Regiment, Camp Shelby, Miss.

H. J. Dvorak, Fort Custer, Mich., to 4718 West Lisbon Avenue, Milwaukee.

L. M. Morse, Stevens Point, to 942 North Twenty-first Street, Apt. 21, Milwaukee.

R. J. Portman, Antigo, to 709 Washington Street, Manitowoc.

E. E. Burzynski, Laona, to 113 North Third Street, Watertown.

S. F. Schwartz, Milwaukee, to Air Field, Corsicana, Tex.

F. J. Erdlitz, Peshtigo, to Room 211, Y. M. C. A., Madison.

L. B. Perssion, Winnebago, to 135th Medical Regiment, Camp Shelby, Miss.

J. P. Malec, Madison, to 33rd Division, 131st Infantry, Camp Forrest, Tenn.

H. A. Gantz, Waukesha, to 33rd Division, Camp Forrest, Tenn.

M. M. Temkin, Beaver Dam, to 33rd Division, Camp Forrest, Tenn.

W. P. Zmyslony, Milwaukee, to 33rd Division, Camp Forrest, Tenn.

A. F. Rogers, Milwaukee, to 33rd Division, Camp Forrest, Tenn.

J. A. Alston, Wauwatosa, to Butler Hospital, Providence, R. I.

C. H. Buckley, Camp Claiborne, La., to Menomonie.

F. F. Gollin, La Farge, to 119th Field Artillery, Fort Leonard Wood, Mo.

I. J. Sarfatty, Randolph Field, Tex., to Headquarters Squadron, 2nd A. F., Fort George Wright, Wash.

(See page 849 for complete list of men in service.)

# COMING EVENTS

### International Assembly Inter-State Postgraduate Medical Association of North America

This year's International Assembly of the Inter-State Postgraduate Medical Association of North America will be held in the public auditorium, Minneapolis, Minnesota, October 13, 14, and 15.

The officers of the Inter-State Postgraduate Medical Association, those of the Hennepin County Medical Society and the Minnesota State Medical Association, extend a cordial invitation to all members of the profession in good standing to attend the Assembly.

In cooperation with the Hennepin County Medical Society, the Minnesota State Medical Association and the Minneapolis Civic and Commerce Association, a most excellent opportunity for an intensive week of postgraduate medical instruction is offered by in the neighborhood of eighty-five distinguished teachers and clinicians from different parts of the United States and Canada who are honoring the Assembly by contributing to the program. The speakers and subjects have been carefully selected by the program committee.

Pre-assembly and post-assembly clinics will be conducted, free of charge, in the Minneapolis Hospitals on the Saturdays previous to, and following, the Assembly, for visiting members of the profession.

The registration fee for the scientific and clinical sessions will be $5.

### Annual Meeting American Public Health Association

The executive board of the American Public Health Association announces the dates of the 70th annual meeting as October 14–17, 1941. The meeting will be held in Atlantic City, New Jersey, with headquarters in Convention Hall (residence headquarters, Hotel Traymore).

—△—

### The American College of Physicians Announces Its Twenty-Sixth Annual Session to Be Held in St. Paul, Minn., April 20–24, 1942

Dr. Roger I. Lee, Boston, is president of the College, and will be in charge of the program of general sessions and lectures. Dr. John A. Lepak, St. Paul, has been appointed general chairman, and will be in charge of the program of hospital clinics and round-table discussions, as well as local arrangements, entertainment, etc. Mr. Edward R. Loveland, executive secretary of the College, 4200 Pine Street, Philadelphia, will have charge of the general management of the session and the technical exhibits.

### Course in Geriatrics

The Committee on Postgraduate Education of the Medical Society of Milwaukee County has announced a course in geriatrics, increasingly important field in modern medical practice, to be held in November in the Auditorium of the Marquette University School of Medicine. Lecture dates and speakers have been announced as follows:

November 4:

Gastroenterology in the aged—Jacob Meyer, M. D., associate professor of medicine, University of Illinois, College of Medicine.

November 11:

Treatment of the aged from the surgical angle—O. T. Clagett, M. D., Mayo Clinic, Rochester, Minn.

November 18:

The problem of aging from the internist's angle—George M. Piersol, M. D., professor of medicine, The Medico-Chirurgical College, Graduate School of Medicine, University of Pennsylvania.

November 25:

The central nervous system in the aged—Hans H. Reese, M. D., professor of neuropsychiatry, University of Wisconsin Medical School, Madison.

# CORRESPONDENCE

### Industrial Commission Commends State Medical Society's Industrial Health Efforts

Mr. Harry A. Nelson, director of Workmen's Compensation of the Industrial Commission, advised Dr. Stanley J. Seeger, chairman of the Committee on Industrial Health, that the Society's efforts in the field of industrial health have been a real contribution to the health of employes in Wisconsin.

In cooperation with the Industrial Commission, the Committee on Industrial Health and the Conference Committee on Open Panels placed in the hands of every employer in Wisconsin a panel of physicians for his respective community, to be used both for compensation for injuries and for the physical examination in industry program of the Industrial Commission.

The Industrial Commission called to the attention of each of the Wisconsin employers (numbering in excess of 40,000) its effort to further the physical examination program and urged employers to have these examinations made.

Mr. Nelson's comment is quoted in full.

> "The Industrial Commission is highly pleased with the activities of the State Medical Society during the past year in cooperating with the commission in the matter of its physical examination program. As you know, this program was adopted in 1939, and is on a purely voluntary basis. We have, therefore, not attempted to gather statistics or data as to the number of employers who have adopted the program or as to the exact method in which employers are following its provisions. We do know from comments and inquiries which reach us from time to time that the program has been widely adopted, and that its salient provisions are being carried out by an increasingly large number of employers. We have highly appreciated the excellent cooperation of the State Medical Society in making the provisions of the program known to its members and in urging them to participate in and to carry out its principles. The educational work which has been done by your society has been of splendid assistance, both to the commission and to employers in the adoption of principles of examinations which we have long been convinced inure to the greatest benefit of employers and employees from the standpoint of social, as well as economic implications. Increasingly it has been found that the health of the worker is of paramount importance to his employer, and the making of physical examinations, followed by careful and proper placement of employes, is without question producing gratifying results. We are certain that the time and effort which has been expended by your Society has been of great value and is bearing rich fruit for all concerned."

## MEMBERS IN ACTIVE SERVICE

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Baldwin, R. S., Captain | Marshfield | Headquarters, 6th Corps Area, Chicago, Ill. |
| Becker, W. T., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| Benson, George B., 1st Lt. | Richland Center | School of Aviation Medicine, Randolph Field, Tex. |
| Bergstrom, L. V., 1st Lt. | Milltown | Co. 538, Camp Minidoka, Rupert, Ida. |
| Bitter, R. H., Captain | Oshkosh | 12th Cavalry, Fort Bliss, Tex. |
| Bleckwenn, W. J., Colonel | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Bohorfoush, J. G., 1st Lt. | Madison | Air Corps Basic Flying School, San Angelo, Tex. |
| Bolles, C. S., 1st Lt. | De Pere | Station Hospital, Camp Wolters, Tex. |
| Boxer, L. M., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| Bristow, J. H., 1st Lt. | Monroe | 5th Medical Battalion, Fort Custer, Mich. |
| Cary, J. F., 1st Lt. | Sheboygan | First Medical Squadron, Fort Bliss, Tex. |
| Christianson, Herbert, 1st Lt. | Superior | Camp Livingston, La. |
| Dietrich, H. W., Captain | Madison | 7th Cavalry, Fort Bliss, Tex. |
| Dockry, L. E., Commander | Kewaunee | Commandant's Office, Naval Training Station, Great Lakes, Ill. |
| Dorr, R. H., 1st Lt. | Milwaukee | Woodbine, Kirkwood, Mo. |
| Eisele, P. L., Captain | Stateson | Army Induction Station, Milwaukee |
| Feiman, L. H., 1st Lt. | Milwaukee | 46th Medical Battalion, Pine Camp, N. Y. |
| Filek, A. A., Captain | Green Bay | Armored Forces, Fort Benning, Ga. |
| Foley, M. E., 1st Lt. | St. Nazianz | 5th Division, Fort Custer, Mich. |
| Ford, W. A., Lt. Col. | Sheboygan | Station Hospital, Camp Wolters, Tex. |
| Frackelton, W. H., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Frisch, R. A., 1st Lt. | Milwaukee | Army Induction Station, Milwaukee |
| Gantz, H. A., 1st Lt. | Waukesha | 33rd Division, Camp Forrest, Tenn. |
| Gearhart, R. S., 1st Lt. | Madison | Station Hospital, Fort Sill, Okla. |
| Gollin, F. F., 1st Lt. | La Farge | 119th Field Artillery, Fort Leonard Wood, Mo. |
| Goodman, P. P., 1st Lt. | Milwaukee | 53rd Medical Battalion, Camp Claibourne, La. |
| Grab, J. A., Major | Milwaukee | Selective Service Headquarters, Madison |
| Greenstein, Carl, 1st Lt. | Sheboygan | Chanute Field, Rantoul, Ill. |
| Grossmann, E. E. Captain | Milwaukee | Station Hospital, Camp Hulen, Tex. |
| Gueldner, L. H., 1st Lt. | Fort Atkinson | Camp Bowie, Tex. |
| Guzzetta, M. M., 1st Lt. | Milwaukee | Fort Sam Houston, Tex. |
| Hannan, K. D., 1st Lt. | Prairie du Chien | Co. H, 102nd Medical Regiment, 27th Division, Fort McClellan, Ala. |
| Hathaway, G. J., Lt. Col. | Superior | Medical Detachment, 128th Infantry, 32nd Division, Camp Livingston, La. |
| Heiden, H. H., Lt. Col. | Sheboygan | Camp Livingston, La. |
| Henske, W. C., Captain | Chippewa Falls | Fort George Meade, Md. |
| Hollenbeck, S. W., Major | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Huth, M. F., 1st Lt. | Baraboo | Camp Grant, Ill. |
| James, W. D., 1st Lt. | Oconomowoc | Camp Walters, Tex. |
| Jerome, Bourne, Captain | Superior | 515 S. Franklin Street, Chicago, Ill. |
| Johnson, H. C., Major | Madison | Camp McCoy, Wis. |
| Kaiser, L. F., 1st Lt. | Rhinelander | 2nd Section, 5th Medical Supply Depot, Gurdon, Ark. |
| Keck, E. B., Lt. Commander | Madison | Post Hospital, Marine Barracks, Quantico, Va. |
| Kennedy, H. A., 1st Lt. | Winneconne | Field Hospital, Naval Air Station, Corpus Christi, Tex. |
| Kingsbury, C. H., 1st Lt. | Goodman | Station Hospital, Fort Bliss, Tex. |
| Kocovsky, E. C., 1st Lt. | Milwaukee | Reception Center, Camp Grant, Ill. |
| Kretlow, F. A., 1st Lt. | Milwaukee | 1st Medical Squadron, Fort Bliss, Tex. |
| Krueger, E. R., 1st Lt. | Hayward | 30th Division, Fort Jackson, S. C. |
| Kuehl, F. O., 1st Lt. | Green Bay | Walter Reed General Hospital, Washington, D. C. |
| Lochen, E. L., Major | Waukesha | Station Hospital, Schofield Barracks, Oaku, Honolulu, Hawaii |
| Ludwig, E. P., Captain | Wausau | Company G, 135th Medical Regiment, Camp Shelby, Miss. |
| Lustok, M. J., Captain | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Malec, J. P., 1st Lt. | Madison | 33rd Division, 131st Infantry, Camp Forrest, Tenn. |
| Martini, H. F., 1st Lt. | Wausau | 5th Division, Fort Custer, Mich. |
| McBain, L. B., Captain | Appleton | 30th Division, Fort Jackson, S. C. |
| McCabe, J. O., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| McCormack, E. A., 1st Lt. | Niagara | 123rd Field Artillery, Camp Forrest, Tenn. |
| McCormick, D. W., 1st Lt. | Madison | Station Hospital, Fort Custer, Mich. |
| Millard, A. L., Major | Marshfield | Second Infantry, Fort Custer, Mich. |
| Mitchell, M. T., 1st Lt. | Eau Claire | Medical Detachment, 38th Infantry, Fort Sam Houston, Tex. |
| Mokrohajsky, S. M., 1st Lt. | Green Bay | Station Hospital, Camp Grant, Ill. |
| Moland, O. G., 1st Lt. | Augusta | 14th Medical Regiment, Camp Bowie, Tex. |
| Montgomery, S. A., 1st Lt. | La Crosse | Station Hospital, Fort Sam Houston, Tex. |
| Moran, C. J., Captain | La Crosse | 120th Field Artillery, Camp Beauregard, La. |

## MEMBERS IN ACTIVE SERVICE (Continued)

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Nebel, Harold, Major | Milwaukee | 121st Field Artillery, 32nd Division, Camp Livingston, La. |
| Nelson, E. R., Lt. (j. g.) | Madison | 16th Naval District, Asiatic Station, % Postmaster, San Francisco, Calif. |
| Niver, E. O., 1st Lt. | Eau Claire | Station Hospital, Fort Custer, Mich. |
| Nowack, L. W., Captain | Watertown | 32nd Division, Camp Livingston, La. |
| Olson, W. A., 1st Lt. | Greenwood | 128th Infantry, 32nd Division, Camp Livingston, La. |
| Ovitt, D. W. | Milwaukee | Billings General Hospital, Fort Benjamin Harrison, Ind. |
| Pagel, H. F., 1st Lt. | Ladysmith | Station Hospital, Fort Sill, Okla. |
| Perssion, L. B., 1st Lt. | Winnebago | 135th Medical Regiment, Camp Shelby, Miss. |
| Peterson, L. W., Lt. Col. | Sun Prairie | 135th Medical Regiment, Camp Shelby, Miss. |
| Peterson, S. C., 1st Lt. | Luck | Randolph Field, Tex. |
| Pomeroy, R. K., Lt., V-(S) | Port Washington | Naval Training School, Navy Pier, Chicago, Ill. |
| Raine, Forrester, Major | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Rau, G. A., 1st Lt. | Two Rivers | 154 W. Pomfret Street, Carlisle, Pa. |
| Rechlitz, E. T., 1st Lt. | Milltown | Armored Force Replacement Center, Fort Knox, Ky. |
| Rogers, A. F., 1st Lt. | Milwaukee | 33rd Division, Camp Forrest, Tenn. |
| Roth, J. A., Captain | Carlinville, Ill. | Camp Grant, Ill. |
| Sarfatty, I. J., Captain | West Allis | Hdqs. Sqd., 2nd A. F., Fort George Wright, Wash. |
| Schramel, A. J., Captain | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Schwade, E. D., Captain | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Schwartz, S. F., 1st Lt. | Milwaukee | Corsicana, Tex. |
| Shabart, E. J., 1st Lt. | Milwaukee | Assistant Commander, Station Hospital, Camp Wheeler, Ga. |
| Shemanski, L. S., 1st Lt. | Menasha | Fort George Meade, Md. |
| Simenson, R. S., 1st Lt. | Valders | Station Hospital, Camp Grant, Ill. |
| Stern, Louis, Captain | Milwaukee | Fort Bliss. Tex. |
| Stone, G. C., 1st Lt. | Berlin | Reception Center, Camp Grant, Ill. |
| Sullivan, J. M., 1st Lt. | Milwaukee | Station Hospital, Fort Sam Houston, Tex. |
| Sverdlin, A. A., Captain | Milwaukee | 4108 North Richards Street, Milwaukee |
| Talbot, J. R., 1st Lt. | Marshfield | Fort Riley, Kan. |
| Temkin, M. M., 1st Lt. | Beaver Dam | 33rd Division, Camp Forrest, Tenn. |
| Tousignant, A. N., Captain | Oconto | % Supt. A. T. S., Manila, P. I. |
| Troxel, J. C., 1st Lt. | Appleton | Marine Recruiting Station, Federal Building, Milwaukee. |
| Vetter, E. W., Captain | Randolph | Company E, 135th Medical Regiment, Camp Shelby, Miss. |
| Waffle, R. L., Captain | Fond du Lac | Station Hospital, Fort Sheridan, Ill. |
| Wagner, A. J., 1st Lt. | Brillion | Scott Field, Belleville, Ill. |
| Walske, B. R. | Independence | Station Hospital, Camp Grant, Ill. |
| Watry, T. D., 1st Lt. | Milwaukee | 4108 North Richards Street, Milwaukee |
| Weaver, D. F., 1st Lt. | Green Bay | Fort Sam Houston, Tex. |
| Weinshel, L. R., 1st Lt. | Milwaukee | Fort George Meade, Md. |
| Weissmiller, L. L., Captain | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Welsh, S. M., Captain | Prairie du Chien | Fort George Meade, Md. |
| Werner, J. J., 1st Lt. | Milwaukee | U. S. Induction Station, Milwaukee |
| Wier, J. S., Major | Fond du Lac | 48th Medical Battalion, 2nd Armored Division, Fort Benning, Ga. |
| Williamson, C. S., Major | Green Bay | Station Hospital, Ponce, Porto Rico |
| Winkler, R. J., 1st Lt. | Hilbert | 45th Medical Battalion, Camp Polk, La. |
| Wood, C. A., Major | Waukesha | Station Hospital, Fort Leavenworth, Kan. |
| Wyatt, T. E., Captain | Marshfield | 128th Infantry, 32nd Division, Station Hospital, Camp Livingston, La. |
| Young, J. J., 1st Lt. | Appleton | Station Hospital, Camp Grant, Ill. |
| Zintek, S. S., Lt. Col. | Milwaukee | 127th Infantry, 32nd Division, Camp Livingston, La. |
| Zmyslony, W. P., Captain | Milwaukee | 33rd Division, Camp Forrest, Tenn. |


### PHYSICIANS CASUALTY ASSOCIATION

The Physicians Casualty Association of America has made a reduction in the $25 per week accident and health insurance, of $1 per year; in the $50 per week accident and health insurance of $2 per year and in the $75 per week accident and health insurance, of $3 per year.

## RECENT WISCONSIN LICENTIATES

The following physicians were granted licenses to practice medicine in Wisconsin after passing the examination given by the Wisconsin State Board of Medical Examiners at the Hotel Schroeder, Milwaukee, on June 24, 25, and 26, 1941.

| *Name* | *School of Graduation* | *Year* | *Present Address* |
|---|---|---|---|
| Ackerman, Donald S. | Marquette | 1941 | 2853 South Superior Street, Milwaukee, Wis. |
| Appleby, Keith B. | Marquette | 1941 | 3209 West Wisconsin Avenue, Milwaukee, Wis. |
| Arnold, William G. | Marquette | 1941 | Wittenberg, Wis. |
| Bachhuber, Gregory J. | Wisconsin | 1940 | 1443 South Seventy-fourth Street, West Allis, Wis. |
| Barter, Robert H. | Wisconsin | 1940 | Wisconsin General Hospital, Madison, Wis. |
| Bartos, Joseph A. | Marquette | 1941 | Detroit Receiving Hospital, Detroit, Mich. |
| Beattie, James W. | Wisconsin | 1940 | University Hospitals, Oklahoma City, Okla. |
| Bechmann, Fred | Marquette | 1941 | 463 East Plainfield Street, Milwaukee, Wis. |
| Bellville, Titus P. | Marquette | 1941 | 3141 South Superior Street, Milwaukee, Wis. |
| Brown, Frank J. | Marquette | 1941 | 235 Spring Street, Chippewa Falls, Wis. |
| Brukardt, Herman R. | Marquette | 1941 | Hales Corners, Wis. |
| Chudnoff, Jack S. | Wisconsin | 1940 | 2901 South Thirteenth Street, Milwaukee, Wis. |
| Cochrane, William L. | Illinois | 1940 | Wayside, Wis. |
| Coffey, Wm. L., Jr. | Marquette | 1941 | Watertown Plank Road, Milwaukee, Wis. |
| Collins, Eugene G. | Marquette | 1941 | 1520 South Seventy-first Street, West Allis, Wis. |
| Cook, Alfred L. | Nebraska | 1940 | 1637 North Prospect Avenue, Milwaukee, Wis. |
| Decock, Robert D. | Marquette | 1941 | 129 South Webster Avenue, Green Bay, Wis. |
| Dietz, Paul C. | Marquette | 1941 | Milwaukee Hospital, Milwaukee, Wis. |
| Doyle, Delos F. | Marquette | 1941 | Highland, Wis. |
| Dernehl, Carl U. | Wisconsin | 1938 | 409 Fourteenth Street, Galveston, Tex. |
| Drescher, George C. | Marquette | 1941 | Brandon, Wis. |
| Driessel, Richard H. | Marquette | 1941 | West Bend, Wis. |
| Eckardt, Burnell F. | Wisconsin | 1940 | 825 Geele Avenue, Sheboygan, Wis. |
| Elger, Harold | Marquette | 1941 | Route 3, Box 41, Waukesha, Wis. |
| Fazen, Louis E. | Northwestern | 1940 | 729 Main Street, Racine, Wis. |
| Fechter, Francis R. | Marquette | 1941 | 2723 North Grant Boulevard, Milwaukee, Wis. |
| Gallett, Lester E. | Wisconsin | 1940 | Lutheran Hospital, La Crosse, Wis. |
| Gilson, Warren E. | Wisconsin | 1940 | 1620 Monroe Street, Madison, Wis. |
| Goodwin, Frank C. | Northwestern | 1941 | Milwaukee County General Hospital, Wauwatosa, Wis. |
| Graber, Louis D. | Northwestern | 1941 | Milwaukee County General Hospital, Wauwatosa, Wis. |
| Greenberg, Maurice | Marquette | 1941 | 3016 North Forty-fifth Street, Milwaukee, Wis. |
| Gutheil, Douglas A. | Marquette | 1941 | Route 1, Box 194, Pewaukee, Wis. |
| Halbert, John J. | Rush | 1940 | Shorewood Hills, Madison, Wis. |
| Harrison, George W. | Hahnemann | 1940 | 121 Front Street, E., Ashland, Wis. |
| Hauch, Francis M. | Marquette | 1941 | St. Elizabeth's Hospital, Appleton, Wis. |
| Heller, Carl G. W. | Wisconsin | 1940 | Wayne University Medical Center, Detroit, Mich. |
| Hill, Frank A. | Rush | 1940 | % A. Boyle, Plymouth, Wis. |
| Hoffman, Charles W. | Illinois | 1940 | Milwaukee County General Hospital, Wauwatosa, Wis. |
| Hogan, John M. | Wisconsin | 1940 | 432 Merritt Street, Oshkosh, Wis. |
| Jelenchick, Erwin J. | Marquette | 1941 | St. Luke's Hospital, Milwaukee, Wis. |
| Johnson, Francis C. | Virginia | 1940 | Wisconsin General Hospital, Madison, Wis. |
| Juhl, John H. | Michigan | 1940 | Washburn, Wis. |
| Justen, Ralph T. | Marquette | 1941 | 2850 North Forty-seventh Street, Milwaukee, Wis. |
| Karen, Robert | Marquette | 1941 | 1330 South Forty-fifth Street, Milwaukee, Wis. |
| Kelleher, George T. | Loyola | 1941 | 138 Ashland Avenue, River Forest, Ill. |
| Kiefer, Edward J. | Marquette | 1941 | 3951 North Farwell Avenue, Milwaukee, Wis. |
| Kilkenny, Thomas E. | Marquette | 1941 | 8700 West Wisconsin Avenue, Wauwatosa, Wis. |
| Kjervik, Abner R. | Wisconsin | 1940 | Waunakee, Wis. |
| Kleiger, Jack A. | Marquette | 1941 | 8700 West Wisconsin Avenue, Milwaukee, Wis. |
| Kozina, Victor J. | Marquette | 1941 | St. Francis, Wis. |
| Laird, James W. | Northwestern | 1940 | 5709 Harper Avenue, Chicago, Ill. |
| Landis, Francis B. | Marquette | 1941 | 8700 West Wisconsin Avenue, Wauwatosa, Wis. |
| Langenfeld, Gregory P. | Northwestern | 1940 | 8700 West Wisconsin Avenue, Wauwatosa, Wis. |
| Lebow, Erwin E. | Marquette | 1941 | 3025 North Fifty-third Street, Milwaukee, Wis. |
| MacKenzie, John G. | Toronto | 1936 | % Davis and Neff Clinic, Madison, Wis. |
| Mangan, Hilary | Marquette | 1941 | Route 6, Shorewood, Wis. |
| Marcus, Richard E. | Wisconsin | 1940 | 8700 West Wisconsin Avenue, Wauwatosa, Wis. |
| Marshall, James W. | Illinois | 1940 | 8700 West Wisconsin Avenue, Wauwatosa, Wis. |
| Maser, James F. | Marquette | 1941 | Webster, Wis. |
| Mau, Walter | Illinois | 1940 | 8700 West Wisconsin Avenue, Wauwatosa, Wis. |
| Mautz, William T. | Wisconsin | 1940 | Luther Hospital, Eau Claire, Wis. |
| Moffett, James L. | Louisville | 1940 | Montfort, Wis. |
| Moore, Robert M. | Northwestern | 1940 | 309 West Washington Avenue, Madison, Wis. |
| Multhauf, Cyril J. | Marquette | 1941 | 2942 North Forty-seventh Street, Milwaukee, Wis. |
| Murphy, James L. | Marquette | 1941 | Park Falls, Wis. |
| O'Connor, Robert D. | Marquette | 1941 | 3461 North Hackett Avenue, Milwaukee, Wis. |

| Name | School of Graduation | Year | Present Address |
|---|---|---|---|
| Paulson, Jerome F. | Wisconsin | 1940 | St. Mary's Hospital, Madison, Wis. |
| Paulus, James W. | Rush | 1940 | Cuba City, Wis. |
| Peterson, Rodney K. | Wisconsin | 1940 | Crandon, Wis. |
| Policandriotes, Theodore Z. | Illinois | 1940 | 8700 West Wisconsin Avenue, Wauwatosa, Wis. |
| Prout, Fred J. | Minnesota | 1940 | 8700 West Wisconsin Avenue, Wauwatosa, Wis. |
| Radewan, Milton G. | Wisconsin | 1940 | 2019 Fairview Terrace, Racine, Wis. |
| Randall, Emery M. | Marquette | 1941 | Blue River, Wis. |
| Regan, Joseph M. | Marquette | 1941 | Apt. 306, 611 North Eighteenth Street, Milwaukee, Wis. |
| Reitman, Paul H. | Wisconsin | 1940 | 2107 East Beverly Road, Milwaukee, Wis. |
| Riegelman, John H. R. | Marquette | 1941 | 2004 North Main Street, Racine, Wis. |
| Ruhling, Rudolph | College of Medical Evangelists | 1941 | Wabash Employees Hospital, Decatur, Ill. |
| Ryan, Paul W. | Marquette | 1941 | 915 West Wisconsin Avenue, Milwaukee, Wis. |
| Schmidt, Edward C. | Wisconsin | 1940 | 1821 West Wisconsin Avenue, Milwaukee, Wis. |
| Schoenenberger, Anton P. | Wisconsin | 1940 | Denmark, Wis. |
| Schuler, William H. | Temple | 1940 | Fennimore, Wis. |
| Schuster, Myron | Marquette | 1941 | 4920 North Woodburn Street, Milwaukee, Wis. |
| Schutz, Weston J. | Rush | 1940 | 511 South Franklin Street, Shawano, Wis. |
| Sengpiel, Gene W. | Marquette | 1941 | Milwaukee Hospital, Milwaukee, Wis. |
| Servis, Lionel T. | Marquette | 1941 | 8700 West Wisconsin Avenue, Milwaukee, Wis. |
| Shapiro, Richard D. | Marquette | 1941 | 9402 Seventy-eighth Street, Ozone Park, New York, N. Y. |
| Sloan, Herbert P. | Illinois | 1941 | 8700 West Wisconsin Avenue, Milwaukee, Wis. |
| Steiger, Elmer E. | Wisconsin | 1940 | Nopeming, Minn. |
| Steiner, Norman | Wisconsin | 1940 | Tampa Municipal Hospital, Tampa, Fla. |
| Stone, Sanford | Marquette | 1941 | Detroit Receiving Hospital, Detroit, Mich. |
| Swan, Lawrence L. | Illinois | 1940 | Wisconsin General Hospital, Madison, Wis. |
| Tordoff, John J. | Marquette | 1941 | 2977 North Downer Avenue, Milwaukee, Wis. |
| Twohig, David G. | Wisconsin | 1940 | 14 North Park Avenue, Fond du Lac, Wis. |
| Twohig, George J. | Marquette | 1941 | Route 1, St. Cloud, Wis. |
| Waisman, Raymond C. | Wisconsin | 1940 | Menorah Hospital, Kansas City, Mo. |
| Weld, Stephen L. | Temple | 1940 | St. Mary's Hospital, Racine, Wis. |
| Werra, Bernard J. | Marquette | 1941 | 8700 West Wisconsin Avenue, Wauwatosa, Wis. |
| Wilkie, James M. | Wisconsin | 1940 | Statesan, Wis. |
| Wilson, Albert C. | Marquette | 1941 | 3202 North Forty-eighth Street, Milwaukee, Wis. |
| Winsauer, Henry J. | Wisconsin | 1940 | Sheboygan, Wis. |

The following physicians were granted licenses through reciprocity:

| Name | School of Graduation | Previous Address | Present Address |
|---|---|---|---|
| Bauer, W. B. A. J. | Long Island | New York | Minnesota General Hospital, Minneapolis, Minn. |
| Benson, Roland R. | Wayne | Michigan | 13914 Archdale Avenue, Detroit, Mich. |
| Browning, James L. | Rush | Michigan | Iron Mountain, Mich. |
| Campbell, Lee D. | Northwestern | Illinois | Clear Lake, Wis. |
| Collopy, Paul J. | Wisconsin | Oklahoma | Milwaukee County General Hospital, Wauwatosa, Wis. |
| Crain, James W. | Indiana | Indiana | 624½ Pine Street, Burlington, Wis. |
| Finn, Milton | Wisconsin | Louisiana | 1601 Hammond Avenue, Superior, Wis. |
| German, Kempton L. | Rush | Illinois | 2 South Broadway, Aurora, Ill. |
| Hall, Carl B. | Northwestern | Illinois | 809 Central Avenue, Wilmette, Ill. |
| Haynes, Elmer | Arkansas | Arkansas | University of Wisconsin Student Health Department, Madison, Wis. |
| Hildebrand, William B. | Washington | Missouri | 223½ Main Street, Menasha, Wis. |
| Jensen, August F. | Northwestern | North Dakota | 1119 Cottonwood Street, Grand Forks, N. Dak. |
| Jones, Richard H. | Minnesota | Minnesota | 307 Spaulding Avenue, Ripon, Wis. |
| Krammer, Phillip | Rush | Illinois | St. Joseph's Hospital, Marshfield, Wis. |
| Kuhlmann, Raymond F. | Washington | Missouri | 2752 North Bartlett Avenue, Milwaukee, Wis. |
| Kvarnes, Robert G. | Minnesota | Minnesota | 2216 Jefferson Street, Duluth, Minn. |
| Love, Robert C. | Minnesota | Minnesota | Glenwood City, Wis. |
| Martin, Ann L. | Cornell | New York | Box 227, Ashland, Wis. |
| Moen, Dale V. | U. of Chicago | Minnesota | Shell Lake, Wis. |
| Moon, Rodger A. | Kansas | Kansas | 115 North Commercial Street, Neenah, Wis. |
| Nagoda, Edward J. | Illinois | Illinois | P. O. Box 877, Rockford, Ill. |
| Naughton, Thomas J. | Loyola | Illinois | 8700 West Wisconsin Avenue, Wauwatosa, Wis. |
| Nolan, Bernard P. | Creighton | Nebraska | Wabasha, Minn. |
| Patrick, Lenore | Louisville | Kentucky | Williamstown, Ky. |
| Peabody, Cary S. | Michigan | Michigan | Wisconsin General Hospital, Madison, Wis. |
| Steinke, Charles G. | Rush | Illinois | Goodman, Wis. |
| Winter, Edna J. | U. of California | California | 5511 North Hollywood Avenue, Milwaukee, Wis. |
| Winter, William G. | U. of California | California | 5511 North Hollywood Avenue, Milwaukee, Wis. |

# Minutes of the Council; Madison, June 22, 1941

**1. Call to Order**

The Council convened at 10:00 a. m., Sunday, June 22, 1941, in the Pompeian Room of the Hotel Loraine, Madison.

**2. Roll Call**

The following were present, constituting a quorum: Councilors Gavin, Blumenthal, Bowen, Butler, Christofferson, Clark, Fitzgerald, Johnson, Jegi, Krahn, and Pechous; President Sproule, President-Elect Gundersen, Treasurer Sisk, Speaker Kurten, Vice-Speaker Fidler, Past-President Arveson; Joseph F. Smith and James C. Sargent, delegates to the American Medical Association; C. A. Dawson, chairman, Committee on Public Policy; Mr. George B. Larson, assistant secretary, and Mr. C. H. Crownhart, legal counsel, State Medical Society of Wisconsin; Mr. James O. Kelley, executive secretary, Medical Society of Milwaukee County. Absent: Councilors Gramling, Heidner, Lambert and Pippin.

**3. Approval of Minutes of January Meeting**

It was moved by Blumenthal–Jegi that the minutes of the January, 1941, meeting of the Council, as published in the February issue of The Wisconsin Medical Journal, be approved. The motion was carried.

**4. Audit of Society's Books**

The Council was advised that upon joint request of Mr. C. H. Crownhart, legal counsel, and Mr. Larson, assistant secretary, an audit had been made of the Society's accounts from January 1 to June 5, 1941. The Council was informed that time had not permitted the preparation of a detailed report prior to the meeting, but that the auditor had reported that the books and accounts of the State Medical Society of Wisconsin, as maintained in the secretary's office, were in order and that they evidenced the proper financial status of the Society as of June 5, 1941. The Council received this report and unanimously agreed that no definite action was indicated thereon.

**5. Disposition of Insurance on the Life of Secretary Crownhart**

Mr. C. H. Crownhart discussed with the Council several optional methods of settlement of the amount accruing to the Society on the life insurance policy carried by the Society on the life of its late secretary, J. George Crownhart. The question was discussed by Councilors Blumenthal, Jegi, Christofferson and Gavin, Treasurer Sisk, and Mr. C. H. Crownhart. It was moved by Butler–Christofferson that the principal of the insurance be left with the insurance company, with the interest being made payable to the Society annually, and with the further provision that the Society might withdraw as much of the principal as it might desire on the interest dates of the policy. The motion was adopted unanimously.

Upon motion by Christofferson–Krahn, a resolution was unanimously adopted making it possible for the treasurer to carry into effect this action of the Council.

**6. June Salary Check of Secretary Crownhart**

The matter of disposition of the June, 1941, salary check of the late Secretary Crownhart was presented to the Council for disposition. After discussion by Councilors Blumenthal and Jegi and Treasurer Sisk, it was moved by Fitzgerald–Blumenthal that issuance of this salary check be authorized. The motion was carried unanimously.

**7. Amendment to By-Laws**

Assistant Secretary Larson read the following proposed amendment to the By-laws as presented to the 1940 session of the House of Delegates:

WHEREAS, The Special Committee to Study the Distribution of Health Service and Sickness Care in Wisconsin, in its report to the State Medical Society in 1938, adopted by the House of Delegates, said:

"The committee recommends that the extent of privileges of physicians in general hospitals, assuming that their practices are not such as contravene the public interest, be determined on the basis of their individual abilities;"

WHEREAS, This recommendation can be followed effectively only by amendment of the By-laws of the State Medical Society;

*Now, therefore, be it resolved,* That Chapter XI be amended by renumbering Sections 8, 9, and 10, to be Sections 9, 10, and 11, respectively, and a new Section 8 be inserted in Chapter XI, to read as follows:

"Hospitals are recognized as institutions in which medicine is practiced, and not as institutions which practice medicine. Any hospital organized as an eleemosynary institution which is the only available institution within a given area should erect no barrier against, and, on the contrary, should extend staff privileges to those licensed to practice medicine and surgery on the basis of their individual abilities, assuming that their individual practices are not such as contravene the public interest. Each county society shall have the responsibility to, and at the direction of the Council shall, accomplish the purpose and effect of this By-law."

A revised amendment was then presented and discussed by Mr. Larson. This amendment, as revised, follows herewith:

WHEREAS, The Special Committee to Study the Distribution of Health Service and Sickness Care in Wisconsin, in its report to the State Medical Society in 1938, adopted by the House of Delegates, said:

"The committee recommends that the extent of privileges of physicians in general hospitals, assuming that their practices are not such as contravene the public interest, be determined on the basis of their individual abilities;"

WHEREAS, This recommendation can be followed effectively only by amendment of the By-laws of the State Medical Society;

*Now, therefore, be it resolved,* That Chapter XI be amended by renumbering Sections 8, 9, and 10, to be Sections 9, 10, and 11, respectively, and a new Section 8 be inserted in Chapter XI, to read as follows:

"Hospitals are recognized as institutions in which medicine is practiced, and not as institutions which practice medicine. Any hospital organized as an eleemosynary institution which is the only available institution within a given area should erect no barrier against, and, on the contrary, should extend associate staff privileges for a period of not less than one year, to those licensed to practice medicine and surgery on the basis of their individual abilities assuming that their individual practices are not such as contravene the public interest. The staffs of such hospitals shall assist their hospitals in every way possible to determine the qualifications for membership on the permanent staff. Each county society shall have the responsibility to, and at the direction of the Council, shall, accomplish the purpose and effect of this By-law."

Councilor Christofferson, because of his intimate knowledge of this question, was called upon to discuss the item of business in detail. Following the detailed discussion by Councilor Christofferson, a general discussion ensued in which Councilors Clark, Christofferson, Blumenthal, Fitzgerald, and Bowen, Speaker Kurten, Vice-Speaker Fidler, and Past-President Arveson participated. It was moved by Christofferson–Kurten that the resolution, as amended, be adopted. A standing vote was taken with the following result: ayes, 2; noes, 9. The motion was lost.

It was moved by Krahn–Christofferson that a delegation of three councilors be appointed by the chairman of the Council to visit with the staff and hospital officials concerned, to the end that the interests of the patient, the physician and the hospital might be suitably met. The motion was adopted unanimously.

**8. Report by Chairman of M-Day Committee**

Councilor Fitzgerald was called upon, as chairman of the M-Day Committee, to discuss matters of importance confronting the medical profession in connection with national preparedness. He discussed the work of the committee, the medical preparedness survey being conducted by the American Medical Association, and other phases of the work.

**9. Confirmation of Mail Ballots**

The matter of confirmation of mail ballots previously submitted to the Council was presented. Upon motion by Blumenthal–Butler, the following mail ballots were confirmed and approved:

(a) Nomination to affiliate fellowship in the American Medical Association of J. J. Looze and William Jobse.
(b) Authorization of support of the Thomson prenatal Wasserman examination bill.

**10. Prorating of Dues for Members in Military Service**

The Council on previous occasions had considered the matter of dues of members in active military service. This question was discussed at length by the Executive Committee, which recommended to the Council that dues for members who have been inducted into active military service be remitted on a prorata basis for each month those members remain in active service, effective January 1, 1941. It was moved by Jegi–Johnson that the recommendation of the Executive Committee be approved. The motion was carried unanimously.

**11. Paid Newspaper Articles**

The Council had been asked by a member of the Society to determine the ethics of inserting in a local newspaper, signed articles on questions not relating to medicine. After discussion by Councilors Gavin, Krahn and others, Chairman Gavin asked for expression of support that the determination of this question was properly one for initial consideration by the local county medical society.

**12. Report of Delegates to the Cleveland Meeting of the American Medical Association**

Chairman Gavin called upon Dr. Joseph F. Smith, Wausau, to report for the Wisconsin delegates to the recent Cleveland meeting of the American Medical Association. Dr. Smith summarized for the Council important actions taken. This report was supplemented by Drs. Gavin and Sargent, the other Wisconsin delegates.

**13. Press Releases on Society Activities,—Formal Announcement of Policy**

Councilor Butler brought to the attention of the Council the subject of press releases. He stated that it had been the policy for all press notices to emanate from the secretary's office, and he urged each member of the Council to keep this policy in mind at all times. The Council endorsed the policy of issuance of press notices on Society activities and formal announcements of policy through the secretary's office.

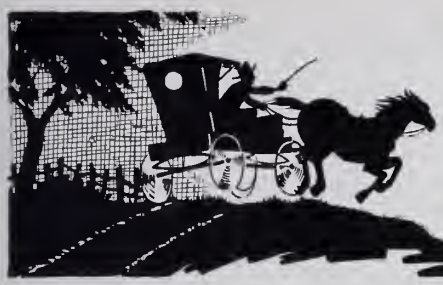
**14. Acting Secretary**

The first order of business before the Council after the noon recess was consideration of the vacancy occurring as a result of the death of the Society's secretary. After discussion by several councilors, the council designated the assistant secretary as the acting secretary, pending further action of the Council. The motion was carried.

**15. Report of the Committee on Maternal and Child Welfare**

The assistant secretary advised the Council that the Committee on Maternal and Child Welfare of the Society had been collaborating with the Bureau of Maternal and Child Health on the question of further reduction of maternal deaths. The committee had recommended to the Council that a questionnaire be directed to physicians in the state who were in attendance upon maternal cases wherein death ensued as a result of hemorrhage. It was

*(Continued on page 858)*



# CENTENNIAL ANNIVERSARY SECTION

*In this section of The Journal in 1941 will appear special historical articles, and items relating to the 100th anniversary of the State Medical Society of Wisconsin, which was organized under the provisions of a bill enacted by the Wisconsin Territorial Legislature in 1841.*

As a result of the historical project of the Woman's Auxiliary to the State Medical Society, hundreds of histories of pioneer physicians and numerous relics have been made a part of the collection at the State Historical Library. The following history was submitted by the Woman's Auxiliary to the Racine County Medical Society.

## Philo R. Hay, M. D.*

Dr. Philo R. Hay was the second white boy born in Mansfield, Richland County, Ohio, the date of his birth being November 3, 1816. His father was Captain William Hay, a native of New York. In 1812, his father commanded a company of infantry and took part in the battle of Pottsburg, New York.

Dr. Hay was married at Ripley, Huron County, Ohio, October 26, 1842, to Miss Mary Elizabeth Austin, daughter of Deacon Austin, a native of Hampshire, Massachusetts. To this union three children were born, Albert Harris, Jennie L. and Philo R., Jr.

He was a graduate of the Ohio Medical College of Cincinnati, and first practiced medicine in New Haven, Ohio. In September, 1846, he and his family came to Racine, which then had a population of 2,200.

### Research

Dr. Hay was a successful physician and surgeon. He lived by "doctoring" but derived his pleasure from research work. He owned the most celebrated collection of birds, fish, reptiles, insects, bird nests and eggs in the world collected from one locality. So celebrated was his collection that such noted men as Dr. Brehm of Germany, Drs. Henry Seebohn and R. F. Nichols of England visited this country in order to see it, and nearly every noted ornothologist of the United States has solicited a like privilege.

There are 923 birds in Dr. Hay's collection, and they were gathered between the years 1846–1891. They were collected within a radius of ten miles of Racine, and are a fine representation of the birds native to Wisconsin. Some have disappeared entirely from this locality and others, such as the passenger pigeon, are now extinct.

This collection of birds, stones, and butterflies was presented to the Racine Library many years ago by his daughter, Jennie (Mrs. William Henry Miller) and his son, Philo R., Jr. Under the supervision of the Racine Garden Club, the collection was recently reconditioned, restored, and placed in airtight glass cases. It was a civic project for which $2,000 was collected from school children and interested citizens, and the work of restoration was done under a museum W. P. A. grant. The collection is now housed in the museum located in the basement of the court house. The sad part of the story is that many thousands of insects, moths and butterflies in the collection were destroyed before the Racine Garden Club attempted the restoration.

Dr. Hay played a major role in the early development of Racine, not only as a historical figure but as a warmly human and vital personality. He was active in all local improvements and was directly responsible for the planting of the beautiful elms on Main and Wisconsin streets and for planning and planting East Park. He was largely instrumental in securing the land for what is now Mound Cemetery, thus preserving these prehistoric mounds. He opened a number of mounds in Racine and elsewhere, and one he described as containing seven skeletons, unadorned, all in a sitting position facing east. The gigantic size of the trees on the mounds is an indication of their great antiquity, Dr. Hay having estimated by the rings on the trees that they had been there at least 1,000 years. The number of mound groups proves this to have been a favorite

* This material was collected by Mrs. E. C. Pfeifer from the following sources: Portrait and Biographical Album of Racine and Kenosha Counties; a paper by Dr. Hay's daughter, Mrs. W. H. Miller, published in the Racine Journal in 1922; a paper read by Mrs. H. J. Andersen before the Ornothological Society of the state in April, 1941.

resort of prehistoric people, but many of the mounds have now entirely disappeared and their former existence is known only from Dr. Hay's descriptions.

Dr. Hay had a fine collection of Indian relics which he gave to Dr. Davis, also a collector. These relics are now on display at the Logan Museum in Beloit, Wisconsin. He was also a pioneer in collecting, classifying and naming plants, animals and fossils found in southern Wisconsin. Great quantities of these fossils were found in the excavation of the quarry near the dam outside of Racine. The results of his investigation and many of these specimens are now on file in the Smithsonian Institute at Washington, D. C.

### Honors

Dr. Hay received many and various honors during his lifetime. When the state geological survey was made, he was honored with the appointment as naturalist of the expedition, and his work in that line is of inestimable value to the student.

Because of his keen interest in science, he served as president of the Wisconsin Academy of Arts and Science for three years. He was also an honorary member of the Philadelphia Academy of Science and a member of the Entomological Society of France. Incidentally, he was a member of the State Board of Health.

Dr. Hay was one of the six most prominent men in the first fifty years of Wisconsin's development. His name, together with the five others, is engraved on a bronze tablet which hangs at the Historical Library in Madison.

The Daily Journal said of him: "His professional labors, his scientific researches and his social relations to his fellowmen, together with a devout life, have all combined to make him one of the most honored and revered of men."

### Publications

After one has inspected the numerous booklets written by Dr. Hay on many and varied subjects and seen the mass of material that still remains from his many collections, one can appreciate his reply to someone who asked him how he had time for all he did. He replied, "I never spent much time sitting on a box in a corner grocery store whittling sticks." There are so many ways of whittling sticks to which Dr. Hay was not addicted.

For the medical journals he wrote reports on injuries to the brain, vaccination, anatomy, hygiene, and ventilation.

For the state he made catalogues of fishes, another on cold-blooded vertebrates, one on Lepidoptera butterflies and moths and another on trees, shrubs and vines indigenous to Wisconsin.

For the Racine Academy of Science he catalogued the trees, shrubs and woody vines of Racine, telling where many of them were located.

Dr. Hay's great versatility is evident from his writings, among which are:

Science and Society
Biology
The Tornado Scientifically Considered
Physical Education
The Foes of the Soft Maple
A Disease Among Fish
The Mound Builders
How Did the Indians Fabricate Their Copper Implements?
A Catalogue of Ferns Near Racine
What Science Has Accomplished
A Plea for Birds
A Little Sapsucker
Peculiarities of Bird Fauna of Racine County
Who Built the Mounds?
Who Made the Ancient Copper Implements?

Dr. Hay died in Racine in 1893, having lived a full and useful life.

# THE JOURNAL BOOKSHELF

## BOOK REVIEWS

**Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.**

**Collected Papers of the Mayo Clinic and the Mayo Foundation.** Edited by Richard M. Hewitt, B. A., M. A., M. D.; A. B. Nevling, M. D.; Harry L. Day, Ph. B., M. D.; John R. Miner, B. A., Sc. D.; James R. Eckman, A. B. and M. Katharine Smith, B. A. Volume XXXII, 1940. Cloth. Price, $11.50. Pp. 1190 with 210 illustrations. Philadelphia: W. B. Saunders Company, 1941.

The contents of this book are grouped into the following sections: military medicine, alimentary tract, genito-urinary organs, ductless glands, blood and circulatory organs, skin and syphilis, head, trunk and extremities, chest, brain, spinal cord and nerves, radiology and physical medicine, anaesthesia and gas therapy, and miscellaneous. The contents consist of abstracts of papers published during 1940. Also papers by title and reference are listed. R. C. H.

**Effective Living.** By C. E. Turner, A. M., Sc. D., Dr. P. H., professor of biology and public health, Massachusetts Institute of Technology; formerly associate professor of hygiene, Tufts Medical and Dental Schools; formerly director of health education studies, Malden, Massachusetts; chairman, Health Section, World Federation of Education Associations; and Elizabeth McHose, B. S., M. A., director of physical education for girls and chairman

*(Continued on page 860)*

# SPECIALTY

Knowing how to get things done has been this country's specialty. The men and women associated with Eli Lilly and Company have the habit of constantly improving products, facilities, and operations in all departments of the business. On this happy faculty depends the excellence of Lilly products.

## FOR PROLONGED EFFECT
## Protamine, Zinc & Iletin (Insulin, Lilly)

The outstanding advantage of Protamine, Zinc & Iletin (Insulin, Lilly) is its prolonged blood-sugar-lowering effect, lasting at least twenty-four hours. Use of Protamine Zinc Insulin in selected cases of diabetes permits a reduction in the number of injections required daily and corrects the nocturnal hyperglycemia common in severe cases, thus bringing patients another step closer to normal living.

*ELI LILLY AND COMPANY*

*Principal Offices and Laboratories, Indianapolis, Indiana, U. S. A.*

## MINUTES OF COUNCIL—Continued

outlined to the Council that this information would be used for statistical purposes by the committee and by the Bureau of Maternal and Child Health. The question was discussed by Councilor Blumenthal and Speaker Kurten. It was moved by Clark–Jegi that the recommendation of the Committee on Maternal and Child Welfare be approved, subject to investigation of the question of privileged communication.

**16. Life Memberships**

The Council had before it seven applications for life membership. After extensive discussion by Councilors Fitzgerald, Gavin, Blumenthal, Krahn and Bowen, President Sproule and Assistant Secretary Larson, it was moved by Krahn–Bowen that the pending applications for life membership as presented at this meeting, be outlined in full detail to the individual councilors and that the applications be considered at the next meeting of the Council. The motion was carried.

**17. Report on Centennial Meeting**

During the dinner hour, the Council received a report from the chairman of the Centennial Committee, Dr. Arnold S. Jackson, Madison, on the preparations which had been made to date, and the efforts which were going forward to present an outstanding Centennial Meeting. The work of the committees from the Dane County Medical Society was outlined, and particular emphasis was given to press releases and publicity in connection with the meeting. The Press Committee recommended that efforts be made to interest newspapers in various communities in the state in publishing special health supplements at the time the meeting was in progress. This question, as well as other questions relating to the Centennial Meeting, was discussed by Councilors Krahn, Clark, Fitzgerald and Gavin, Speaker Kurten, President-Elect Gundersen, Treasurer Sisk, President Sproule, Mr. C. H. Crownhart and Assistant Secretary Larson. It was the unanimous feeling of the Council that special health supplements or editions to the newspapers should not be undertaken for the following reasons:

1. The limited time available in which to develop the material and to approach the newspaper managements throughout the state.
2. The lack of control over the advertising copy that might be incorporated as a part of such supplements.
3. The probable lack of interest on the part of newspapers outside of Madison.

It was the consensus of opinion of the Council that such an effort might be made in Dane County where immediate supervision could be exercised by the Society. It was moved by Krahn–Fitzgerald that a publicity writer be employed by the secretary's office to act as press representative for the express purpose of preparing Centennial Meeting material. The motion was carried.

**18. Centennial Award**

The Council considered the subject of a Council Award, and the suggestions for an award for the Centennial Meeting. After extensive discussion by Councilors Clark, Johnson, Gavin, Krahn, Fitzgerald, Butler, Pechous, Kurten, Blumenthal and Jegi, Treasurer Sisk and Past-President Arveson, the Council voted unanimously to withhold the granting of a Council Award at the Centennial Meeting and to substitute in lieu thereof a special Centennial Award. The selection of a recipient of this award was made unanimously by the Council.

**19. Spring Clinics**

The Council received a report from the assistant secretary on the attendance and financial outcome of the spring clinics. The total attendance this year was greater than in the two previous years, and a slightly smaller financial subsidy from the Society's general fund was required.

**20. Report of the Committee on Public Policy**

Dr. C. A. Dawson, chairman of the Committee on Public Policy, stated that the committee had considered many matters of public health interest during the last several months and he stated further that a meeting of the committee would be held shortly to consider further work, that the full report of the Committee on Public Policy was in the course of preparation and that it would appear in the August issue of The Wisconsin Medical Journal.

**21. In Memoriam**

Chairman Gavin asked that all present arise and face the east in solemn memory of our late secretary, J. George Crownhart.

**22. Adjournment**

Upon motion by Christofferson–Blumenthal, the meeting adjourned at 2:40 p. m.

GEORGE B. LARSON,
*Acting Secretary.*

Approved:
S. E. GAVIN, M. D.,
*Chairman of the Council.*

ZEMMER
PRESCRIBE OR DISPENSE ZEMMER
Pharmaceuticals, Tablets, Lozenges, Capsules, Ointments, etc. Guaranteed reliable potency
Our products are laboratory controlled. *Write for general price list.*
THE ZEMMER COMPANY
Chemists to the Medical Profession Oakland Station Pittsburgh, Pennsylvania WI 9-41

**Q.** I've heard that milk is a fine source of calcium. But what about canned milk?

**A.** Canned milk is an excellent source. In fact, canned milk, diluted with an equal amount of water, supplies the same amount of calcium and other minerals as whole, fresh milk. In addition, it is a valuable source of protein, fat and carbohydrate, vitamin A and the factor formerly designated as vitamin G (riboflavin). (1)

---

(1)
1940. Am. J. Pub. Health 30, 169.
1939. Food and Life, Yearbook of Agriculture, U. S. Dept. Agr., U. S. Government Printing Office, Washington, D. C., page 276.
1939. Accepted Foods and their Nutritional Significance, Council on Foods of the American Medical Association, Chicago, page 236.
1934. Am. J. Pub. Health 24, 194.

**The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.**

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

## BOOK REVIEWS—Continued

of the Health Council, Senior High School, Reading, Pennsylvania. Cloth. Price, $1.90. Pp. 432 with 164 illustrations. St. Louis: C. V. Mosby Company, 1941.

At a time when the public is being impressed with the necessity of increasing its fund of facts in connection with health education, here is a text that supplies a large amount of fundamental material. The book is well written and does not attempt involved scientific explanations in any instance. Explanations of complicated procedures as water purification, sewage treatment, inheritance, kidney function, and others are reduced to the simplest terms, easily understandable, and accurate.

This text is well illustrated, and the illustrations are of current significance, each emphasizing a definite observation. The material is well arranged and divided into three main headings, (1) Effective Living for the Individual, (2) Effective Living in the Family, and (3) Effective Living in the Community.

Emphasis has been placed on methods of prevention and prophylaxis, and the important strides in medicine are noted particularly in reference to the control of disease. The subjects of diet and vitamins are emphasized but not overemphasized. Excellent bibliographies and references, which are largely selected from current material, are included for each subject; and the appendix includes brief comments on many of the communicable diseases. Further suggestions for effective coordination in teaching are also included. Problems and projects are suggested at the end of each unit (chapter).

This book is intended for use by students in secondary schools but is of such a nature as to be of considerable value to many others and could be used as a text in some of the elementary hygiene courses given in colleges and universities. In summary, it is an excellent text, simple, concise, direct, and filled with sensible health facts for everyone. L. R. C.

**Accidental Injuries. The Medico-Legal Aspects of Workmen's Compensation and Public Liability.** By Henry H. Kessler, M. D., Ph. D., F. A. C. S., medical director, New Jersey Rehabilitation Clinic; formerly medical advisor, New Jersey Workmen's Compensation Bureau; attending orthopaedic surgeon, Newark City Hospital, Newark Beth Israel Hospital, etc., Hasbrouck Heights Hospital, Hospital and Home for Crippled Children; member, Council of Industrial Health of the American Medical Association;

*(Continued on page 862)*


# INTERNATIONAL MEDICAL ASSEMBLY

Inter-State Postgraduate Medical Association of North America

Public Auditorium, Minneapolis, Minnesota, October 13, 14, 15, 16, 17, 1941

Pre-Assembly Clinics, October 11; Post-Assembly Clinics, October 18, Minneapolis Hospitals

President, Dr. Roscoe R. Graham
President-Elect, Dr George R. Minot
Managing-Director, Dr. William B. Peck
Secretary, Dr. Tom B. Throckmorton
Director of Exhibits, Dr. Arthur G. Sullivan
Treasurer and Director of Foundation Fund, Dr. Henry G. Langworthy
Chairman Program Committee, Dr. George W. Crile
General Chairman Minneapolis Committees, Dr. Charles E. Proshek

ALL MEDICAL MEN AND WOMEN IN GOOD STANDING CORDIALLY INVITED

Inrensive Clinical and Didactic Program by World Authorities

The following is the list of members of the profession who will take part on the program:

Frank E. Adair, New York, N. Y.
Alfred W. Adson, Rochester, Minn.
John Alexander, Ann Arbor, Mich.
Walter C. Alvarez, Rochester, Minn.
W. Wayne Babcock, Philadelphia, Pa.
Lewellys F. Barker, Baltimore, Md.
Claude S. Beck, Cleveland, Ohio.
E. T. Bell, Minneapolis, Minn.
Herrman L. Blumgart, Boston, Mass.
Peter T. Bohan, Kansas City, Mo.
William F. Braasch, Rochester, Minn.
Carl D. Camp, Ann Arbor, Mich.
James G. Carr, Chicago, Ill.
Richard B. Cattell, Boston, Mass.
Russell L. Cecil, New York, N. Y.
Frederick Christopher, Evanston, Ill.
Warren H. Cole, Chicago, Ill.
Frederick A. Coller, Ann Arbor, Mich.
C. Donald Creevy, Minneapolis, Minn.
William R. Cubbins, Chicago, Ill.
Elliott C. Cutler, Boston, Mass.
Walter E. Dandy, Baltimore, Md.
Robert S. Dinsmore, Cleveland, Ohio.
Claude F. Dixon, Rochester, Minn.
Daniel C. Elkin, Atlanta, Ga.
John F. Erdmann, New York, N. Y.
A. Carlton Ernstene, Cleveland, Ohio.
Ernest H. Falconer, San Francisco, Cal.
Warfield M. Firor, Baltimore, Md.
John R. Fraser, Montreal, Canada
Henry J. Gerstenberger, Cleveland, Ohio.
Harry S. Gradle, Chicago, Ill.
Evarts A. Graham, St. Louis, Mo.
Roscoe R. Graham, Toronto, Canada.
Howard K. Gray, Rochester, Minn.
Robert G. Green, Minneapolis, Minn.
Russell L. Haden, Cleveland, Ohio.
Emile F. Holman, San Francisco, Cal.
Verne C. Hunt, Los Angeles, Cal.
Thomas E. Jones, Cleveland, Ohio.
Elliott P. Joslin, Boston, Mass.
Louis J. Karnosh, Cleveland, Ohio.
Chester S. Keefer, Boston, Mass.
H. Dabney Kerr, Iowa City, Iowa.
J. Murray Kinsman, Louisville, Ky.
Herman L. Kretschmer, Chicago, Ill.
Frank H. Lahey, Boston, Mass.
N. Logan Leven, St. Paul, Minn.
William E. Lower, Cleveland, Ohio.
Charles W. Mayo, Rochester, Minn.
John L. McKelvey, Minneapolis, Minn.
John C. McKinley, Minneapolis, Minn.
Irvine McQuarrie, Minneapolis, Minn.
John J. Moorhead, New York, N. Y.
George P. Muller, Philadelphia, Pa.
Clay Ray Murray, New York, N. Y.
John H. Musser, New Orleans, La.
Horace Newhart, Minneapolis, Minn.
Emil Novak, Baltimore, Md.
Frank R. Ober, Boston, Mass.
Paul A. O'Leary, Rochester, Minn.
Eric Oldberg, Chicago, Ill.
Oliver S. Ormsby, Chicago, Ill.
Ralph Pemberton, Philadelphia, Pa.
Dallas B. Phemister, Chicago, Ill.
Isidor S. Ravdin, Philadelphia, Pa.
Hobart A. Reimann, Philadelphia, Pa.
Erwin R. Schmidt, Madison, Wis
Elmer L. Sevringhaus, Madison, Wis.
George E. Shambaugh, Chicago, Ill.
Leroy H. Sloan, Chicago, Ill.
Thomas P. Sprunt, Baltimore, Md.
Virgil P. W. Sydenstricker, Augusta, Ga.
Willard O. Thompson, Chicago, Ill.
Maurice B. Visscher, Minneapolis, Minn.
Waltman Walters, Rochester, Minn.
Owen H. Wangensteen, Minneapolis, Minn.
Soma Weiss, Boston, Mass.
Henry M. Winans, Dallas, Texas.
Wallace M. Yater, Washington, D. C.
Hugh H. Young, Baltimore, Md.

HOTEL HEADQUARTERS
Hotel Nicollet—Hotel Radisson

HOTEL RESERVATIONS

Hotel Committee: Dr. A. N. Bessesen, Jr., Chm.
829 Medical Arts Bldg., Minneapolis, Minnesota

A program will be mailed to every member of the medical profession in good standing in the United States and Canada on or about September first.

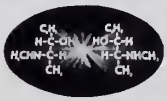
Any member of the profession in good standing who does not receive a program, please write the Managing-Director and one will be mailed.

COMPREHENSIVE SCIENTIFIC AND TECHNICAL EXHIBIT. SPECIAL ENTERTAINMENT FOR THE LADIES

When writing advertisers please mention the Journal.

# RACĔPHEDRINE

## *in Fall Pollinosis*



When efforts at desensitization have failed or been only partially successful in relieving hay fever or asthma, well-planned symptomatic treatment may bring welcome relief.

Solution Racĕphedrine Hydrochloride (racemic ephedrine) is a reliable decongestant when applied to the nasal mucous membranes. Capsules Racĕphedrine Hydrochloride may be given to prevent attacks and ameliorate their severity.

RACĔPHEDRINE HYDROCHLORIDE
(UPJOHN)

Supplied in the following forms:

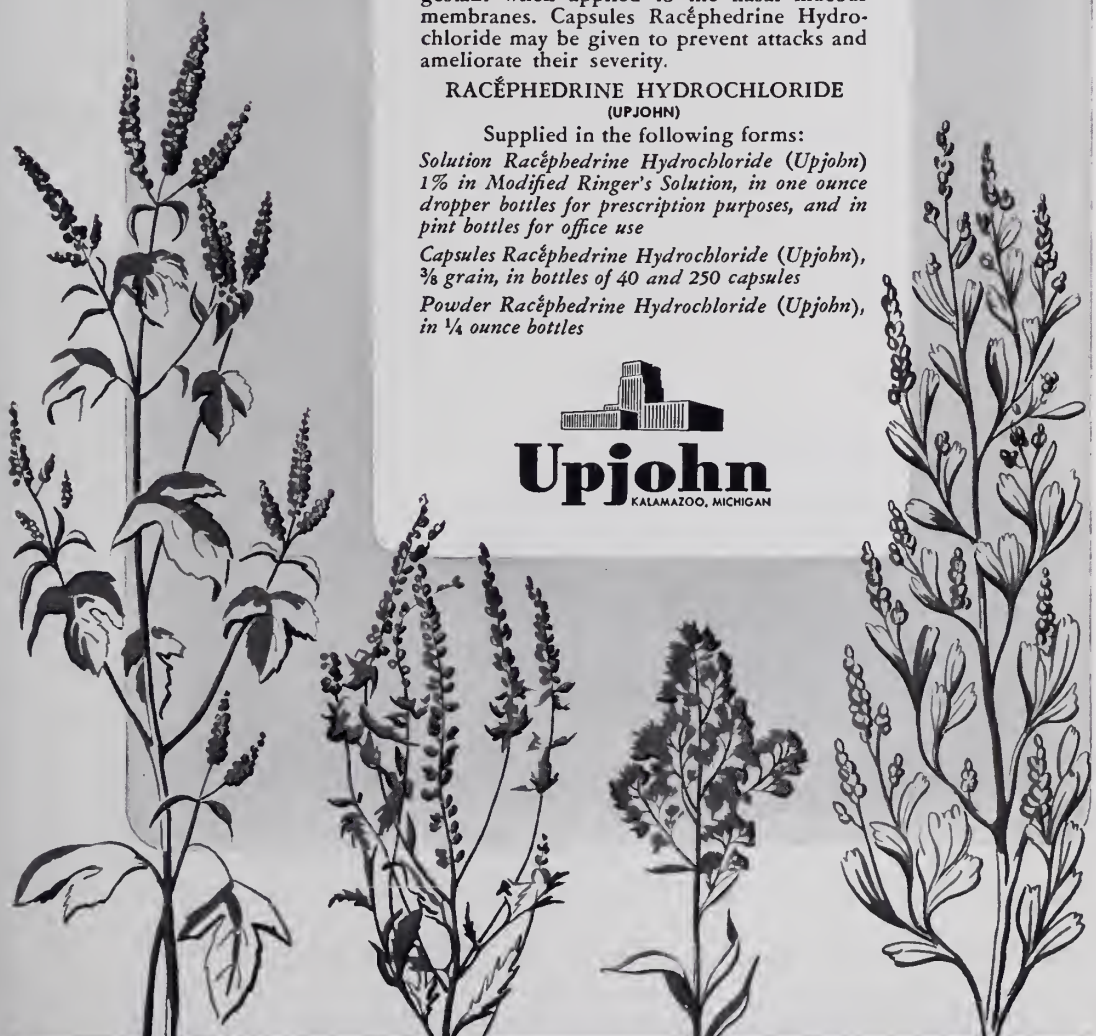
*Solution Racĕphedrine Hydrochloride (Upjohn) 1% in Modified Ringer's Solution, in one ounce dropper bottles for prescription purposes, and in pint bottles for office use*

*Capsules Racĕphedrine Hydrochloride (Upjohn), ⅜ grain, in bottles of 40 and 250 capsules*

*Powder Racĕphedrine Hydrochloride (Upjohn), in ¼ ounce bottles*



**Upjohn**
KALAMAZOO, MICHIGAN



FINE PHARMACEUTICALS SINCE 1886

Prescribe Journal-advertised products and you prescribe the best.

## BOOK REVIEWS—Continued

Hunterian Lecturer 1935; fellow of American Public Health Association; diplomate of American Board of Orthopaedic Surgery; fellow of American Academy of Orthopaedic Surgeons. Ed. 2. Cloth. Price $10. Pp. 803, illustrated with 202 engravings. Philadelphia: Lea & Febiger, 1941.

The second edition of this most useful book has been enlarged and revised.

It is a book that will give much valuable information to any physician who is called upon to testify regarding the medicolegal aspects of injury.

It is a book of reference which should be in the library of every physician who is called upon to treat such a type of case. R. E. B.

**X-ray Treatment of Chronic Arthritis** (including the x-ray diagnosis of the disease). By Karl Goldhamer, M. D., associate director, Quincy X-ray and Radium Laboratories; associate roentgenologist, St. Mary's Hospital of Quincy; formerly roentgenologist, University of Vienna; author, Atlas of Normal Anatomy of Head as Seen by X-ray. Foreword by Harold Swanberg, B. S., M. D., F. A. C. P., editor, Mississippi Valley Medical Journal and the Radiologic Review; radiologist, St. Mary's Hospital and Blessing Hospital; director, Quincy X-ray and Radium Laboratories; past-president, Illinois Radiological Society, etc.; author of Radiologic Maxims. Cloth. Price, $2.00. Pp. 131, illustrated. Quincy, Ill.: Radiologic Review Publishing Company, 1941.

In this monograph the author relates his experience with the treatment by roentgen rays of 100 private patients with chronic arthritis observed during the last twenty-one months. He covers the clinical aspects and pathology of the atrophic and hypertrophic types of chronic arthritis, the roentgen findings, differential diagnosis and the history of x-ray therapy in this disease. It is believed that the mechanism of effect is in all probability due to a production of hyperemic stimuli by the irradiation. The indications for and the technique of the treatment are outlined in detail. A statistical analysis showed that satisfactory results were obtained in about 60 per cent of all patients; the chief effect was the relief of pain. The author cautions against excessive dosage which would be followed by undesirable sequelae. In conclusion, he states that "although the results obtained by us are favorable indeed in a majority of patients (60 per cent), they are not entirely satisfactory because a considerable percentage (40 per cent) are not benefited, or are only slightly benefited, by x-ray therapy. Perhaps when this method of treatment becomes better known and when more physicians become familiar with it and will use it, better results will be obtained." E. A. P.


For the local Treatment of Acute Anterior Urethritis
(DUE TO NEISSERIA GONORRHEAE)

SILVER PICRATE*
Wyeth

A complete technique of treatment and literature will be sent upon request

■

*Silver Picrate is a definite crystalline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

Silver Picrate, Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by Neisseria gonorrheae.[1] An aqueous solution (0.5 percent) of silver picrate or water-soluble jelly (0.5 percent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," Am. J. Syph., Gon. & Ven. Dis., 23, 201 (March), 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA

When writing advertisers please mention the Journal.

# As an Adjunct in the Treatment of ALCOHOLISM

ONE of the newest and most interesting uses for which Benzedrine Sulfate has been accepted by the Council on Pharmacy and Chemistry of the A. M. A. is as an adjunct in the treatment of chronic alcoholism and also in alcoholic psychoses, although best results are reported in states of intoxication in which no psychosis is demonstrable. The articles listed below represent the most comprehensive work which has been done to date in this field.

Reifenstein, E. C. Jr. and Davidoff, E.: **The Treatment of Alcoholic Psychoses with Benzedrine Sulfate**—J. A. M. A., 110:1811, 1938.

Reifenstein, E. C. Jr. and Davidoff, E.: **The Use of Amphetamine (Benzedrine) Sulfate in Alcoholism With and Without Psychosis**—N. Y. State Med. J., 40:247, 1940.

Bloomberg, W.: **Treatment of Chronic Alcoholism with Amphetamine (Benzedrine) Sulfate**—New Eng. J. of Med., 220:129, 1939.[1]

[1] *Since this report, Bloomberg has enlarged his series to 60 cases which he reported on Dec. 28, 1940, at the annual meeting of the American Association for the Advancement of Science in Philadelphia. His results in this larger series were substantially the same as those in his original report.*

## ADMINISTRATION

Initial dosage should be small (2.5 to 5 mg.) and should be increased progressively until the desired effect is obtained.

## IN CHRONIC ALCOHOLISM

the normal dosage used by Bloomberg was 20 mg. daily, one-half of the dose on rising and the other half at noon, but this was often adjusted to meet the requirements of the individual patient.

## IN ALCOHOLIC PSYCHOSES

the normal dosage used by Davidoff and Reifenstein in institutionalized patients was 20 to 30 mg. orally or intravenously* in a single dose.

**IMPORTANT!** In prescribing Benzedrine Sulfate Tablets, please be sure to specify the tablet-size desired—either *5 mg.* or *10 mg.*

*Physicians wishing to use Benzedrine Sulfate Ampules may obtain them on direct order from us.

# Benzedrine Sulfate Tablets

ACCEPTED MEDICAL AMA

Brand of amphetamine sulfate

**SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.**

*Our Greetings*

To the Members of the

STATE MEDICAL SOCIETY OF WISCONSIN

at their

CENTENNIAL MEETING

**BARR X-RAY CO.**

Exclusive Wisconsin Distributors

for

F. MATTERN MFG. CO.

CHICAGO, ILLINOIS

QUALITY X-RAY EQUIPMENT—REASONABLY PRICED

For Nearly Twenty Years Under the Same Name

2540 WEST WELLS STREET MILWAUKEE, WISCONSIN

It makes their regular check-ups "fun" by giving youngsters some wholesome CHEWING GUM

It's such an easy, thoughtful gesture to always offer your little patients some delicious Chewing Gum while they're waiting or when they leave the office. They just love it — and it makes a big hit with adults, too. And for such a small cost this one, friendly, little act goes a long way in winning extra good will and affection. Besides, as you know, the chewing is an aid to mouth cleanliness as well as helping to lessen tension. Enjoy chewing Gum, yourself. Get a good month's worth for your office today.

V-201

**There's a reason, a time and place for Chewing Gum**

*NATIONAL ASSOCIATION OF CHEWING GUM MANUFACTURERS, STATEN ISLAND, NEW YORK*

When writing advertisers please mention the Journal.

# How to Use S-M-A Powder

## EACH PACKAGE OF S-M-A* CONTAINS ONE MEASURING CUP

1 Empty one tightly packed measuring cup of S-M-A powder into bottle.

2 Add enough warm previously boiled water to make one ounce.

3 Cap bottle and shake powder into solution. Feed at body temperature.

4 Easy, isn't it?

## S-M-A READY TO FEED PROVIDES:

● 20 calories to the ounce, but more important, the nutritional value of S-M-A is that of a complete well-balanced food. When prepared as above, each quart provides:

10 mg. Iron and Ammonium Citrate
200 I. U. of vitamin $B_1$
400 I. U. of vitamin D
7500 I. U. of vitamin A

NORMAL INFANTS RELISH S-M-A—DIGEST IT EASILY AND THRIVE ON IT

*S-M-A, a trade mark of S-M-A Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

ACCEPTED AMERICAL MEDICAL ASSN

**S. M. A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS**

Prescribe Journal-advertised products and you prescribe the best.

GULP and run

The modern way of life is "gulp and run." With appointments to keep, time clocks to punch, trains to catch, deadlines to meet, orders to fill, it's hurry, scurry, bustle, gulp a sandwich and run! Unfortunately, even among those who take more time with their meals, equally serious dietary indiscretions are not uncommon. The food faddist . . . the finicky child . . . the woman who diets to win stylish slenderness . . . the desk worker with low energy requirements and poor appetite . . . all take serious chances with the adequacy of their diets. The classical vitamin deficiency diseases may never develop, but numerous studies show that *partial* vitamin deficiencies are by no means rare. Where such a condition is known or strongly suspected to exist, the administration of a reliable vitamin supplement is a rational measure. For this purpose, *Abbott* vitamin preparations are more and more commonly employed. Physicians everywhere know that specifying *Abbott* is a simple yet effective means of insuring that their patients receive all of the vitamin units intended. Abbott Laboratories, North Chicago, Ill.

SPECIFY Abbott VITAMIN PRODUCTS

When writing advertisers please mention the Journal.

*Your Convention Headquarters*

# Hotel Loraine . . . MADISON

IS ONE OF THE ELEVEN SCHROEDER HOTELS

In each Schroeder Hotel there is the same sincere welcome and desire to please you that you experience at Hotel Loraine.

Schroeder Hotels—all fireproof—are offering better accommodations, food and beverages . . : yet, the rates are moderate.

# RADIUM

**RENTED**
for the individual case at lowest rates. Instruments loaned.

**LEASED**
in any quantity of 50 milligrams or more, on a yearly basis. Continuous possession. No investment.

**SOLD**
in any quantity in latest platinum containers.

RADON in all-gold Implants at $2.50 per millicurie.

*For details, address*

RADIUM AND RADON CORP.
Marshall Field Annex • Randolph 8855
CHICAGO

**Established 1865**

ARTIFICIAL LIMBS
ORTHOPEDIC APPARATUS
TRUSSES—SUPPORTERS
ELASTIC STOCKINGS

Superior custom work.
Woman Attendant for Women.

# DOERFLINGER'S

770 North Water St. Phone Daly 1461
MILWAUKEE, WIS.

NORMANDALE SANITARIUM
Madison, Wisconsin

Normandale is a sanitarium for the care and treatment of nervous and mental disorders, inclusive of addictions. All of the modern methods of neuropsychiatric therapy are available. Special accommodations and rates are offered for the care of chronic cases.

Normandale is located on the outskirts of Madison, Wisconsin. This location affords the conveniences of the city and the restful environment of a rural setting.

Inquiries are invited. Telephone:
Fairchild 2486
Medical Director,
M. F. Greiber, M. D.

# PROFESSIONAL PROTECTION

SINCE 1899
SPECIALIZED
SERVICE

A DOCTOR SAYS:

*"This has been my first experience in ten years of licensed practice but it has been worth all the premiums I have paid to be able to go ahead with my work and let your Company do the worrying."*

THE
MEDICAL PROTECTIVE COMPANY
OF
FORT WAYNE, INDIANA

# To Keep Abreast of Medical Literature

# To Aid in Preparing Medical Talks, Papers

USE THE

MEDICAL LIBRARY SERVICE
Service Memorial Institutes Building
MADISON

All books reviewed in The Journal as well as current issues of medical periodicals are available for loan. References on any selected subject will be sent on request for a two weeks' period. Service for Members at the Cost of Postage.

# Wisconsin Pharmacists

*Have Anticipated Your Summer Months' Demand For Toxoids, Vaccines and Serums.*

Our complete stocks of immunological preparations are maintained in absolute "freshness" and are stored in constant refrigeration.

You may feel free to call upon us for the common and uncommon immunization preparations, biologicals and other pharmaceutical items.

## MATHER'S PHARMACY

Prescription Experts

Most complete line of Biologicals and largest prescription store in Northern Wisconsin.

Trusses, Wheel Chairs, Crutches, Electric Pads, etc.

**SUPERIOR, WISCONSIN**

## McCUE & BUSS DRUG CO.

Prescription Druggists
Physicians Supplies
Sick Room Needs

**14 So. Main St.** **JANESVILLE, WISCONSIN**

## BOCK DRUG STORES

*Dependable Druggists Since 1876*

Complete Stock of Biologicals—Ampoules and Vaccines—Mail Orders Promptly Filled

Trusses—Supports—Crutches—Elastic Goods

**Phone 4100** **SHEBOYGAN, WISCONSIN**

Distributors of

Dependable Pharmaceutical & Biological Products for Physicians, including Lederle, Lilly, Parke Davis, etc.

## The Hebberd Drug Store

"EXPERT PRESCRIPTION SERVICE"

Phone 29 4th and Main LA CROSSE, WIS.

## RED CROSS DRUG CO.

DOCTORS!! *Save on Office and Dispensing Supplies.*

Mail orders filled in all parts of Wisconsin. Many doctors save hundreds of dollars yearly by concentrating their purchases. Let us quote you on your requirements. Orders shipped the same day received. We pay all delivery charges.

**RED CROSS DRUG CO.**
**RACINE, WISCONSIN**

## CHILSON DRUG COMPANY

*Benj. Chilson, Ph. G.*

Specializing in a complete stock of serums, vaccines and medical supplies. Carefully and accurately compounding prescriptions is the main feature of our drug store.

**BELOIT, WISCONSIN**

## BELLING'S DRUG STORE

*The Prescription Drug Store*

**204 E. College Ave.** **Appleton, Wis.**

**Phone 131**

A complete stock of Ampoules, Biologicals, including Rabies Vaccine, always under proper refrigeration.

## MAYER DRUG

Harry F. Mayer, Prop.

*A Complete Prescription Department*

Biologicals and Ampoules

**KENOSHA, WISCONSIN**

Prescribe Journal-advertised products and you prescribe the best.

# Capital City Doctors

## Note These Reliable Madison Firms Which Sell Dependable Products, Services

Prescription Service at

**RENNEBOHM**

Better Drug Stores

is always

100% Dependable

Biologicals—Chemicals—Drugs

**FIRST CENTRAL DISPENSARY**

602 First Central Bldg.
Madison, Wis.
Phone: Badger 7929

RELIABLE PRESCRIPTION SERVICE

**LORAINE HOTEL**

Fireproof

SCHROEDER HOTELS

*Sleep in Safety*

**CENTRAL GARAGE**

15 South Webster St.

Parking and General Service

MODERN — CONVENIENT
ALWAYS DEPENDABLE

Ampoules, Biologicals, Chemicals, Bacteriological Stains, Trusses, Camp Surgical Supports, "Leeches."

**THE PRESCRIPTION PHARMACY**

Samuel R. Chechik, Ph.D.

20 S. Carroll St. Phone: Badger 755
"The Park Hotel Building"

*For Lovely Flowers*

Phone

**RENTSCHLER'S**

Badger 177

230 State St. Madison

Office: Badger 787 Residence: Badger 2308

**AUTO SERVICE COMPANY, Inc.**

Dan Bilsie

"Private Ambulance Service"

750 East Washington Ave. Madison, Wis.

**Frautschi Funeral Home**

120 E. Wilson St.
Madison, Wis.

ARTHUR A. FRAUTSCHI, *Director*

Phone Badger 733

Phone Badger 5900
for All Kinds of

Office Supplies
and
Equipment

**BLIED PRINTERS AND STATIONERS**

114 E. Washington Ave., Madison

# INDEX TO ADVERTISERS IN THIS ISSUE


| | Page |
|---|---|
| Abbott Laboratories | 866 |
| American Can Co. | 859 |
| American Optical Co. | 784 |
| Audiphone | 871 |
| Auto Service Co., Inc. | 870 |
| Barr X-ray Co. | 864 |
| Belling's Drug Store | 869 |
| Benson Optical Co., Inc. | 877 |
| Bidwell Better Limbs | 876 |
| Blied Printers & Stationers | 870 |
| Bock Drug Co. | 869 |
| Borden Co. | 778 |
| Central Garage | 870 |
| Chilson Drug Co. | 869 |
| Cook County Graduate School of Medicine | 781 |
| Corn Products Sales Co. | 779 |
| Doerflinger's | 868 |
| R. B. Davis Co. (Cocomalt) | 780 |
| First Central Dispensary | 870 |
| Frautschi Funeral Home | 870 |
| Hebberd Drug Store | 869 |
| Hynson, Westcott & Dunning | 871 |
| International Medical Assembly | 860 |
| Kennedy–Mansfield Dairy | 870 |
| Lakeside Laboratories | 774 |
| Eli Lilly & Co. | 857 |
| Loraine Hotel | 867, 870 |
| Marquette University School of Medicine | 876 |
| Mather's Pharmacy | 869 |
| Mayer Drug | 869 |
| McCue & Buss Drug Co. | 869 |
| Mead Johnson & Co. | 782 |
| Medical Protective Co. | 868 |
| Milwaukee Optical Manufacturing Co. | 788 |
| Milwaukee Sanitarium | 880 |
| Nat'l Assn. Chewing Gum Mfrs. | 864 |
| New York Polyclinic | 876 |
| Normandale | 868 |
| Orthopedic Appliance Co. | 871 |
| Parke, Davis & Co. | 874 |
| Petrolagar Laboratories, Inc. | 879 |
| Physicians Casualty Ass'n | 784 |
| Physicians Radium Ass'n | 784 |
| Mary E. Pogue School | 876 |
| Prescription Pharmacy | 870 |
| Radiation Therapy Institute | 777 |
| Radium & Radon Corp. | 868 |
| Red Cross Drug Co. | 869 |
| Rennebohm Drug Stores | 870 |
| Rentschler Floral Co. | 870 |
| Riggs Optical Co. | 775 |
| Rogers Memorial Sanitarium | 880 |
| Sacred Heart Sanitarium | 776 |
| St. Croixdale Sanitarium | 777 |
| Schering Corporation | 785 |
| Schroeder Hotel | 781 |
| Shorewood Hospital Sanitarium | 788 |
| SMA Corp. | 865 |
| Smith–Dorsey Co. | 781 |
| Smith, Kline & French Laboratories | 863 |
| Squibb & Sons | 875 |
| Stearns & Co. | 783 |
| Summit Hospital | 877 |
| Uhlemann Optical Co. | 873 |
| Upjohn Co. | 861 |
| Waukesha Springs Sanitarium | 774 |
| Westinghouse Electric & Mfg. Co. | 786 |
| Winthrop Chemical Co. | 787 |
| Wyeth & Brother, Inc. | 862 |
| Zemmer Co. | 858 |



**Western Electric HEARING AID**

**Air and Bone Conduction**

**There's a Western Electric Ortho-Technic Audiphone designed by Bell Telephone Laboratories—embodying new principles, exclusive features, to meet the individual needs of your patients.**

**Small, Inconspicuous, High Fidelity**

**AUDIOMETERS — ELECTRICAL STETHOSCOPE**

**AUDIPHONE UTILITIES**

**Suite 205 739 N. Broadway Daly 2505**

**MILWAUKEE**

**"Orthopedic Appliances"**

of every description
have been our specialty for 32 years.

*Trained Mechanics and Fitters only*

**Trusses, Elastic Stockings, Abdominal Belts.**

**THE ORTHOPEDIC APPLIANCE CO., Inc.**

123 East Wells St.

Tel. Daly 3021 Milwaukee, Wis.

*Effective, Convenient and Economical*

THE effectiveness of Mercurochrome has been demonstrated by twenty years' extensive clinical use.

For the convenience of physicians Mercurochrome is supplied in four forms—Aqueous Solution for the treatment of wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily he prepared.

*Mercurochrome, H.W.&D.*

*(dibrom-oxymercuri-fluorescein-sodium)*

is economical because solutions may be dispensed at low cost. Stock solutions keep indefinitely.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Mercurochrome is accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

*Literature furnished on request*

HYNSON, WESTCOTT & DUNNING, INC.

BALTIMORE, MARYLAND

# PHYSICIANS' EXCHANGE

**Advertisements for this column must be received by the 25th of the month preceding month of issue. A charge is made of $2.00 for the first appearance of copy occupying 1 inch or less of space and $1.00 for each succeeding insertion of the same copy. Kindly accompany copy with remittance to cover number of insertions desired. Advertisements from members of the State Medical Society will be accepted without charge. Such copy will be taken out after its second publication unless otherwise requested. Where numbers follow advertisements replies should be addressed care Wisconsin Medical Journal.**

FOR SALE OR RENT—Excellent, long-established, unopposed practice with modern home and office. Prefer young married man of good habits, Protestant, and not of draft age. Good hospital facilities. Reason for selling: ill health. Address replies to No. 80 in care of Journal.

---

FOR SALE—Excellent, unopposed practice in southwestern Wisconsin. Population of town 900; population of drawing area 2,200. Low overhead. Easy terms for reliable purchaser. Would consider locum tenens. Reason for selling: called to active army service. Address replies to No. 20 in care of Journal.

---

FOR SALE—Unopposed country practice in village of 850. Low overhead. Home–office combination. Gross income $8,000. Will sell for price of equipment, minimum of $600. Address replies to No. 22 in care of Journal.

---

FOR SALE—The eye, ear, nose and throat practice and equipment of the late Dr. G. W. McCarthy of Kenosha. Address replies to Mr. John F. McCarthy, Room 311, U. S. National Bank Building, Kenosha.

---

FOR SALE—$100 down payment and easy terms takes $7,000 annual practice in city of 3,500 population. Open staff hospital available. Address replies to No. 50 in care of Journal.

---

FOR SALE—Practice for price of equipment. Southern Wisconsin. Fruitful territory. No opposition. Terms. Address replies to No. 53 in care of Journal.

---

FOR SALE—Office equipment and home in excellent farming country. Wonderful hospital facilities in Fox River Valley. Good schools and roads. Address replies to No. 52 in care of Journal.

---

FOR SALE—General practice and fully equipped office of the late Dr. H. M. Ripley, physician and surgeon. Located in business district of 50,000 population. Address replies to Mrs. H. M. Ripley, 623 Fifty-eighth Street, Kenosha.

---

FOR SALE—Unopposed country practice in village of 900. Modern home–office combination. Splendid dairy country, good hospital facilities, paved highway, good school. Address replies to No. 23 in care of Journal.

---

FOR SALE—Shore property on east shore of Green Bay, twelve miles from City of Sturgeon Bay. Heavily wooded with large trees, numerous wild flowers, clean beach, sand bars at waist deep water. Dr. H. V. Foshion, Algoma, Wisconsin.

---

WANTED—Location for general practice in small town. Prefer southern half of state. American, Protestant, married, aged forty-two. Fifteen years of experience in general practice. Licensed in Wisconsin. Graduate of Wisconsin and Rush. Address replies to No. 1 in care of Journal.

---

WANTED—One or two additional specialists to share an excellently equipped and furnished suite in a Milwaukee downtown office building. Secretarial, x-ray, and laboratory facilities provided. Address replies to No. 59 in care of Journal.

---

WANTED—In the Milwaukee area, physician desires part-time position in industrial medicine. Six years experience in industrial surgery and x-ray. Details and references on request. Address replies to No. 25 in care of Journal.

---

WANTED—Position in Madison as doctor's assistant by undergraduate nurse with eleven years of experience. Blanche Bakke, 540 West Washington Avenue, Madison.

---

WANTED—Position as G-U surgeon and urologist. Eligible for certification. Willing to assist in general surgery, medicine, and laboratory. Gentile. No military commitments. Wisconsin license. Address replies to No. 65 in care of Journal.

---

WANTED—Modern short wave and a galvanic sinusoidal machine. State make, year, and price. Address replies to No. 21 in care of Journal.

---

WANTED—Locum tenens during my stay in army. Large, active, unopposed practice in town in north-central Wisconsin. Excellent income assured from start. Address replies to No. 30 in care of Journal.

---

WANTED—A doctor to locate in small northern Iowa town. Good community, large territory. For details, write Alta Vista Commercial Club, Alta Vista, Iowa.

---

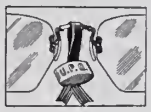
WANTED—Position as receptionist in physician's office in Madison. University education and commercial training. No experience but interested in this type of work. Would appreciate interview. Beverly Munchow, 430 West Gorham, Madison, B–4932.

# Pledge of Quality

THE UHLEMANN OPTICAL COMPANY, *Exclusive Opticians for Eye Physicians,* has this day executed this instrument as evidence of its pledge to use only FIRST QUALITY ophthalmic materials and skilled craftsmanship in the fabrication of glasses prescribed by

_____ M. D. of _____

ALL GLASSES of Uhlemann Physician's QUALITY delivered to Dr. _____ are identified by our Trade-mark Seal attached to each pair of glasses.



THIS SEAL serves as a guarantee that the glasses are accurately made in accordance with the Eye Physician's prescription and dependable with regard to materials, durability and value.

SIGNED *Uhlemann Optical Co.*

DATE *1941*

*Makers of Fine Spectacle-Wear Since the Year Nineteen Hundred and Seven*

THIS Pledge of Quality, duly executed, handsomely framed and hanging on your reception room wall, gives your patients a vital assurance to which they are fully entitled, and which you want them to have—

- *that their glasses will be exactly as you prescribe, and will be of the finest materials to be had.*

## UHLEMANN OPTICAL COMPANY

ESTABLISHED 1907

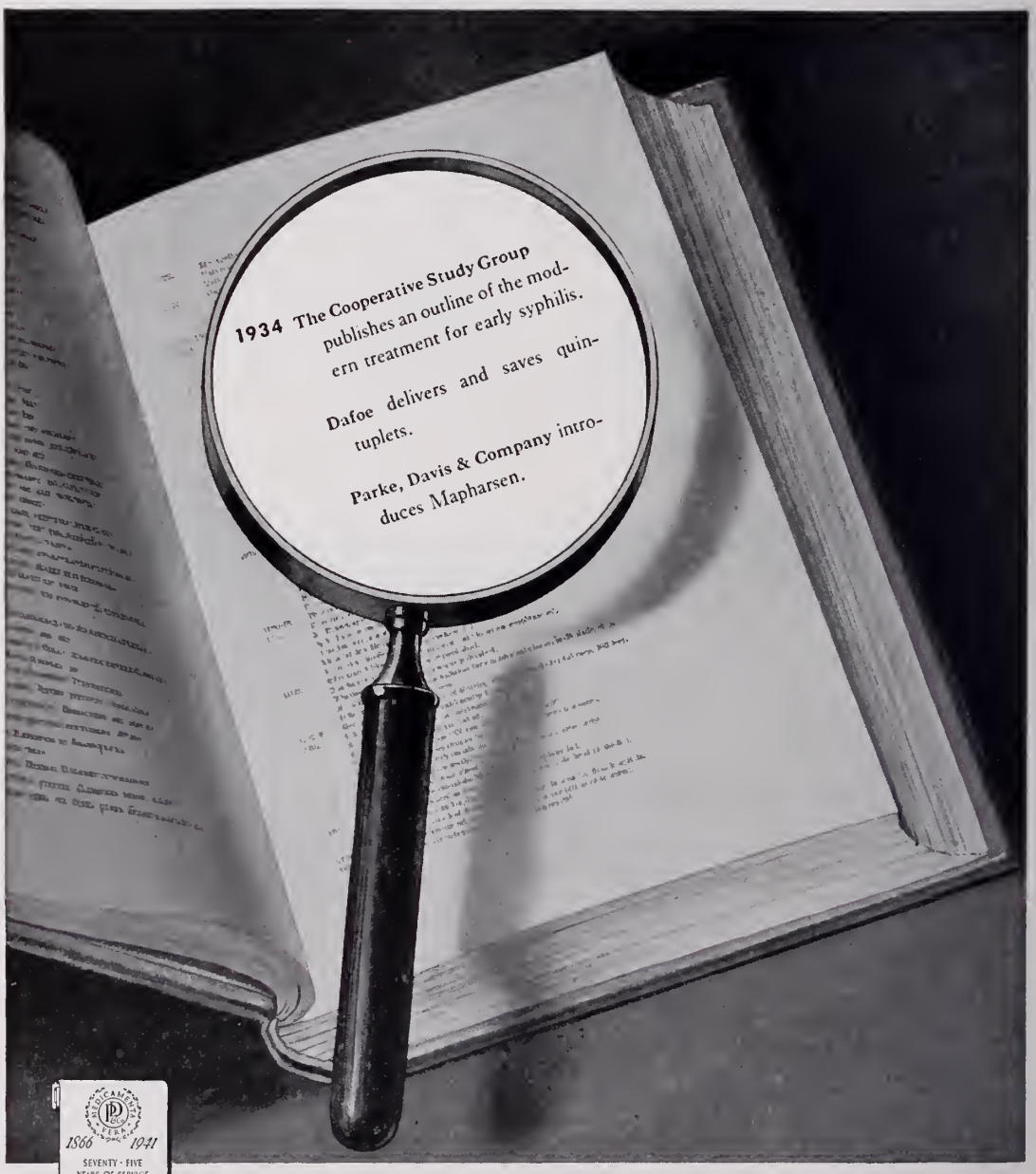
*Exclusive Opticians for Eye Physicians*

PITTSFIELD BUILDING • CHICAGO, ILLINOIS

*OFFICES:* CHICAGO • DETROIT • TOLEDO • SPRINGFIELD
EVANSTON • DAYTON • PORT HURON • APPLETON • OAK PARK

# These names, these years have helped make modern medical history

One of a series of advertisements commemorating three-quarters of a century of progress and achievement




## PARKE, DAVIS & COMPANY

PIONEERS IN RESEARCH
ON MEDICINAL PRODUCTS

When writing advertisers please mention the Journal.

# Do You Know Your Sulfonamides?

SULFANILAMIDE

WHICH SHALL I USE FOR GONORRHEA?

SULFAPYRIDINE

WHAT'S GOOD FOR "STREP"?

WHICH PRODUCES BEST RESULTS IN PNEUMONIA?

SULFATHIAZOLE

MY PATIENT HAS A "STAPH" INFECTION—WHAT SULFONAMIDE IS MOST EFFECTIVE?

**The sulfonamide compounds continue to grow in importance. Three separate drugs have been accepted by the Council on Pharmacy and Chemistry of the A. M. A. Another has been submitted for acceptance. We present on this page the "box score" on three "sulfa" drugs now in widespread use.**

| | Sulfanilamide N.N.R. | Sulfapyridine N.N.R. | Sulfathiazole N.N.R. |
|---|---|---|---|
| CHEMICAL NAME | (p-amino-benzene sulfonamide) | (2-sulfanilyl aminopyridine) | (2-sulfanilyl aminothiazole) |
| SOLUBILITY in 100 cc. of water at 37.5° C. | 1480 mg. | 54 mg. | 96 mg. |
| PHARMACOLOGY Absorption | Relatively uniform and rapid. | Irregular and often poor. | Uniform—very rapid. |
| Distribution | In all body fluids. | In all body fluids. | In blood but poorly in other body fluids. |
| Excretion | Rapid. | Slower than Sulfanilamide. | Rapid. |
| Tendency to conjugation. | Slight. | Marked. | Moderate. |
| CHEMOTHERAPY ★Preferred Drug. ●Also Effective. | | | |
| Colon Bacillus | | | ★ |
| Dysentery Bacillus | | | ● |
| Gonococcus | | ● | ★ |
| Lymphogranuloma Venereum | ● | ● | ★ |
| Meningococcus | ● | ★ | ● |
| Pneumococcus | | ★ | ★ |
| Staphylococcus | | ● | ★ |
| Streptococcus | ★ | ● | |
| HOW SUPPLIED BY SQUIBB Tablets | 5 grain in bot. of 100, 500, 1000. 7½ grain in bot. of 25, 100, 1000. | 0.5 gram in bot. of 50, 100, 1000. | 0.5 gram in bot. of 50, 100, 500, 1000. |
| Powder | 4 oz. Rx. bottle. | 5 gram vials. | |
| Crystals | 1.0 gram ampuls, box of 5 and 25. | | 5 gram vials. |
| Capsules | | 0.25 gram in bot. of 50, 100, 1000. | |

**Specify SQUIBB Sulfonamides**

**When you think of SULFONAMIDES . . . think of SQUIBB**

Prescribe Journal-advertised products and you prescribe the best.

# THE NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
*(The Pioneer Post-Graduate Medical Institution in America, Organized 1881)*

**FOR THE**
**GENERAL PRACTITIONER**

Intensive full time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

**Proctology**
**Gastro-Enterology**
**and ALLIED SUBJECTS**

*For Information Address:* MEDICAL EXECUTIVE OFFICER, 345 West 50th St., New York City

## THE MARY E. POGUE SCHOOL

DOCTORS: You may continue to supervise the treatment and care of children you place in our school. Catalogue on request.

90 Geneva Road
Wheaton, Illinois

Telephone
Wheaton 66

## BIDWELL BETTER LIMBS

Everyone Receives the Personal Attention of G. L. Bidwell the well-known Orthopedic Appliance Expert.

EXPERIENCED LADY ATTENDANT

Artificial Limbs, Braces, Trusses, Elastic Stockings, Crutches, Invalid Chairs, Abdominal Belts.

**934 N. WATER ST.**
PHONE BROADWAY 4369
MILWAUKEE, WISCONSIN

# MARQUETTE
## SCHOOL OF MEDICINE

**Requirements For Admission** The minimum requirements for admission are three years of such college work as is acceptable towards the Bachelor's degree in an approved college of liberal arts or in a recognized University. The following subjects must be included in these three years: zoology, general chemistry, organic chemistry, English, French or German, physics.

**Instruction** The duration of the course leading to the degree of Doctor of Medicine is five years, the fifth year of which is devoted to a hospital internship. The school year begins about the first of October and ends about the middle of June. The aim is constant coordination of the basic sciences with the clinical subjects applied to curative and preventive medicine.

**Clinical Facilities** Milwaukee County General Hospital, Milwaukee County Emergency Hospital and Dispensary, Milwaukee Children's Hospital and Dispensary, Milwaukee County Insane Hospitals, Acute and Chronic, South View Hospital for Contagious Diseases, Muirdale Sanatorium for tuberculosis, Mt. Sinai Hospital Dispensary, Marquette Eye Clinic, Public Health field work.

For further information address:

DEAN, MARQUETTE UNIVERSITY SCHOOL OF MEDICINE
561 North Fifteenth Street
Milwaukee, Wisconsin

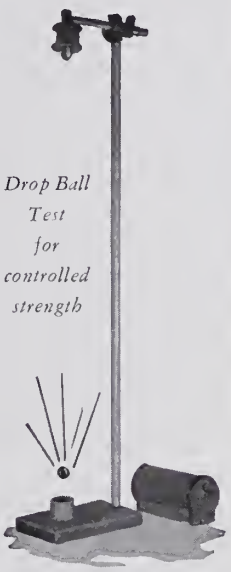
When writing advertisers please mention the Journal.

# BENSON FORTIFIED OPHTHALMIC LENSES

HARDRx Prescription lenses are for general use and are tempered for increased margin of safety against breakage.

BENSAFE Prescription Safety lenses are of heavier construction and hardened for industrial and hazardous sportswear.

Both are of highest quality and are case hardened by a controlled heat treatment. Each HardRx lens is subjected to impact of ½" steel ball dropped one meter and Bensafe lens to ¾" steel ball dropped one meter.



*Drop Ball Test for controlled strength*

## N. P. BENSON OPTICAL COMPANY, Inc.

ESTABLISHED 1913

Main Office: MINNEAPOLIS

ABERDEEN - DULUTH - EAU CLAIRE - WINONA
BISMARCK - LA CROSSE - WAUSAU - RAPID CITY
STEVENS POINT - ALBERT LEA

# The SUMMIT HOSPITAL

OCONOMOWOC, WIS.

Here, in a cordial and homelike environment, we operate a hospital and sanatorium with facilities and personnel adequate to manage your

CHRONIC,
NERVOUS and
MENTAL
CASES

A natural Beauty Spot — Fireproof, Modern buildings, Moderate rates.

*For further information write or phone*

G. R. Love, M.D.
*Physician in Charge*
The Summit Hospital
Oconomowoc, Wis.

Chicago Office:
Loren W. Avery, M.D.
*Consulting Neuropsychiatrist*
122 So. Michigan Ave.

Prescribe Journal-advertised products and you prescribe the best.


LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA

# THE STATE MEDICAL SOCIETY OF WISCONSIN

## ORGANIZED 1841

R. P. SPROULE, Milwaukee, President
GUNNAR GUNDERSEN, La Crosse, President-Elect
R. M. KURTEN, Racine, Speaker
CHARLES FIDLER, Milwaukee, Vice-Speaker
IRA R. SISK, Madison, Treasurer

## Councilors

TERM EXPIRES 1942

First District:
H. P. Bowen——Watertown

Second District:
C. E. Pechous——Kenosha

TERM EXPIRES 1943

Third District:
W. T. Clark——Janesville

Fourth District:
B. I. Pippin——Richland Center

TERM EXPIRES 1943

Fifth District:
A. H. Heidner——West Bend
Sixth District:
S. E. Gavin——Fond du Lac

TERM EXPIRES 1941

Seventh District:
H. A. Jegi——Galesville
Eighth District:
G. W. Krahn——Oconto Falls
Ninth District:
H. H. Christofferson——Colby
Tenth District:
F. E. Butler——Menomonie

TERM EXPIRES 1942

Eleventh District:
F. G. Johnson——Iron River
Twelfth District:
H. J. Gramling——Milwaukee
R. E. Fitzgerald——Milwaukee

TERM EXPIRES 1943

Robert W. Blumenthal
——Milwaukee

TERM EXPIRES 1941

Thirteenth District:
J. W. Lambert——Antigo

TERM EXPIRES 1941

R. G. Arveson——Frederic
(Past President)

## Delegates to American Medical Association

Stephen E. Gavin, Fond du Lac, 1942 James C. Sargent, Milwaukee, 1942 Joseph F. Smith, Wausau, 1941

## Alternates

S. J. Seeger, Milwaukee, 1942 F. E. Butler, Menomonie, 1942 C. W. Giesen, Superior, 1941

The Wisconsin Medical Journal, Official Publication
Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Illinois

## List of Executive Officers of County Medical Societies

| County | President | Secretary |
|---|---|---|
| Ashland–Bayfield–Iron | C. A. Grand, Ashland | A. H. Lamal, Ashland. |
| Barron–Washburn–Sawyer–Burnett | H. H. Ainsworth, Birchwood | R. W. Adams, Chetek. |
| Brown–Kewaunee–Door | L. D. Quigley, Green Bay | E. J. O'Brien, Green Bay. |
| Calumet | J. W. Goggins, Chilton | J. A. Knauf, Stockbridge. |
| Chippewa | F. B. Sazama, Chippewa Falls | L. W. Picotte, Chippewa Falls. |
| Clark | J. W. Johnson, Withee | A. P. Hable, Loyal. |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | C. J. Radl, Wisconsin Dells. |
| Crawford | G. R. J. Hammes, Seneca | O. E. Satter, Prairie du Chien. |
| Dane | S. J. Briggs, Madison | D. L. Williams, Madison. |
| Dodge | A. J. Hebenstreit, Juneau | A. G. Hough, Beaver Dam. |
| Douglas | Rudolph Christiansen, Superior | Fred Johnson, Jr., Superior. |
| Eau Claire–Dunn–Pepin | J. C. Baird, Eau Claire | H. S. Fuson, Eau Claire. |
| Fond du Lac | O. F. Guenther, Campbellsport | S. A. Theisen, Fond du Lac. |
| Forest | G. W. Ison, Crandon | G. E. Carroll, Laona. |
| Grant | H. J. McLaughlin, Bloomington | H. L. Doeringsfeld, Platteville. |
| Green | W. G. Bear, Monroe | L. E. Creasy, Monroe. |
| Green Lake–Waushara | J. A. Kelly, Green Lake | D. M. Regan, Berlin. |
| Iowa | T. A. Hagerup, Dodgeville | H. M. Walker, Dodgeville. |
| Jefferson | J. C. Brewer, Jefferson | E. A. Schoenecker, Lake Mills. |
| Juneau | W. T. O'Brien, Mauston | Brand Starnes, New Lisbon. |
| Kenosha | E. F. Andre, Kenosha | L. M. Rauen, Kenosha. |
| La Crosse | M. W. Ward, Bangor | J. C. Fox, La Crosse. |
| Lafayette | S. A. J. Ennis, Shullsburg | E. D. McConnell, Darlington. |
| Langlade | R. J. Portman, Antigo | W. P. Curran, Antigo. |
| Lincoln | G. R. Baker, Tomahawk | L. J. Bayer, Merrill. |
| Manitowoc | T. H. Rees, Manitowoc | T. A. Teitgen, Manitowoc. |
| Marathon | M. L. Jones, Wausau | H. H. Fechtner, Wausau. |
| Marinette–Florence | J. V. May, Marinette | K. G. Pinegar, Marinette. |
| Milwaukee | T. J. Howard, Milwaukee | Mr. James O. Kelley, Ex. Sec., Milw. |
| Monroe | D. C. Beebe, Sparta | T. J. Sheehy, Tomah. |
| Oconto | W. R. Berg, Gillett | C. R. Kwapy, Oconto. |
| Oneida–Vilas | C. A. Richards, Rhinelander | H. J. Westgate, Rhinelander (acting) |
| Outagamie | W. H. Towne, Hortonville | D. M. Gallaher, Appleton. |
| Pierce–St. Croix | C. A. Dawson, River Falls | A. E. McMahon, Menomonie. |
| Polk | W. B. Cornwall, Amery | G. B. Noyes, Centuria. |
| Portage | H. P. Benn, Stevens Point | T. L. Harrington, Stevens Point. |
| Price–Taylor | H. B. Norviel, Phillips | J. L. Rens, Phillips. |
| Racine | A. M. Lindner, Racine | Beatrice O. Jones, Racine. |
| Richland | R. E. Housner, Richland Center | G. H. Benson, Richland Center. |
| Rock | G. C. Waufle, Janesville | O. V. Overton, Janesville. |
| Rusk | W. F. O'Connor, Ladysmith | M. L. Whalen, Bruce. |
| Sauk | J. F. Moon, Baraboo | C. B. Pope, Baraboo. |
| Shawano | F. L. Litzen, Gresham | E. E. Evenson, Wittenberg. |
| Sheboygan | Anthony Voskuil, Cedar Grove | W. G. Huibregtse, Sheboygan. |
| Trempealeau–Jackson–Buffalo | E. A. Meili, Cochrane | T. J. Nereim, Whitehall. |
| Vernon | W. H. Remer, Chaseburg | R. S. Hirsch, Viroqua. |
| Walworth | H. J. Kenney, Delavan | L. H. Donath, Lake Geneva. |
| Washington–Ozaukee | F. W. Lehmann, Hartford | R. S. Fisher, Allenton. |
| Waukesha | G. S. Jones, Genesee Depot | J. F. Wilkinson, Oconomowoc. |
| Waupaca | A. M. Christofferson, Waupaca | J. W. Monsted, New London. |
| Winnebago | F. G. Jensen, Menasha | E. F. Cummings, Oshkosh. |
| Wood | L. A. Copps, Marshfield | R. W. Mason, Marshfield. |

*For Stubborn Cases...*

# Petrolagar* with Cascara

Stubborn cases of constipation usually yield to Petrolagar with Cascara.

This preparation provides sufficient laxative effect to help restore normal bowel habit in chronic cases, yet it is mild enough for use in obstetrical cases. Each tablespoonful contains 13.2% of non-bitter aqueous extract of Cascara Sagrada.

The dose of Petrolagar with Cascara is one tablespoonful two to three times daily—gradually diminished. It has the advantage of exceptional palatability and continued effectiveness despite prolonged use.

Petrolagar with Cascara is available in 16 ounce bottles at all pharmacies and in the special Hospital Dispensing Unit at hospitals.

**Petrolagar—The trademark of Petrolagar Laboratories, Inc., for its brand of mineral oil emulsion—liquid petrolatum 65cc. emulsified with 0.4 Gm. agar in a menstruum to make 100 cc.*

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

Prescribe Journal-advertised products and you prescribe the best.

# Rogers Memorial Sanitarium

OCONOMOWOC, WIS.
**Telephone 448**

A PRIVATE sanitarium
(incorporated not-for-profit)
for the treatment of
**DISEASES OF THE NERVOUS SYSTEM**
All approved methods of therapy are used

**Fireproof Building**
**Booklet on Request**

*RESIDENT PHYSICIANS*

**JAMES C. HASSALL, M.D.**
**Medical Director**
**OWEN C. CLARK, M.D.**
**DONALD A. R. MORRISON, M.D.**

*BOARD OF TRUSTEES*

**JAMES C. HASSALL, M.D.**
**FREDERICK PABST**
**Oconomowoc, Wis.**
**T. H. SPENCE**
**MITCHELL MACKIE**
**MACKEY WELLS**
**O. R. LILLIE, M.D.**
**Milwaukee, Wis.**
**PETER BASSOE, M.D.**
**RALPH C. HAMILL, M.D.**
**JOHN FAVILL, M.D.**
**Chicago, Ill.**
**W. S. MIDDLETON, M.D.**
**Madison, Wis.**
**SCOTT LOWRY**
**Waukesha, Wis.**

Milwaukee Office:
**By Appointment**
1330 Wells Building
**Telephone Daly 1441**

# MILWAUKEE SANITARIUM

Wauwatosa, Wisconsin

## FOR NERVOUS DISORDERS

(Chicago office—1117 Marshall Field Annex
Wednesdays, 1–3 P. M.)

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Staff
Rock Sleyster, M.D.
Lloyd H. Ziegler, M.D.
William T. Kradwell, M.D.
Merle Q. Howard, M.D.
Carroll W. Osgood, M.D.
Benjamin A. Ruskin, M.D.
Arthur J. Patek, M.D.

One of the Fourteen Units in "Cottage Plan"
COLONIAL HALL

DEMOCRAT PRINTING COMPANY
MADISON, WISCONSIN

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

# The Wisconsin Medical Journal

## IN THIS ISSUE

A CENTURY OF PROGRESS IN WISCONSIN MEDICINE
By Gunnar Gundersen, M. D.

VENESECTION IN THE TREATMENT OF ERYTHREMIA
By Arthur Andrews Holbrook, M. D.

CLINICAL VALUE OF CERTAIN LABORATORY BLOOD TESTS
By John A. Schindler, M. D.

ANNUAL MEETING REPORT

COMPLETE TABLE OF CONTENTS, PAGE 884

..., Number 10
...y Building

MADISON, WISCONSIN, OCTOBER, 1941

Copyright, 1941, by The State Medical Society of Wisconsin

Per Year $3.50
Single Copy 50 Cents

1921

1941

# LAKESIDE celebrates 20 years of Scientific Control

Our 20th anniversary marks the culmination of 20 years of management *vested in scientific men.* The officers and those who have directed Lakeside policies have been graduate chemists and trained technical people from the very start.

So for Lakeside a full score of years is rounded out a period of growth and progress that has seen Lakeside start with one chemist and march forward to the extensive organization of today.

Twenty years have passed, but to Lakeside it is "eyes front" towards 20 years ahead—and continuous progress in the field of science.

"Manufacturers to the Medical Profession EXCLUSIVELY"

BRANCH OFFICES and WAREHOUSES
NEWARK, N. J.
SAN FRANCISCO, CALIF.

The LAKESIDE Laboratories Inc.
MILWAUKEE WISCONSIN

# Waukesha Springs Sanitarium

## FOR NERVOUS DISEASES

*BUILDING ABSOLUTELY FIRE-PROOF*

BYRON M. CAPLES, M. D. Medical Director. FLOYD W. APLIN, M. D.

WAUKESHA, WISCONSIN

## TURN APPLICATION FOR WORKMEN'S COMPENSATION PANEL LISTING AT ONCE

A special bulletin was issued to all members of the Society ier this month on the subject of Workmen's Compensation el listing. Incorporated as a part of this bulletin was an appli- on for panel listing which necessarily has to be completed and rned to the Society's office before listing can be made.

All applications for Workmen's Compensation Panel listing t be returned to the offices of the State Medical Society of Wis- sin not later than October 20. If you wish to be listed on the panels now being prepared, return your application blank nce.

Oct

MILWAUKEE
940 W. St. Paul Ave.
F. G. McIntosh, Mgr.
R. W. Larsen
J. Pugh

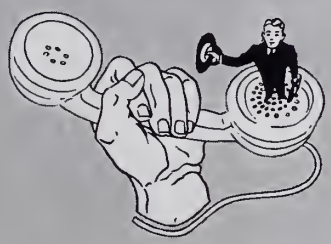
MADISON
P. O. Box 390
L. J. Dorschel

GREEN BAY
P. O. Box 61
J. J. Victor

ST. PAUL, MINN.
174 E. Sixth St.
K. A. Carlsten

DULUTH, MINN.
526½ E. First St.
B. F. Hammer

# He's as Easy to Reach as Your Telephone



He's G-E's direct representative who regularly makes the rounds of physicians and hospitals in your locality, and responds to their emergency calls for expert technical service or advice on the operation and maintenance of x-ray and other electro-medical devices.

He is neither an agent or distributor for G-E apparatus, but is a permanent employee on G. E.'s payroll, and works under the jurisdiction of a nearby G-E Branch.

What does this mean to users of G-E equipment? Just this: That a specially trained field organization, directly responsible to headquarters, is carrying out company policies established in the interest of customers, and rendering a caliber of maintenance service essential to the consistently satisfactory performance of electo-medical apparatus.

Twenty years of direct G-E representation have conclusively proved that this plan operates to the distinct advantage of all concerned, and will fully justify every dollar that you, too, might invest in G-E equipment.

The G. E. men who are serving these mutual interests in your locality are listed herewith. We sincerely believe that you will find them a reliable source of helpful suggestions.

**GENERAL ELECTRIC X-RAY CORPORATION**

# THE WISCONSIN MEDICAL JOURNAL

Volume 40
Number 10

MADISON, WISCONSIN, OCTOBER, 1941

Per Year $3.50
Single Copy 50 Cents


## TABLE OF CONTENTS


SCIENTIFIC ARTICLES

| | Page |
|---|---|
| A Century of Progress in Wisconsin Medicine by Gunnar Gundersen, M. D., La Crosse | 895 |
| Use of Venesection in the Treatment of Erythremia by Arthur Andrews Holbrook, M. D., Milwaukee | 899 |
| Clinical Value of Certain Laboratory Blood Tests by John A. Schindler, M. D., Monroe | 911 |
| Silicosis by A. J. Lanza, M. D., New York City, N. Y. | 923 |
| Tetanus With Recovery by Leland C. Pomainville, M. D., Wisconsin Rapids, and L. M. Morse, M. D., Milwaukee | 926 |
| Testosterone in the Treatment of Testicular Deficiency and Prostatic Enlargement by Walter M. Kearns, M. D., Milwaukee | 927 |

SPECIAL ARTICLES

| | Page |
|---|---|
| In Commemoration of J. George Crownhart | 960 |
| Sex Education of Children by Elmer L. Sevringhaus, M. D., Madison | 973 |
| The Wisconsin Athletic Accident Benefit Plan by P. F. Neverman, Marinette | 975 |
| Centennial Anniversary Section: Biographies of Pioneer Wisconsin Physicians (continued); Epitomized Record of Progress of Medicine (a reprint) | 981, 983 |

EDITORIAL

| | Page |
|---|---|
| Unsung | 932 |

MISCELLANY

| | Page |
|---|---|
| President's Page | 933 |
| Woman's Auxiliary | 934 |
| Society Proceedings | 944 |
| News Items and Personals | 945 |
| Coming Events | 946 |
| Births, Marriages | 948 |
| Deaths | 949 |
| Society Records | 949 |
| Correspondence | 950 |
| Recent Wisconsin Licentiates | 950 |
| Members in Active Service | 951 |
| Report of Centennial Meeting of State Medical Society | 953 |
| Centennial Meeting Attendants | 967 |
| Workmen's Compensation Panel | 972 |
| Book Reviews | 992 |
| Physicians' Exchange Page | 1004 |



[Entered as second class matter, June 30th, 1903, at the Post Office at Milwaukee, Wis., under Act of Congress March 3rd, 1879. Transferred to Madison, Aug. 1st, 1929.]

"Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized Aug. 7, 1918."

SACRED HEART SANITARIUM

MILWAUKEE, WISCONSIN

An institution conducted for the diagnosis and treatment of mild nervous disorders and non-infectious diseases; also for rest and recuperation under medical supervision. Equipped with every modern facility for diagnostic purposes. Scientific dietetics, physiomechanotherapy, hydrotherapy, supervised occupational and recreational activities. Literature and rates sent on request.

MEDICAL STAFF

William L. Herner, M.D., Medical Director
Delparde W. Roberts, M.D. — J. Frampton Wyman, M.D.
William F. Ragan, M.D. — Hubert H. Blanchard, M.D.
Frank W. Mackoy, M.D. — L. Tennyson Peyton, M.D.
Ray C. Johnston, M.D.

When writing advertisers please mention the Journal.

## ST. CROIXDALE ON LAKE ST. CROIX

PRESCOTT, WISCONSIN

MAIN BUILDING—One of the 5 Units In "Cottage Plan."

A Modern Private Sanitarium for the Diagnosis, Care and Treatment of Nervous, Mental and Medical Cases.

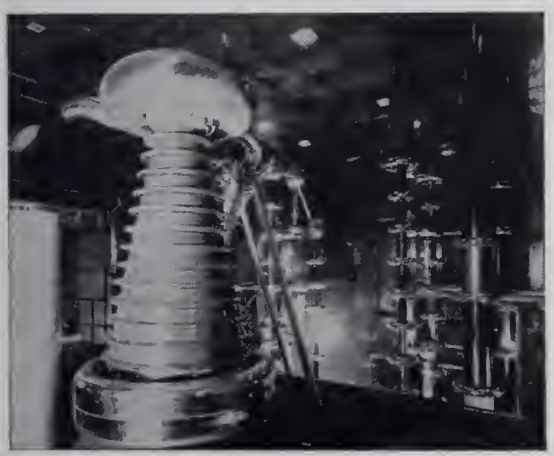
Located on beautiful Lake St. Croix, eighteen miles from the Twin Cities, it has the advantages of both City and Country. Every facility for treatment provided, including recreational activities and occupational-therapy under trained personnel. Milk, cream and butter from our own herd of Tuberculin-tested Registered Guernsey Cows. Inspection and co-operation by reputable physicians invited. Rates very reasonable. Illustrated folder on request.

CONSULTING NEURO-PSYCHIATRISTS
Hewitt B. Hannah, M. D.
Joel C. Hultkrans, M. D.
511 Medical Arts Building
Minneapolis, Minnesota
Tel. MAin 4672

RESIDENT PHYSICIAN
Howard J. Laney, M. D.
Prescott, Wisconsin
Tel. 39

SUPERINTENDENT
Ella M. Mackie
Prescott, Wisconsin
Tel. 69

# Radiation Therapy Institute



Upper End of Tube and Million Volt Generator

of Saint Paul

## CHARLES T. MILLER HOSPITAL

Facilities for Radium and Roentgen Therapy, Including 1,200,000 Volt Constant Potential Installation of Most Advanced Design.

*You are cordially invited to visit the Radiation Therapy Institute and inspect its facilities.*

Edward Schons, M.D., *Director* J. P. Medelman, M.D., *Associate Director*

# Carrel's immortal chicken-tissue serves research at Lederle Laboratories—

It was in 1912 that DR. ALEXIS CARREL put this bit of chick embryo heart into a nutrient and made it grow. Every 48 hours since then it has doubled. If it had been feasible to multiply the tissues to their greatest possible extent, today their mass would be bigger than the solar system. When DR. CARREL retired, the strain was brought to Lederle, where it lives on in the right environment. Here cultures from it serve as standards for studying the growth of certain viruses. And it is a useful tool for measuring antiseptic values. Indeed research has put immortality to work!

Tissue culture has become a productive art and the control of 65 virus diseases of man or beast is a proper task for research in the world's largest immunological establishment. Four buildings (out of 67) are devoted to viruses—the two largest are used entirely for research.

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.

# *New Lightweight Prenatal Supports*

For the thin type of build. The side lacing adjustment assists in steadying the pelvis and provides a smooth back.

For the intermediate type of build. Exceptional support is given to the pelvis by the Camp back lacing adjustment.

SOME physicians consider favorably a less rigid support for the prenatal patient. Lightweight garments, that furnish good support, prove equally popular with patients. Therefore, acceptable to both doctor and patient are these new light supports just introduced by S. H. Camp & Co.

These garments provide excellent support for the abdomen and back. We believe that physicians will find these supports of assistance in the management of those prenatal patients who need support and yet who, through nervousness or unfamiliarity with supports, show resentment in the wearing of them.

CAMP TRADE MARK Supports

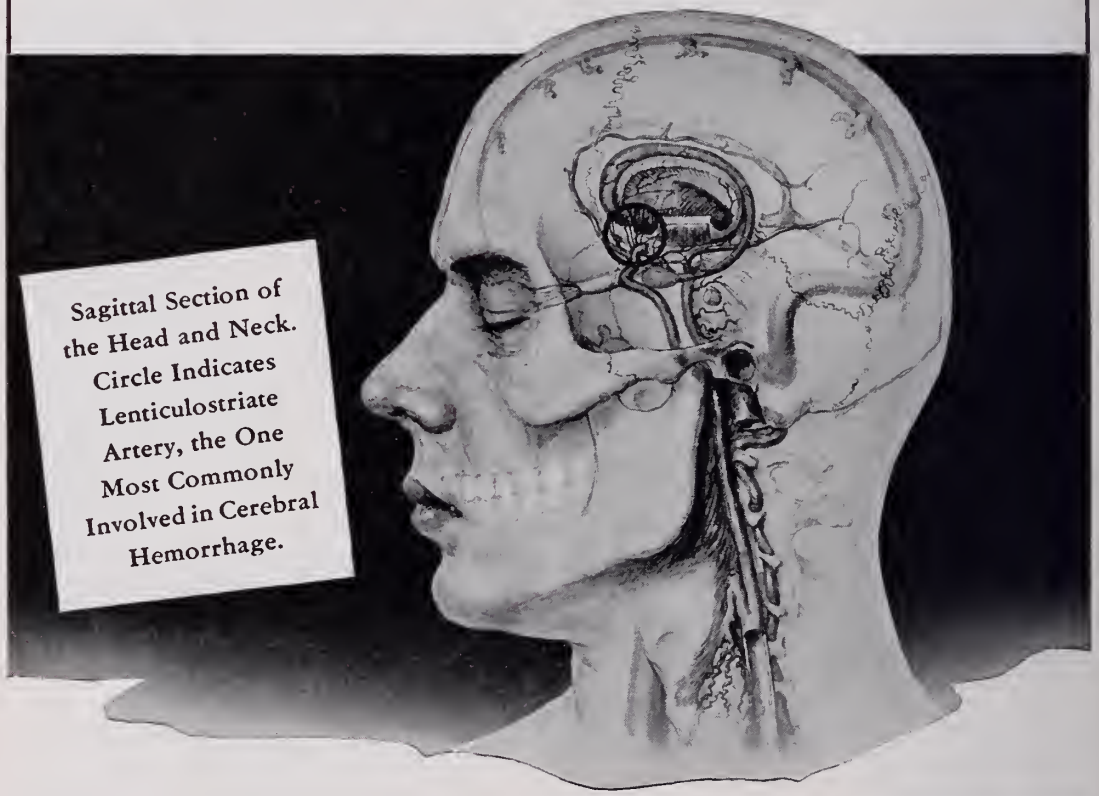
S. H. Camp & Company, Jackson, Michigan
*World's largest manufacturers of scientific supports*

Offices in: New York; Chicago, Merchandise Mart; Windsor, Ontario; London, England
Prescribe Journal-advertised products and you prescribe the best.

# *Erythrol Tetranitrate Merck*

## FOR ARTERIAL SEDATION IN HIGH BLOOD PRESSURE

*Action Begins in about 15 Minutes After Administration . . . Persists for 3 to 4 hours*



Sagittal Section of the Head and Neck. Circle Indicates Lenticulostriate Artery, the One Most Commonly Involved in Cerebral Hemorrhage.

THE management of hypertension includes mild and long continued arterial sedation. For this important purpose, sustained vasodilatation may be obtained with ERYTHROL TETRANITRATE MERCK by careful adjustment of dosage in the individual case. It is also reported of value in angina pectoris and especially for the prophylaxis of anginal pain.

**ERYTHROL TETRANITRATE MERCK**
(Erythrityl Tetranitrate)

For Prolonged Vasodilatation in Hypertension

COUNCIL ON PHARMACY AND CHEMISTRY ACCEPTED

**MERCK & CO. Inc.** *Manufacturing Chemists* **RAHWAY, N. J.**

## KREMERS-URBAN CO.

**141 West Vine St.**
**MILWAUKEE, WIS.**

### Offers Preparations For Parenteral Medication

Liver Solution U. S. P.

Bismuth Subsalicylate N. F.

Dextrose 50% N. F.

Post Pituitary Solution U. S. P.

Ephedrine Sulfate N. F.

Procaine Hcl. N. F.

## Cook County Graduate School of Medicine

**(IN AFFILIATION WITH COOK COUNTY HOSPITAL)**
Incorporated not for profit

*Announces Continuous Courses*

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue, starting every two weeks. General Courses One, Two, Three and Six Months; Clinical Courses; Special Courses. Rectal Surgery every week.

MEDICINE—Two Weeks Intensive Course in Internal Medicine and Two Weeks Course in Gastro-Enterology will be offered twice during the year 1942, dates to be announced. One Month Course in Electrocardiography and Heart Disease every month, except December.

FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course will be offered four times during the year 1942, dates to be announced. Informal Course available every week.

GYNECOLOGY—Two Weeks Intensive Course will be offered four times during the year 1942, dates to be announced. Twenty Hour Personal Course in Vaginal Approach to Pelvic Surgery November 3rd. Clinical and Diagnostic Courses every week.

OBSTETRICS—Two Weeks Intensive Course will be offered twice during the year 1942, dates to be announced. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Intensive Course will be offered twice during the year 1942, dates to be announced. Clinical and Special Courses starting every week.

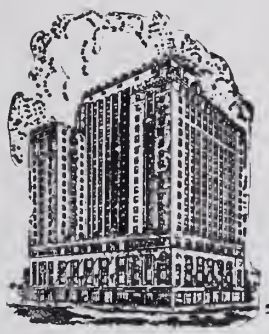
OPHTHALMOLOGY—Two Weeks Intensive Course will be offered twice during the year 1942, dates to be announced. Informal Course every week.

ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

Teaching Faculty—Attending Staff of Cook County Hospital

**Address: Registrar, 427 South Honore Street, Chicago, Illinois**



## Your Visit to Milwaukee

Is Made More Enjoyable by Stopping at the SCHROEDER

*Metropolitan atmosphere . . .*
*Cocktail Lounge and Circular Bar*
*Coffee Shop with popular prices*

•

The Beautiful EMPIRE Dining Room

**Music and Dancing—At Lunch, Dinner, After Theatre**

**Music By America's Leading Bands**
**Air Conditioned**

## HOTEL SCHROEDER

MILWAUKEE
**WALTER SCHROEDER, President**

Prescribe Journal-advertised products and you prescribe the best.

# *Why* MEAD JOHNSON & COMPANY COOPERATES WITH THE COUNCIL

VOLUNTARILY, we market only Council-Accepted products because we have faith in the principles for which the Council on Pharmacy and Chemistry (and the Council on Foods) stand.

We have witnessed the three decades during which the Council has brought order out of chaos in the pharmaceutical field. For over thirty years it has stood—alone and unafraid—between the medical profession and unprincipled makers of proprietary preparations.

The Council verifies the composition and analysis of products, and substantiates the claims of manufacturers. By standardizing nomenclature and disapproving therapeutically suggestive trade names, it discourages shotgun therapy and self-medication. It is the only body representing the medical profession that checks inaccurate and unwarranted claims on circulars and advertising as well as on packages and labels.

The Council, through N. N. R. and in other ways, augments the work of the U. S. Pharmacopoeia, testing and evaluating scores of new products which appear during the 10-year interim between Pharmacopoeial revisions.

We are conscious of the fact that the Council has at times been criticized both in and out of the medical profession. We hold no brief for perfection in any human agency. But we subscribe to the fact that the work of the Council is sound in principle; and in this high-pressure day and age, we shudder to think of a return to the unrestrained patent-medicine-quack-nostrum conditions of three decades ago, when there was chaos instead of Council.

MEAD PRODUCTS, COUNCIL-ON-PHARMACY ACCEPTED:

Mead's Oleum Percomorphum (liquid and capsules); Mead's Cod Liver Oil Fortified With Percomorph Liver Oil; Mead's Viosterol in Halibut Liver Oil (liquid and capsules); Mead's Cod Liver Oil With Viosterol; Mead's Viosterol in Oil; Mead's Standardized Cod Liver Oil; Mead's Halibut Liver Oil; Mead's Mineral Oil With Malt Syrup; Mead's Ascorbic (Cevitamic) Acid Tablets; Mead's Thiamine Hydrochloride (Thiamin Chloride) Tablets; Mead's Nicotinic Acid Tablets; Mead's Menadione in Oil.

•

MEAD PRODUCTS, COUNCIL-ON-FOODS ACCEPTED:

Dextri-Maltose Nos. 1, 2, & 3; Mead's Dextri-Maltose With Extracts of Wheat Embryo and Yeast (formerly Dextri-Maltose With Vitamin B); Pablum; Mead's Cereal; Mead's Brewers Yeast (powder and tablets); Mead's Powdered Protein Milk; Mead's Powdered Lactic Acid Milk Nos. 1 and 2; Alacta; Casec; Sobee; Olac; Mead's Pectin-Agar in Dextri-Maltose.

ALL MEAD PRODUCTS ARE COUNCIL-ACCEPTED

"WE ARE KEEPING THE FAITH" SPERVAMIN MEAD'S DIDEX MEAD JOHNSON & CO.

**MEAD JOHNSON & COMPANY**
**EVANSVILLE, IND., U.S.A.**

The undernourished, underweight individual, whether man, woman or child, requires special dietetic attention. COCOMALT, three times daily in milk, when extra calories and additional food essentials are needed, is often recommended by the profession. As a between-meal feeding, it has also proven of value.

Recent studies[1] show that in groups of both children and aged the addition of COCOMALT to the diet in regular amounts resulted in substantial weight gains and improved blood picture. Further mentions are made by medical commentators[2] with inclusion of COCOMALT in successful diet lists for thin patients.

The vitamin-mineral character of this malted food drink supplies important nutrients in diets for all ages. COCOMALT also provides a drink whose taste appeal acts as an incentive to drink more milk.

**Cocomalt**

. . . for both normal and therapeutic diets . . . contains calcium, phosphorus, iron . . . Vitamins A, $B_1$, D . . . Quick energy and body building nutrients.

**COCOMALT**
***Enriched Food Drink for All Ages***
**R. B. DAVIS COMPANY • Hoboken, N. J.**

[1] Arch. of Ped.—56:Nov. 1939
Medical Rec.—Aug. 21, 1940

[2] Medical Rec.—150:1:1939:Arch. of Ped.—57:488 (July) 1940

*86¢ out of each $1.00 gross income used for members benefit*

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness

INSURANCE

For ethical practitioners exclusively
(56,000 Policies in Force)

| | |
|---|---|
| LIBERAL HOSPITAL EXPENSE COVERAGE | For $10.00 per year |
| $5,000.00 ACCIDENTAL DEATH<br>$25.00 weekly indemnity, accident and sickness | For $32.00 per year |
| $10,000.00 ACCIDENTAL DEATH<br>$50.00 weekly indemnity, accident and sickness | For $64.00 per year |
| $15,000.00 ACCIDENTAL DEATH<br>$75.00 weekly indemnity, accident and sickness | For $96.00 per year |

*39 years under the same management*

$ 2,000,000 INVESTED ASSETS
$10,000,000 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

*Send for applications, Doctor, to*

400 First National Bank Bldg. Omaha, Nebraska

# Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO, ILL.
Telephones: Central 2268–2269
Wm. L. Brown, M.D., Director

# FOR ANGIOSCOTOMETRY

*USE THE*

## STEREO CAMPIMETER

*BY AMERICAN*

PATENTED

The study of central visual fields, including Angioscotometry, one of the most recent clinical developments, can be carried out under ideal conditions with the Lloyd Stereo Campimeter by American The requirements of steady fixation, stereoscopically maintained; accommodative compensation, by virtue of the collimating lens, and equalized illumination of the test field, are fulfilled as in no other instrument of its type. The AO Lloyd Stereo Campimeter is only one of the many outstanding ophthalmic instruments being produced by American Optical Company and Spencer Lens Company, its Scientific Instrument Division.

BY AMERICAN OPTICAL COMPANY

# The antiseptic with the sedative effect

Nothing can bring more peace of mind to the careful surgeon than the knowledge that every possible precaution has been taken to protect his patients against postoperative infection. The agent he uses for skin disinfection can be, almost literally, a sedative for him if he is *certain* that it is fully dependable. When he uses Tincture Metaphen, this certainty is his. In a recent test on the oral mucosa,* Tincture Metaphen 1:200 was found to reduce bacterial count 95 to 100% within five minutes; to cause only slight irritation in some cases, none in the others; and to have in substantial excess over any other antiseptic tested, a duration of action of approximately two hours. Tincture Metaphen is a tinted alcohol-acetone-aqueous solution of Metaphen 1:200 and is available through prescription pharmacies everywhere in 1-ounce, 4-ounce, 16-ounce and 1-gallon bottles. ABBOTT LABORATORIES, North Chicago, Illinois.

**Meyer, E., and Arnold, L. (1938), Amer. J. Digest. Dis., 5:418*

**Tincture**

**Metaphen**

REG. U.S. PAT. OFF.

[ *Tincture of 4-nitro-anhydro-hydroxy-mercury-orthocresol, Abbott* ]

Optical science and higher education have brought continuously increasing demands for greater efficiency in prescription grinding.

In addition to complete and modern equipment plus the accumulated knowledge of forty years' experience, is the spirit of progress that has always upheld the ideals of The Milwaukee Optical Manufacturing Company.

Our supreme desire to excel is your assurance of accuracy.

**THE MILWAUKEE OPTICAL MFG. CO.**

208 EAST WISCONSIN AVE.

MILWAUKEE, WISCONSIN

**SHOREWOOD**

**HOSPITAL • SANITARIUM**

2316 E. Edgewood Avenue — MILWAUKEE, WISCONSIN — Phone: EDgewood 0900

*For Nervous Disorders*

A fifty bed hospital and sanitarium. Separate buildings for neurotic and psychotic cases.

*Illustrated booklet sent on request.*

WM. H. STUDLEY, *M.D.*
*Medical Director*
JACK L. KINSEY, *M.D.*
HERBERT W. POWERS, *M.D.*

ESTABLISHED 1898

THE WISCONSIN MEDICAL JOURNAL

VOLUME 40, NO. 10 Copyright, 1941, by The State Medical Society of Wisconsin OCTOBER, 1941

# A Century of Progress in Wisconsin Medicine*

By GUNNAR GUNDERSEN, M. D.
*La Crosse*

ON THE occasion of the Centennial Anniversary of the State Medical Society of Wisconsin, it seems appropriate to review some of the important events in the history of our Society during the 100 years just past. In reviewing the record of accomplishments, time does not permit of going into detail on the innumerable events of importance to the profession of our state and its citizens so I shall address myself to the task of pointing out only a few of the high lights during a century of progress, endeavor to appraise the significance of these events in order to bring matters down to date, and thereby be in a position, if possible, to envision what the future may hold.

In 1841, seven years before Wisconsin achieved statehood, "The Medical Society of the Territory of Wisconsin" was granted a charter by the Territorial Legislature. The organization was later continued as "The Medical Society of the State of Wisconsin." Our Society is unique in respect to its charter being an integral part of the constitution of our state. Then, as now, ethics were a matter of prominent concern and already in 1850 the Society approved the "Code of Ethics" report to the national medical convention of 1847.

## Vital Statistics

In 1852, the vital statistics law was enacted and the enforcement placed under the control of the Secretary of State. This public health bookkeeping suffered from lack of enforcement until 1904 when the legislature transferred the vital statistics to the State Board of Health and made a special appropriation. Indicative of how badly or ineffectively the statistics were kept when those duties devolved upon the Secretary of State is illustrated by a statement by Dr. Griffin of Fond du Lac. On June 27 and 28, 1876, at the first meeting of the Board of Health which was created by legislative action on March 31, 1876, Dr. Griffin was elected president. Relative to vital statistics of that time he summarized as follows:

"The Secretary of State's report for 1875 (twenty-three years after the law enactment) shows the population of Dane County as 52,798 and the number of marriages as 378. There is neither a birth nor a death in the County of Dane. Wonderful people of Dane! Where nobody is born and nobody dies! And with Dane so with Dodge with its population of 48,394, Kenosha, and other counties."

## Public Institutions

In 1856, the Society drew a memorial, addressed to the legislature, asking for the erection of a hospital for the insane. A bill subsequently was passed and construction of the hospital was begun.

The years 1858 to 1867 were years of relative inactivity, and, according to the transactions of 1867, very little interest was taken in the Society. From 1858 to 1861 there appeared to be total lethargy; from 1861 to 1867 the Civil War occupied the thought, time, and efforts of the profession. During this latter period, also, the society disintegrated somewhat and reorganization was effected on July 23, 1867, when a meeting was called for that purpose by the vice-president, Dr. H. A. Youmans, "in the absence of the former president who lost his life in the War."

* Presidential Address. Presented at the Centennial Anniversary Meeting of the State Medical Society of Wisconsin, Madison, September, 1941.

### Medical Education

From a standpoint of medical education it is noteworthy that one of the first tasks undertaken by the rejuvenated Society was on behalf of legalizing dissection in Wisconsin. At about the same time (1868) discussion was had relative to the establishment of a medical school within the state under a law creating the University, such school to be placed in "Milwaukee or elsewhere," and "because of the need for more and better educated physicians" a resolution to this effect was adopted.

### University of Wisconsin Medical School, 1886-1888

In 1886, the effort was initiated which resulted two years later in the establishment of the premedical course at our State University. This year a committee was appointed to confer with the regents of the University of Wisconsin in regard to establishing a course in preliminary medical study at the University—"it to be understood that it is not a medical department in any sense of the word." The following year the committee made its report that it had requested the regents to issue circulars to prospective medical students setting forth the benefits offered by this preparatory work at the University; suggestions for work to be included in the course were also listed. Finally, in 1888, the committee reported that with the help of the regents a four-year course had been mapped out although two years' time might be spent in the school which would result in receiving only a certificate showing attendance. Such certificate, however, would be accepted in some of the large medical colleges as a credential equivalent to one year's work there. The subsequent growth and development of the Medical School of the University of Wisconsin is of relatively recent history and will not be recounted. Suffice it to say that, following the idea initiated by this Society, the school has grown into the splendid institution of research, of teaching, and of healing which we know today. As physicians and sons of Wisconsin we take pride in its accomplishments for truly it is a university in the broadest sense of the word. Its influence is felt not only intramurally by the students in attendance upon the campus, but literally the extreme borders of the state define the campus of the University for the results of the teaching and the influence of its staff reach to the farthest boundaries of our state. The inauguration of the preceptorial system of teaching under the late Dean Bardeen, ably assisted by Dr. Joseph F. Evans, is the surest safeguard, in my opinion, for the growth and continuation of the ideals of the University Medical School as an institution of service to the citizenry of Wisconsin.

### Tuberculosis

The year 1882 stands as a landmark in the annals of medicine since Dr. Robert Koch announced his discovery of the Bacillus tuberculosis and established its communicability. Already the following year the State Medical Society at its annual meeting adopted a resolution favoring the separation of phthisical members of a family as much as possible from the rest of the members since the infectious character of tuberculosis was becoming known. The resolution furthermore carried with it a recommendation that the State Board of Health take steps to have such persons separated from intimate contact with the well in public institutions.

So was started the program for the ultimate control and eradication of tuberculosis which after the turn of the present century saw the creation, in 1901, of a committee of three appointed by the Governor to make a study of tuberculosis and report to the 1903 legislature. This report resulted in the creation of the Wisconsin Tuberculosis Commission composed of five members, which in turn recommended to the 1905 legislature provisions for a state tuberculosis sanatorium. The present state-wide sanatorium facilities developed shortly thereafter. Everyone knows the record of the control of tuberculosis and the annually falling death rate. The steady decline in the number of deaths from tuberculosis is an eloquent tribute to the educational program and the splendid facilities available for the care of the unfortunate ones afflicted with this illness. The organized profession of our state

can take justifiable pride in this brilliant record of accomplishment in the public interest.

### 1892—A Cabinet Public Health Officer

At the meeting of the society, in 1892, the secretary was instructed to draw up and present a memorial petitioning Congress to pass the bill at that time before it which would provide for the appointment of a public health officer to be a member of the cabinet.This same bill had the endorsement of the American Medical Association. Nothing came of it as is evidenced by the fact that the first plank in the eight-point platform of the American Medical Association adopted only a few years ago (forty-seven years later) recommends the "establishment of an agency of the Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government exclusive of those of the Army and Navy." If the health and well-being of the citizens of this state and nation are of first importance, then surely the chief health officer of the nation is worthy of cabinet rank and his department deserving of independent standing.

### 1909—Journal

Prior to 1909 *The Wisconsin Medical Journal* was published as the result of private initiative. In this year a resolution containing an offer to sell *The Journal* to the State Medical Society at very reasonable terms was given consideration. At a meeting of the Council in Milwaukee, on December 4, 1909, the offer to sell was accepted and from that time the publication was published by the Society itself, serving the organization primarily as a vehicle of information for its membership. It also has due regard for timely articles of scientific merit. *The Journal* undoubtedly could be entirely self-supporting were it not for the fact that diligent care is continually being exercised relative to the type of material acceptable for its advertising columns. That our publication has achieved a high place among comparable state medical journals is a tribute to the unselfish, conscientious, and devoted men who have given unstintingly of their time and effort during the thirty-two years of its existence as our official publication.

### Social Changes

Of recent years organized medicine in Wisconsin as elsewhere has been vitally concerned with movements which would seek to change the method of delivery of medical service. In checking into the record, we find that already twenty-five years ago, in 1916, the president of the State Medical Society appointed a committee on social insurance to investigate and study the problems of social insurance and compulsory insurance. This is the first evidence your recorder can find of medicine officially taking cognizance of this problem which since the work and report of the President's Committee on the Cost of Medical Care has occupied so much time and attention of the body politic. That the matter was permitted to rest can in all probability be attributed to the world crisis which existed then and the subsequent confusion of the immediate post-war period and the lush prosperity of the twenties. What has transpired in this field during the last twelve years is unnecessary to repeat.

Now, in 1941, during the present emergency, when everyone's thoughts and efforts are directed along the lines of national defense, we are again recapturing some of the experiences of the first World War. By action of the Society in 1917, the dues to the State Medical Society of all medical men then members who were in the field of war activity were paid by the respective county societies. To be sure there was considerable difference in the amount of dues then and now ($2–$25), but the same spirit of helpfulness prevailed as it should in a body of men dedicated to the science and art of healing. Then, as now, the organized profession of medicine immediately volunteered its services in the interest of our country without thought of remuneration.

### Basic Science

Protection of the public in matters of health has ever been the watchword of the medical profession. No greater forward step

in the illustrious record of health achievements in Wisconsin has been made than the enactment of the basic science measure. The purpose of the act is familiar to all. That those who would presume to treat the sick should be possessed of a modicum of knowledge in the sciences basic to this work goes without saying. That the measure failed at passage when first introduced in 1923 is no surprise. Then, as so often in its history, Wisconsin was pioneering in an uncharted wilderness of social experimentation. That, when reintroduced two years later, in 1925, enactment of the basic science measure became an established fact has ever been a source of satisfaction to every thinking person.

Wisconsin was the first state to enact a measure which was to become a pattern for similar laws in practically every state in the Union. That the law has successfully withstood assault by cults and groups which would tear down a vital force in the public health protection of our citizens is a credit to the watchfulness of an intelligent and independent electorate. At no time in the history of our state has the medical profession erected a barrier of any character which might stand in the way of the appropriate use of any medical discovery of proved benefit to a sick person or the public health. On the contrary, your actions have prevented that very thing from happening. In addition you have promoted progress under the influence of such restraints and guidance as make progress safe.

It is not my purpose here to review the developments and achievements of your Society during the immediate past. These are fresh in the memory of all of us, and their proper place in relationship to the whole picture can better be judged objectively by a future recorder and from a more detached point of view.

## Conclusion

One hundred years of progress present an inspiring panorama. Only a few of the high points in this panorama have you been shown in this brief survey. The State Medical Society of Wisconsin has attained the dignity of age as it has grown from a small but enthusiastic group of founders in 1841 to its present stature speaking officially for some 3,000 physicians of our state.

Many things pass in review—the evolution of science, the romance of the physician as he progresses from empiricism to scientific controls, from the saddle bags to the horse and buggy, from the automobile to the airplane, the triumphs of optimism, the insistence of the highest possible qualification of the doctor of medicine—all stimulate speculation as one meditates as to whether the century ahead can be as remarkable as the century just past.

Over the radio and in the daily press are broadcast sensational revelations which the public is trying to understand, and if we would keep step with a public which is ever more alert and which is placing ever more demands on the physician, it behooves us all to keep alive to this unfolding medical and surgical drama. The founding fathers of 1841 were just as up-to-date in their day as we are 100 years later as we view with amazement new discoveries which may completely change our conception of medical practice.

The economic and political stress of the present may be quite as acute as that of any period during our history but it is not new. Seventy years ago the profession of Wisconsin was confronted with trials and tribulations as great as it has ever experienced. In the annual president's address before our Society on June 22, 1871, Dr. H. B. Strong concluded with a statement which rings so true it may well be commended to the profession today:

"Medicine is, at present, in the midst of one of these transitions," declared Dr. Strong, "and I would have you act honestly and intelligently. The skillful climber holds fast to the present support until he has made sure of his grasp upon the round above, and we, if we would come out of the present transition period of medical practice, at a point above that of our entrance or actual position, must resist the tendency to dishonesty and to extreme views—taking a maxim from a book of the highest authority

'prove all things; hold fast that which is good.'

"The danger in transition periods lies in the tendency of the human mind to oscillate to extremes. Tired with familiar exercises and results, captivated by novelties, intoxicated by the inspirations of hope, we rush forward to positions which sober experience proves to be untenable, and in disheartening retreat, lose spirit and courage, as well as the actual fruits we might have secured by more patient and conservative labor. The great problem at such times, should be the fusion or amalgamation of the great elements of all existence, stability and progress —the great desideratum, fidelity to our inheritances from the past, and a cordial welcome to the invitations of the future."

### As to the Future

What could be more appropriate at this period of our growth than to rededicate ourselves and our Society to the proposition of a life of service to our fellow citizens, and during the century ahead join with our state under its banner and slogan "Forward."

# Use of Venesection in the Treatment of Erythremia*

By ARTHUR ANDREWS HOLBROOK, M. D.†
*Milwaukee*

POLYCYTHEMIA means a high red blood cell count. If the cause is known the condition is called secondary polycythemia or erythrocytosis. If the cause is not known the disease is named primary (true) polycythemia or erythremia.

### Erythrocytosis

The common physiologic denominator of a number of well known causes of erythrocytosis is faulty aeration of the blood. This decisive feature is present in many cases of congenital heart disease, mitral stenosis, pulmonary arteriosclerosis, Ayerza's disease, chronic pulmonary fibrosis, emphysema and more unusual pulmonary conditions, such as cavernous hemangioma.[1] The polycythemia incident to living at high altitudes is classified as of this type.

Erythorocytosis is not uncommonly found in cases of hyperthyroidism and of catarrhal jaundice. The etiologic mechanisms in these cases are not clearly understood. High red blood cell counts are also associated with the toxic effects of certain chemicals (analine dye derivatives[2] and cobalt[3]), drugs (histamine) and some snake venoms.[4]

### Erythremia

That the cause of erythremia is still obscure is evidenced by the numerous theories. In 1923, Minot and Buckman[5] expressed the opinion that the origin of this disease is a malignant neoplasm of the hemopoietic tissue comparable to that seen in association with chronic myelogenous leukemia. Schulhof and Matthies[6] based experimental work on the clinical observation that polycythemia may accompany epidemic encephalitis and demonstrated on rabbits that lesions produced in the proximad vegetative centers were followed by increases in the red cell counts. This subject of cerebral conditions accounting for polycythemia was later well discussed by Moehlig and Bates,[7] who also reviewed the literature dealing with the influence of the pituitary gland on the formation of erythrocytes. They contributed clinical observations and experimental data to support the embryohormonic theory of the relation between the pituitary gland and mesodermal (erythropoietic) tissue. Morris[8] and Hitzenberger[9] have suggested that polycythemia may be due to hypersecretion of the X factor of Castle. Major,[10] however, was unable to confirm Morris' contention that giving the intrinsic factor to patients with erythremia produces a reticulocytic response. The theory that cholesterol is an antihemolytic principle and that hypercholesteremia might therefore prolong the life of the red cells and produce polycythemia was investigated by Boyd,[11] who found no relation between the neutral fat or any cholesterol fraction of the plasma and the red cell level.

In reviewing the possible causes of polycythemia vera, the factor of inheritance must be recognized. Spodara and Forkner[12] in 1933 reported an instance in which polycythemia with splenomegaly was a familial trait and cited 6 others in the literature. Nadler and Cohn[13] in 1939 described 4 cases of erythremia in a family of eleven.

A significant contribution to the solution of this etiologic problem has been made by Reznikoff and Foot,[14] who have demonstrated in the bone marrow of patients with erythremia a subintimal and adventitial fibrosis of the arteries and arterioles along

---

* Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

† I wish to express my gratitude to Miss Virginia Watson, technician in the Milwaukee County Dispensary laboratory, for the great amount of extra-duty work she contributed to this study.

with a thickening of the capillary walls. They submitted the idea that impaired local circulation of the marrow produces an anoxemia which initiates the overproduction of red cells. In a lecture last year, Reznikoff stated that "all workers agree that the increase of erythrocytes is due not to decreased destruction or prolonged longevity of the red blood cells but primarily to heightened production."

Since exact knowledge as to the cause of erythremia is lacking many methods of treatment are of course advocated. The simplest of these are dietary. A low iron intake supposedly reduces building material for red cells. Herzog and Kleiner[15] reported good results from diets poor in animal albumin. Further attempts to curtail the supply of elements necessary to the erythropoietic tissues and thus lower the production of red cells have been reflected in the recommendations of Morris[8] to remove the X factor of Castle by gastric lavage; of Hitzenberger[9] to accomplish the same end by resection of the pylorus, especially when a juxtapyloric ulcer is present, and of Andersen, Geill and Samuelsen[10] to suppress the intrinsic factor by roentgen treatment of the pylorus. The experiences of other investigators discredit the dietary conception. Major[10] gave liver extract to 3 patients and failed to find any specific effect whatever. Kraemer and Asher[17] employed biweekly lavages for three months, during which period the red cell count increased. Their conclusion implied that a prohibitive number of lavages would be necessary to obtain the desired results. Finally, Murphy[18] has used intramuscular injections of liver extract long enough in treating a small series of patients with polycythemia to convince him that this form of therapy is preferable to "any other" he has followed.

Working on the theory that anoxemia causes erythremia, Barach and McAlpin[19] treated 2 patients with constant inhalation of 50 per cent oxygen for over two weeks without affecting the red blood count.

Various measures have been used for depressing the bone marrow. Spray irradiation and local roentgen therapy to multiple parts of the skeleton in rotation have proved efficacious in experienced hands. Acetylphenylhydrazine and Fowler's solution are two poisons which depress erythropoiesis. The former hemolyzes red cells in relatively small doses, so that it is a double-edged weapon. Arsenic in large doses probably also destroys red blood cells, and roentgen rays too have a hemolytic effect. The production of myxedema by total thyroidectomy has been shown[20] to improve the condition of the blood in a patient with polycythemia vera, supposedly through depression of the marrow.

## Venesection

The origin of bloodletting as a therapeutic measure antedates the records of mankind. The following speculations have been submitted as to the way in which man's mind first hit on the idea of venesection. Dutton[21] suggested that prehistoric man may have been impressed by the observations that accidental hemorrhage relieved certain symptoms and that periodic bleeding was a natural phenomenon in women. According to Pliny,[22] the practice of venesection among the Egyptians originated in imitation of the hippopotamus, which was reputed

TABLE 1.—*Symptoms in the 10 Cases Reported**

| Case | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Headaches | ± | 0 | ± ± | ± | ± | 0 | ± | 0 | 0 | ± |
| Nervousness | ++ | +++ | ++ | +++ | ++ | +++ | ++ | ++ | 0 | + |
| Insomnia | + | +++ | + | ++ | + | ++ | 0 | 0 | 0 | 0 |
| Dizziness | ± | ± | + | ++ | + | 0 | ++ | 0 | 0 | 0 |
| Syncope | ± | 0 | ± | 0 | 0 | 0 | 0 | 0 | ± ± ± | ± ± ± |
| Weakness | ++ | ++ | ++ | +++ | + | 0 | ++ | ++ | 0 | 0 |
| Palpitation | ++ | ++ | 0 | + | ++ | 0 | 0 | 0 | 0 | + |
| Dyspnea | ++ | ++ | + | + | ++ | + | 0 | 0 | 0 | 0 |
| Perspiration | 0 | ++ | ++ | 0 | ++ | 0 | + | ++ | + | +++ |
| Warm feeling | +++ | 0 | 0 | 0 | +++ | 0 | +++ | ++ | 0 | +++ |
| Hot flashes | +++ | ++ | +++ | 0 | + | 0 | 0 | ± ± | 0 | + |
| Epistaxis | ± ± ± | ± | 0 | 0 | ± | 0 | 0 | 0 | 0 | 0 |
| Indigestion | 0 | + | 0 | +++ | 0 | 0 | ++ | 0 | 0 | + |
| Constipation | ± | 0 | 0 | + | 0 | 0 | ++ | ++ | + | + |
| Fullness in abdomen | +++ | + | 0 | + | ++ | 0 | ++ | + | ± | 0 |
| Pains in chest | ± ± | 0 | + | + | + | +++ | 0 | ± | 0 | 0 |
| Pains in abdomen | ± | + | ± ± | ++ | ++ | 0 | 0 | 0 | 0 | 0 |
| Pains in legs | ± | ± ± ± | ± ± | 0 | ± ± | ± ± ± | 0 | 0 | 0 | 0 |

* +, slight; ++, moderate; +++, severe; 0, absent; —, intermittent.

to scratch open a vein against the reeds when suffering from congestion. An Arabian historian[23] expressed the opinion that in earliest times some one suffering the symptoms of plethora had a nosebleed and after the loss of considerable blood felt greatly relieved. When the symptoms later returned he initiated the bleeding by scratching his nose and proved to himself and others that the hemorrhage was beneficial.

Among the early medical practices in this country phlebotomy held an important position. Our forefathers had themselves "blooded" periodically according to the signs of the zodiac even when they were in good health. The popular times of year for visiting bleeding shops, often marked with a pole with red and white spiral stripes representing blood and bandage respectively, were spring and fall. This habit was probably prompted by the advice handed down from the twelfth century in the "Regimen Sanitatis":

> Yet chiefly in September, April, May,
> Bleed freely, if you would prolong life's day.

Indiscriminate bloodletting finally ceased about 1830,[24] when the principles of clinical pathology and experimental physiology were recognized.

Relative to the treatment of polycythemia by venesection, it is interesting to note that Hippocrates and Celsus both insisted that bloodletting was proper only if the drawn blood was thick and dark. In the modern literature the paper in which Geisböck[25] described "polycythemia hypertonica" in 1905 is particularly interesting. He reported 1 case thoroughly, giving the details of the use of venesection and the results obtained. In 1933, Falconer[26] described the objective effects of bloodletting on the red cell status of 4 patients with polycythemia, on 1 of whom tapping was done ten times in five months, 4.5 liters being removed in all. In 1935, Ernst[27] pieced the picture together, showing the physiologic changes that follow venesection. There are the decline in blood viscosity, the hastening of circulation time in capillaries, the emptying of blood reservoirs, the constriction of certain blood channels—to mention a few effects. He explained the benefits derived from bleeding "red (plethoric) hypertonics" on the basis that thereby the circulation is so improved that the piled-up end products of metabolism can be eliminated. The paper of Reimann and Breuer[28] should be cited for their careful recording of 7 cases of erythremia successfully treated by systematic, repeated venesections and diets of low iron content. Two years later (1937) Stephens and Kaltreider[29] presented their results in treating 5 patients with polycythemia with periodic bloodlettings. They followed their patients' courses with determinations of the viscosity, hematocrit reading, red cell count, hemoglobin content, reticulocyte count and blood volume.

## Material

The material presented hereafter was derived from 10 cases of erythremia. The patients, all adults, were ambulatory throughout the study. Six worked steadily at their occupations and 2, intermittently; 1 had never been able to take a job because of epilepsy and the tenth had been handicapped by the effects of paraplegia. The diagnosis in 8 instances was based on the absence of any factor known to cause polycythemia, a red cell count of over 6,000,000 per cubic millimeter, a total blood volume in excess of normal and an increase in the red cell mass.[30] It was impossible to study the blood

TABLE 2.—*Significant Objective Findings in the 10 Cases**

| Case | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Sex and age | F. 54 | M. 49 | M. 22 | M. 52 | M. 23 | M. 71 | F. 53 | F. 53 | M. 24 | M. 22 |
| Ruddy complexion | ++ | 0 | 0 | 0 | + | ++ | +++ | +++ | + | + |
| Cyanotic tinge | + | 0 | 0 | + | ++ | + | ++ | ++ | 0 | + |
| Injected scleras | + | 0 | 0 | + | + | + | + | + | + | 0 |
| Eyeground hemorrhages | 0 | 0 | 0 | 0 | 0 | + | 0 | ++ | 0 | 0 |
| Engorged fundal veins | ++ | + | ++ | ++ | ++ | + | + | ++ | + | 0 |
| Increased redness of mucous membranes | + | + | 0 | ++ | + | + | + | ++ | + | ++ |
| Warm hands | ++ | 0 | + | 0 | 0 | 0 | 0 | + | 0 | 0 |
| Hypertension | 0 | 0 | 0 | 0 | 0 | +++ | ++ | +++ | 0 | 0 |
| Palpable liver | +++ | ++ | + | + | 0 | 0 | + | + | + | + |
| Palpable spleen | +++ | ++ | ++ | + | + | 0 | 0 | ++ | 0 | 0 |
| Highest red cell count | 9.2 M | 9.8 M | 9.0 M | 9.6 M | 6.9 M | 6.3 M | 6.7 M | 9.2 M | 6.4 M | 6.8 M |
| Date | Apr. '37 | Mar. '31 | Mar. '36 | June '38 | June '40 | Mar. '39 | Dec. '36 | Jan. '36 | Oct. '39 | Aug. '40 |
| Highest hemoglobin content | 120% | 95% | 95% | 91% | 120% | 125% | 105% | 122% | 113% | 113% |
| Date | Sep. '34 | Mar. '31 | May '31 | June '38 | July '39 | Oct. '37 | Jan. '37 | Jan. '36 | Oct. '39 | Feb. '40 |

* +, slight; ++, moderate; +++, marked; 0, absent.

volume of 2 of the women because of poor veins. However, both had particularly prominent confirmatory symptoms and signs, as can readily be seen in the accompanying tables. Of special note is the fact that the liver or spleen was palpated in all but 1 patient, patient 6, who had the Geisböck syndrome, in which, according to the original description, the liver and spleen may not be enlarged.

## Method

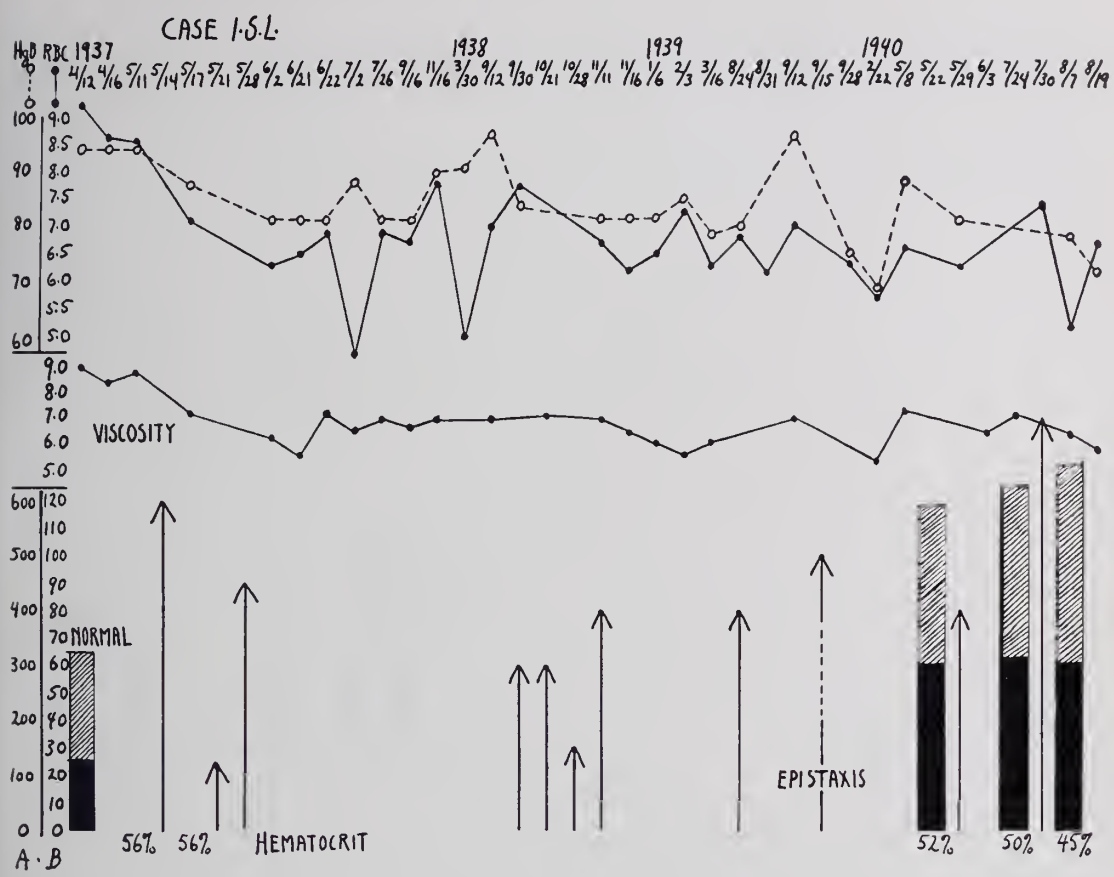
The red cell counts were made with a Levy–Hausser counting chamber. The Haden–Hausser type of hemoglobinometer was used, 15.4 Gm. of hemoglobin representing 100 per cent. Values for the blood viscosity were obtained with the Hess viscosimeter in the manner described in a previous paper.[31] Reticulocyte counts were made from preparations stained with brilliant cresyl blue according to the method of Osgood and Wilhelm,[32] 1,000 red cells being counted for each determination. For the hematocrit test a 15 cc. graduated tube was employed for centrifuging 10 cc. of blood rendered noncoagulable by 2 cc. of a 1.4 per cent sodium oxalate solution. Studies of the blood volume were done according to the colorimetric method of Rowntree, Brown and Roth as outlined by Haden.[30] At the suggestion of Haden,[33] the congo red was obtained from the National Aniline Chemical Company. This dye is designed for general histologic use and is labeled C1–#370. Triple-distilled water which had been autoclaved was used in preparing the congo red solution. This was always made up within 18 hours of the time the tests were to be done. As a final precaution just before injection, the solution was brought to a boil for one minute and then cooled in the refrigerator to body temperature. There was no reaction of any kind.

With only a few exceptions the venesections were made with the equipment shown in the accompanying illustration. The patient is reclining. After the blood pressure has been taken, the cuff is left in place so that during the letting a tourniquet effect can be maintained at a level just above that at which the diastolic pressure is taken. For

The venesection apparatus used in this study.

tough-skinned persons it was found advantageous to make a small nick in the skin with the point of a scalpel before inserting the needle. When the needle is well in the vein, the operator creates a partial vacuum in the first glass container by sucking on the outlet tube. Leaks are avoided by using well fitted rubber stoppers and a tight spring clamp for the opposite branch of the T tube. When the 250 cc. capacity is reached, the inlet branch tube to the first bottle is clamped off and suction is promptly begun in the second, its inlet having been unclamped. A third flask can then be introduced by substituting it for the first. While the third is being filled, a fourth can be exchanged for the second. Since the blood of patients with polycythemia is not as free flowing as normal blood and clotting in the needle and tubes is prone to occur, it is desirable to use needles no smaller than No. 15 bore and no longer than 1 inch. The rubber tubing should be as short as conveniently possible. An adapter between needle and tube nearly always impedes the flow of blood and is therefore undesirable.

This outfit is regularly used at the serum center of Columbia Hospital. The blood can thus be obtained under sterile conditions in flasks suitable for centrifuging. The serum of the blood taken in this way from the patients with polycythemia in this series was saved and pooled. In my opinion it is probably just as safe to use intravenously for patients as any collection taken from so-called normal subjects.




KEY TO CHARTS

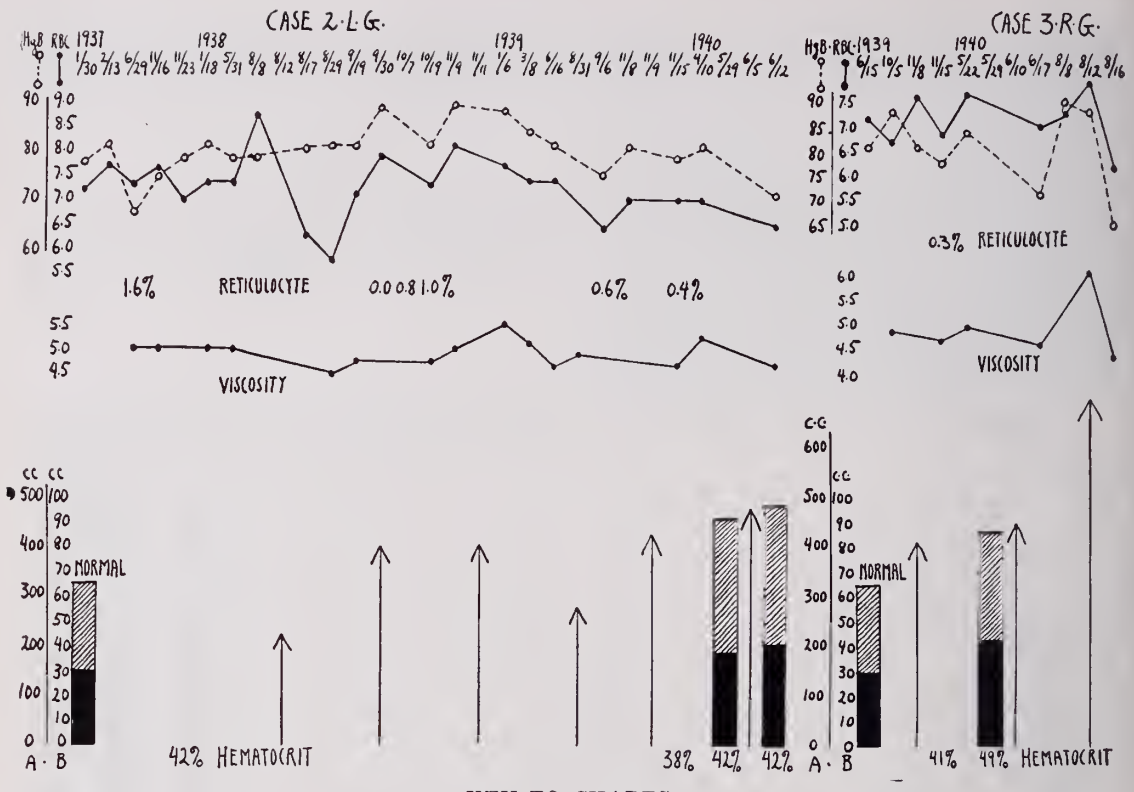
The red cell count (RBC) is designated in millions per cubic millimeter (8.5 is 8,500,000).
The hemoglobin content (Hgb) is recorded in percentage.
The values for viscosity express the degree of increase above that of water. Normal blood viscosity is 5.0 (Holbrook and Watson[31]).
The arrows indicate venesections, the amounts taken being read as cubic centimeters from the left hand scale *A*.
The columns, representing total blood volume, are calibrated against scale *B*, the figures of which denote cubic centimeters per kilogram of body weight.
The cross hatched fraction signifies total plasma volume; the solid portion, total red cell mass. For comparison, normal columns are given on the extreme left (figures according to Haden[30]).

## Report of Cases

Case 1.—During the last six years this patient's white blood cell count had risen from 15,000 per cubic millimeter to 65,000. In the differential count the polymorphonuclear cells were 85 per cent, of which 7 per cent were promyelocytes and myelocytes. The spleen was huge, extending into the pelvis and across the midline of the abdomen. The lower border of the liver could be felt below the level of the umbilicus; the upper border could be percussed at the fourth costal interspace anteriorly. In short, the clinical diagnosis was erythremia complicated by chronic myelogenous leukemia.

As indicated on the chart, ten venesections were performed within three years. In addition, there were numerous nosebleeds, the severest of which occurred on September 15, 1939, when she stood at the sink for the better part of a day "letting it run." Estimating her blood losses through epistaxis conservatively at 625 cc., she lost in all 4.5 liters. The red cell count fell from nearly 9,000,000 to below 7,000,000; the hemoglobin, from 95 per cent to around 75 per cent; the viscosity, from about 9 to between 6 and 7; and the hematocrit, from 56 per cent to 45 per cent. From the chart, one can see that these declines resulted from small downward trends following the bloodlettings. It is interesting that the total blood volume seemed to increase after venesection.

The subjective effects of venesection in this case may be briefly described. After the three treatments in May, 1937, the patient lost the constant and unpleasant sensation of increased body heat and hot flashes; the legs became stronger; she slept better




KEY TO CHARTS

The red cell count (RBC) is designated in millions per cubic millimeter (8.5 is 8,500,000).
The hemoglobin content (Hgb) is recorded in percentage.
The values for viscosity express the degree of increase above that of water. Normal blood viscosity is 5.0 (Holbrook and Watson[31]).
The arrows indicate venesections, the amounts taken being read as cubic centimeters from the left hand scale *A*.
The columns, representing total blood volume, are calibrated against scale *B*, the figures of which denote cubic centimeters per kilogram of body weight.
The cross hatched fraction signifies total plasma volume; the solid portion, total red cell mass. For comparison, normal columns are given on the extreme left (figures according to Haden[30]).

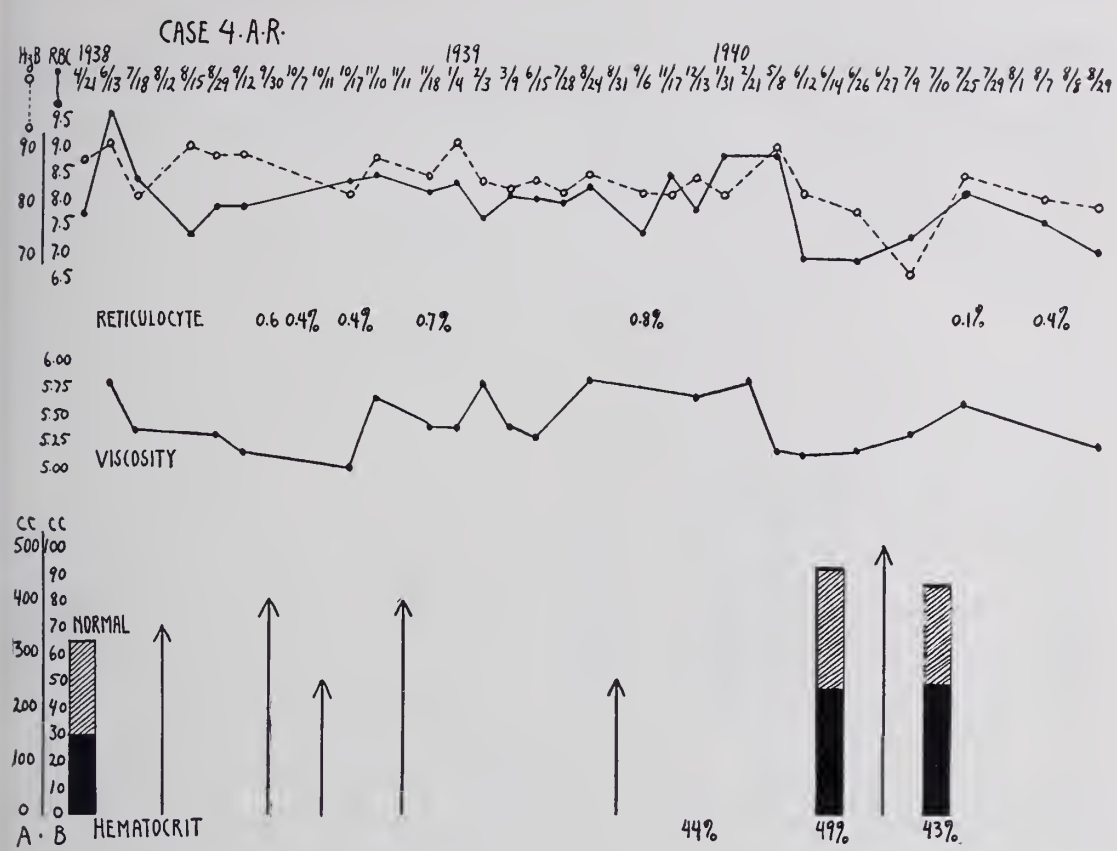
with less dreaming; her eyes did not feel so heavy; and she had more pep. This remission lasted about one year. The treatments in the fall of 1938 produced a "lighter feeling when walking," "a more natural feeling in general," and again more pep, fewer heat waves, and better sleep. She volunteered that her bowel function was improved and that she was no longer conscious of palpitation and breathlessness on exertion. These benefits she enjoyed for three months. In August, 1939, a venesection of 400 cc. "cleared the head" and made her "steadier on her feet." Benefit by way of "feeling relieved and lighter" was reported after the May, 1940, letting. However, no change for better or worse was noticed after 750 cc. were withdrawn on July 30, 1940.

Case 2.—Six venesections were done on this patient in two years, the total amount of blood taken being 2,200 cc. The red blood count was reduced about 1,000,000 cells; the hemoglobin, about 10 per cent; and the viscosity, about ½ a point. The hematocrit remained stationary.

The blood volume studies revealed the paradoxical rise after venesection. Reticulocyte counts after three lettings failed to show any noteworthy response.

After the various bleedings the patient volunteered such information is "my head is clearer"; "I have less abdominal fullness"; "I just feel better"; and "I have lost the palpitation and have less cramps in the legs." These beneficial effects would last usually for weeks instead of months.

Case 3.—This patient was bled three times within ten months to the total extent of 1,560 cc. The red cell count, hemoglobin percentage, and viscosity value of the blood fell, as can be seen in the chart. Seven days after the first venesection of 410 cc. the reticulocyte count was only 0.3 per cent. The other objective effects were also inconsequential. Still he said he felt much better, "rested better at night and was less nervous during the daytime"; "fatigue did not come on so easily"; the leg cramps and headaches disappeared. The improved condition




lasted five months. After the second treatment he noticed only greater ease in relaxing. After the third (700 cc.), there was no subjective improvement; in fact, he felt weaker than usual, especially in the legs. However, the red count, hemoglobin, and viscosity curves descended abruptly.

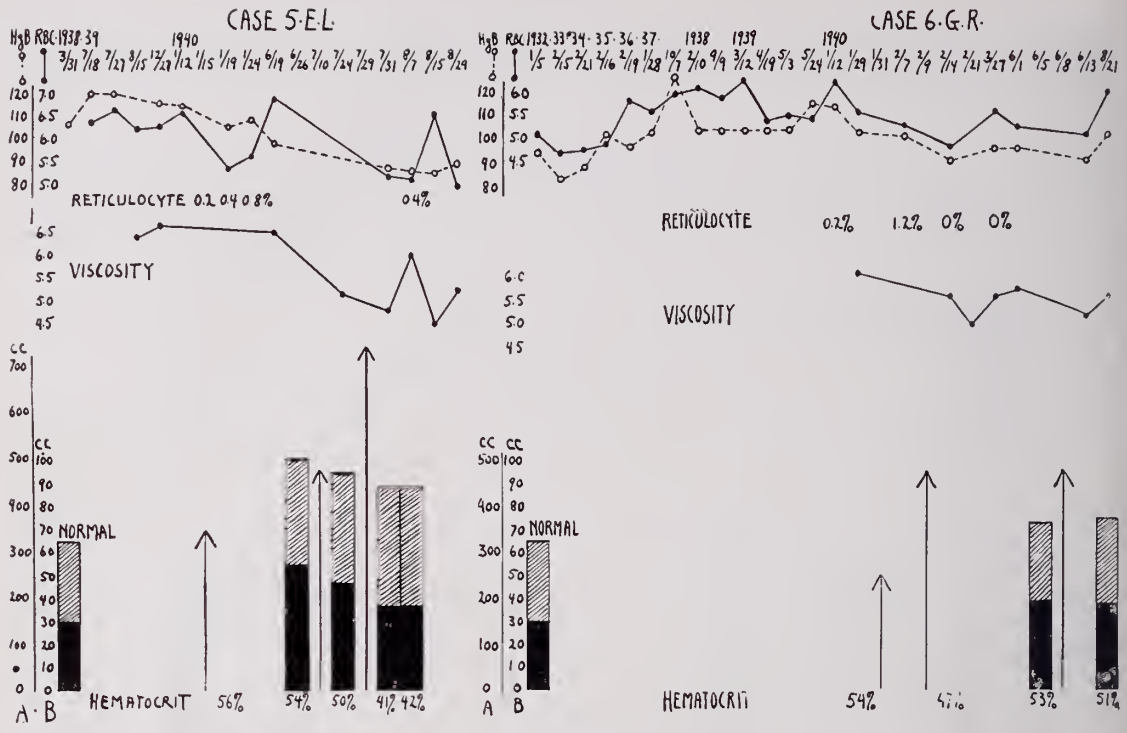
Case 4.—Over a period of three months in the fall of 1938, four venesections were performed, the average withdrawal being 350 cc. No sustained reduction in red cell counts, hemoglobin percentages, or viscosity readings was obtained. Reticulocyte counts remained low. Subjectively, however, the results were favorable after each treatment. He would say, "I feel better. There is less jerking in the abdomen. I am mentally more alert and ambitious. I have more pep."

In June, 1940, 500 cc. of blood were withdrawn with no particular effect as judged by the various tests, except that the hemoglobin percentage fell 12 points. Symptomatically, however, the patient slumped markedly. He felt so weak that he spent most of the time in bed, his digestion was poorer than ever, and he grew anxious and nervous. This exacerbation lasted a month.

Case 5.—This patient was bled three times in 1940,—350 cc., 480 cc., and 750 cc. being taken respectively. The effectiveness of this treatment from the laboratory point of view in improving the patient at least temporarily is well shown in the chart. Red count, hemoglobin, viscosity, hematocrit, and red cell mass values were all reduced to normal. Reduction in total blood volume, however, lagged characteristically. The abrupt increase in viscosity on August 7, 1940, may have been due to blood concentration through excessive sweating during the hot weather, but the red count should also have been elevated at that time instead of a week later. After the first and third venesections, no reticulocyte responses were discovered.

More relief from symptoms was enjoyed after the 350 cc. letting than after the other two. There was less pressure in the chest; he could breathe more easily; the general body heat seemed diminished; a sense of well-being came upon him. This lasted for several months. Following the second treatment, he noticed no difference for better or worse. The removal of 750 cc. of blood also produced little immediate benefit, though he did feel distinctly cooler which was pleasing to him. Two weeks later he began to feel better as a result of having new strength in general, less pressure in the chest, steadier nerves, the ability to relax, less perspiration, and continued lack of increased body heat.

Case 6.—From 1932 to 1935, the patient's red cell count and hemoglobin were normal, and the blood




KEY TO CHARTS

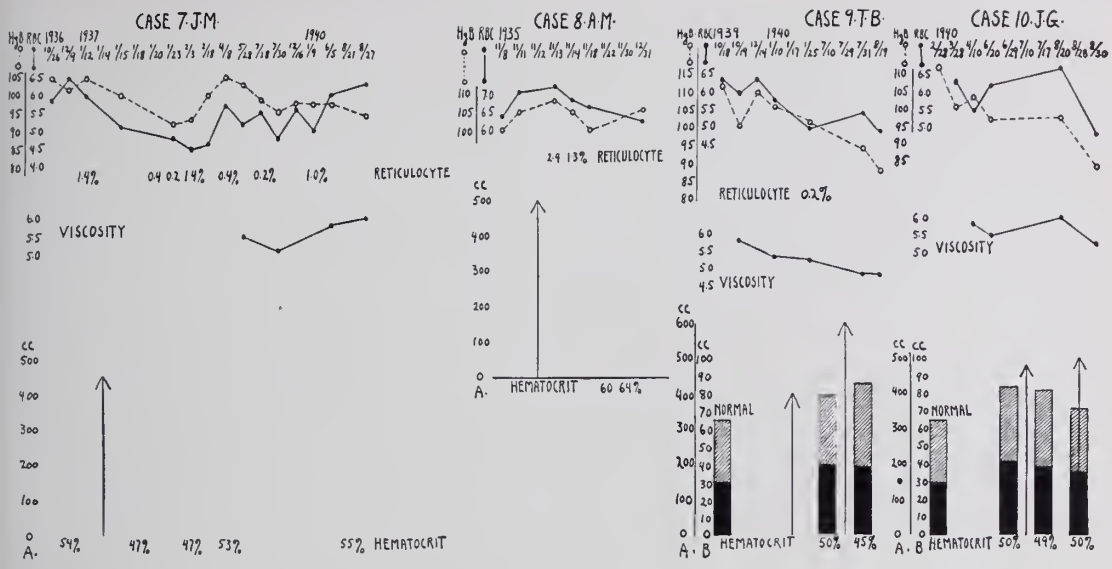
The red cell count (RBC) is designated in millions per cubic millimeter (8.5 is 8,500,000).
The hemoglobin content (Hgb) is recorded in percentage.
The values for viscosity express the degree of increase above that of water. Normal blood viscosity is 5.0 (Holbrook and Watson[31]).
The arrows indicate venesections, the amounts taken being read as cubic centimeters from the left hand scale *A*.
The columns, representing total blood volume, are calibrated against scale *B*, the figures of which denote cubic centimeters per kilogram of body weight.
The cross hatched fraction signifies total plasma volume; the solid portion, total red cell mass. For comparison, normal columns are given on the extreme left (figures according to Haden[30]).

pressure was about 150 systolic and 110 diastolic. During the next two years there was a rise in all these values, the systolic pressure reaching 220. The blood counts are given on the chart. After the blood pressure fell temporarily to 180/110 in June, 1938, it again rose in the winter of 1940, this time to 240/120 on repeated examinations. A course of potassium thiocyanate was instituted, resulting in a blood plasma level of 11.7 milligrams per hundred cubic centimeters after one week. There was no effect on the blood pressure, and the drug was discontinued. Next, venesections were employed. The withdrawal of about 25 ounces of blood within ten days made no subjective difference to the patient, but as the chart shows, the red cell count, hemoglobin, and viscosity values fell to more normal levels. Five days after the second bloodletting no reticulocytes were found. At this time the blood pressure was 200/95; in another week it was back at 235/110. Four months later (June, 1940) a pint of blood was taken on venesection with definite symptomatic relief,—he "felt lighter," "lost that sluggishness, and also the singing in the ears"; he was "more alert mentally and physically," and he slept better. There were, however, no corresponding changes of note in the red count, hemoglobin, viscosity, hematocrit, or blood volume studies.

The diagnosis in this case was erythremia with hypertension, Geisböck's syndrome.

Case 7.—The diagnosis in this case was Geisböck's syndrome or erythremia with hypertension. The patient stated that in 1935 her blood pressure was 150 systolic and 85 diastolic. Eighteen months later I saw her for the first time and found a blood pressure of 300/125. This promptly fell to 180/105 with the use of a mild sedative, and remained at this level or slightly higher.

In January, 1937, a venesection was performed, 450 cc. of blood being taken. Tests during the following three weeks demonstrated a fall in the red count from 6,000,000 to 4,500,000, and in the hemoglobin from 105 per cent to 92 per cent. There was no reticulocyte response, and the blood pressure was not affected. The only benefit the patient could detect was the loss of a constant overheated feeling of the head. Otherwise, she felt generally weaker.




Case 8.—This woman's blood pressure was about 210 systolic and 130 diastolic for at least fifteen months before the series of cerebral accidents which rendered her paraplegic in September, 1935. Two months later a venesection (500 cc.) was done without any effect on the blood pressure, pulse, or size of the spleen according to palpation. Nor was any subjective difference appreciated. After a delay of twenty-four hours, the red cell count and hemoglobin percentage started to fall but quickly levelled out again. No rise in reticulocytes occurred within the first two days of the letting. The diagnosis was erythremia, Geisböck's type.

Case 9.—This patient began having minor epileptic attacks in 1932, having only major convulsion that year. Beginning at a rate of one a month, the minor attacks increased in the intervening years to three or four a week.

Eight days after the first venesection (400 cc.) the patient said, "I have been more alert, and more anxious to do things. I have more pep and don't tire so easily. I am less restless and more patient. My memory is better, and I am not so self-conscious." A month after treatment, however, he began to feel weak again and to have more frequent attacks.

In July, 1940, the letting of 600 cc. of blood promptly resulted in symptomatic improvement. He volunteered that he felt better, "more alert, ambitious, happier, anxious to work." He said that he had lost all "imaginative thoughts," such as fear of attacks and that his "mind would go blank." Three weeks after venesection there had been no increase in the number of attacks. The red count, hemoglobin, and viscosity tests were normal. It is interesting that the total plasma volume was greater two days after the bloodletting (600 cc.) than before. The red cell mass remained constant.

Case 10.—Since 1930, this young man had had regular, epileptic seizures, which in the spring of 1940 occurred twice a day as petit mal attacks lasting thirty seconds each, and twice a month as grand mal convulsions. He had taken luminal for years with benefit. In July, 1940, about a pint of blood was drawn, following which the patient noticed no difference except that the frequency of the petit mal spells increased to four or five daily and the intensity of some was greater. During the next month an extra, severe seizure made the total three. In the fifth week after the venesection, he was back again at his usual status.

The red count, hemoglobin, and viscosity tests were not repeated in connection with the bleeding. The blood volume studies were done, and the before-and-after-treatment determinations for total blood volume, total plasma volume, and total red cell mass were in each instance nearly identical. The total blood volume on July 17, 1940, was 4,665 cc. or a little over 80 cc. per kilogram of body weight. When the next venesection was performed on August 28, 1940, 500 cc. were taken, and blood volume tests were run immediately. The total blood volume figure was then 4,166 cc., indicating with remarkable accuracy the exact amount withdrawn. Two days later the patient had noticed no change in his condition; the number and severity of his petit mal attacks remained the same. The red count, hemoglobin, and viscosity values were reduced to normal.

## Comment

In all, 15.5 liters of blood were removed through 37 venesections done on the 10 patients. Thus, the average letting yielded 420 cc. The smallest amount taken was 125 cc. and the largest 750 cc. The red cell count

and hemoglobin content usually decreased after a treatment. As a rule the reduction occurred within a few days (the first venesection in case 5, the second in case 6 and the last in case 1). But occasionally the full effect was not realized until the fifth or seventh week, as in cases 7 and 8. In some instances venesection did not particularly affect the red cell count and the hemoglobin level (the third venesection in case 6, the fifth in case 2 and the fourth and sixth in case 4).

As anticipated, the viscosity curves paralleled the red cell curves but did not show so many marked and unexpected aberrations. This made for smoothness in the former, suggesting greater reliability. For example, attention is directed to the counts made in case 1 on July 2, 1937, and August 7, 1940. The values for viscosity raise doubt in my mind as to the accuracy of the corresponding red cell counts.

Theoretically, the withdrawal of blood might in some way create a stimulus to an increase in the production of red cells, with the appearance of young erythrocytes in the general circulation. This possibility was investigated 15 times by making reticulocyte counts between one and nine days after venesection. None of them was high enough to indicate a response on the part of the bone marrow. Similar results have been reported by other investigators.[34]

In 11 instances among 8 of the patients the effects of venesection on the hematocrit determination could be appraised. The average amount of blood taken each time was 560 cc.; the average reduction in the hematocrit reading was 4.5 per cent. On 4 of these occasions the hematocrit reading remained practically stationary. (The second venesection in case 10 was not included in this analysis.)

Studies of the blood volume before and after venesection were done 10 times. Whether the second determination was made two days (case 9), seven days (cases 2 and 10), or two months (case 6) after the letting seemed unimportant; the fact remained that the total blood volume changed very little. As pointed out in the case histories, an increase in blood volume occurred paradoxically after some venesections (cases 1, 2 and 9). The probable explanation for this phenomenon is as follows: Since the circulating blood volume is apparently a constant quantity in a person in hemodynamic balance, any withdrawal is quickly compensated for. The mechanism involved must include a transfer of blood and other tissue juices from their reservoirs into the circulating stream. If the venesection speeds the circulation in general by reducing blood viscosity, then the process of restoring the blood volume will proceed the more efficiently and the thorough mixing of all elements in the blood stream will be promoted. The congo red test in question depends upon a dilution factor relative to the dye injected—the greater the dilution the greater the blood volume reading. The implication is that after venesection the extent of the dilution of the dye would be furthered in a volume of circulating blood quickly restored to its normal level. Thus, the increase in blood volume would be apparent rather than real, the discrepancy arising from the limitations of the test.

Evidence that the congo red test is efficient was obtained by determining the blood volume immediately after venesection, before blood and other fluid stores in the body could make up the deficit. The results indicated a decrease to the exact extent of the quantity taken (case 10).

Symptomatic improvement following venesection was the usual result obtained, as can be readily discerned from the case abstracts. The remissions lasted for varying lengths of time, the extremes being a few days and a year. The general experience was that bloodlettings of 400 to 500 cc. afforded subjective benefits for about two months. The lesser quantities (350 to 450 cc.) seemed more effective in this respect than the larger (700 to 750 cc.).

Failure to effect any symptomatic change for good or bad through venesection occurred 5 times, in as many patients. One of these (patient 10) had also on another occasion reported no change except for an increase in epileptic attacks. This now seems to have been merely a coincidental relation. Two patients felt weak for ten days or so

after 450 cc. and 700 cc. respectively, had been taken and a third felt very flat for about a month on losing 500 cc. Otherwise no untoward symptoms or reactions of any kind occurred in connection with the treatments.

The prolonged, unfavorable result mentioned deserves comment, because it was distinctly exceptional. It occurred in case 4. Previous smaller bloodlettings had afforded symptomatic improvement. It was felt that the increased total blood volume and red cell mass were adequate indication for the tapping on June 27, 1940, even though the red cell count and the viscosity had within a few weeks fallen considerably, for no known reason. The only feature I can point to which sets this case apart is the marked discrepancy between the red cell count and the viscosity. Normally these two variables are directly proportional in value.[31] Blood having a red cell count of 5,000,000 should have a value for viscosity of about 5; blood with a red cell count of 7,000,000, a viscosity of about 7, and so on. In case 4, with an average red cell count of about 8,000,000, there was a corresponding viscosity of only 5.5. Possibly such an abnormality should be considered as a contraindication to venesection.

## Summary

1. Venesection is a safe and reasonably efficient form of therapy for erythremia. The withdrawal of about 400 cc. of blood may be expected to give prompt relief of such symptoms as headaches, nervousness, palpitation and unpleasant heat sensations and to reduce the red cell count, hemoglobin content and viscosity at least temporarily. More energetic treatment has not given gratifying results in this small series of cases. It must be remembered that if a normal (according to the usual standards) red cell count and hemoglobin content are artificially produced in a patient with erythremia he may suffer in fact from relative anemia.

2. Blood viscosity tests furnish a reliable means for following the progress of patients under treatment. These tests have the advantage of quick performance. The results should be checked against red cell counts from time to time.

3. No reticulocyte responses were encountered in fifteen tests made after venesections yielding from 350 to 750 cc. of blood.

4. Studies of the blood volume made before and after venesection indicate that the quantity lost is quickly replaced. The paradoxic increase in total blood volume following bloodletting is explained thus: With the improved circulation incident to the treatment, the dilution of the dye effected is greater than it was previously, which constitutes an erroneous basis for comparison of results. The greater the dilution factor the higher will be the reading of the blood volume. That the volume is actually greater is not supported by the experimental evidence of this study.

5. Further studies must be done to refine the laboratory criteria for and against venesection. Besides the height of the red cell count and the hemoglobin content, the blood volume, viscosity and hematocrit reading must be especially appreciated both as of themselves and as they are interrelated. The venous pressure and the blood platelet count also may well be considered in this respect.

### REFERENCES

1. Rodes, C. B.: Cavernous Hemangiomas of the Lung with Secondary Polycythemia, J. A. M. A. 110: 1914–1915 (June 4) 1938.
2. Reznikoff, P.: A Symposium on the Blood, Madison, Wis., The University of Wisconsin Press, 1939, pp. 207–218.
3. Davis, J. E.: Cobalt Polycythemia in the Dog, Proc. Soc. Exper. Biol. & Med. 37: 96–99 (Oct.) 1937.
4. Lee, R. I.: Case of Polycythemia Vera or Erythremia, M. Clin. North America 21: 369–374 (March) 1937.
5. Minot, G. R., and Buckman, T. E.: Erythremia (Polycythemia Rubra Vera), Am. J. M. Sc. 166: 469–489 (Oct.) 1923.
6. Schulhof, K., and Matthies, M. M.: Polyglobulia Induced by Cerebral Lesions, J. A. M. A. 89: 2093–2094 (Dec. 17) 1927.
7. Moehlig, R. C., and Bates, G. S.: Influence of the Pituitary Gland on Erythrocyte Formation, Arch. Int. Med. 51: 207–235 (Feb.) 1933.
8. Morris, R. S.: Erythremia: Therapeutic Suggestion, J. A. M. A. 101: 200–201 (July 15) 1933.
9. Hitzenberger, K.: Die Rolle des Magens in der Blutbildung, Klin. Wchnschr. 13: 1345–1349 (Sept. 22) 1934.
10. Major, R. H.: The Effect of Liver Extract upon Polycythemia Vera, J. Lab. & Clin. Med. 24: 65–67 (Oct.) 1938.

11. Boyd, E. M: Blood Lipids in Polycythemia Vera, Canad. M. A. J. 34: 532–534 (May) 1936.

12. Spodaro, A., and Forkner, C. E.: Benign Familial Polycythemia, Arch. Int. Med. 52: 593–602 (Oct.) 1933.

13. Nadler, S. B., and Cohn, I.: Familial Polycythemia, Am. J. M. Sc. 198: 41–48 (July) 1939.

14. Reznikoff, P., Foot, N. C., and Bethea, J. M.: Etiologic and Pathologic Factors in Polycythemia Vera, Am. J. M. Sc. 189: 753–759 (June) 1935.

15. Herzog, F., and Kleiner, G.: Ergebnis der Diätbehandlung in 19 Fällen von Polyzythämie, Deutche med. Wchnschr. 65: 719 (May 5) 1939.

16. Andersen, F., Geill, T., and Samuelsen, E.: Polycythemia Treated with Roentgen Irradiation of the Pylorus Organ, Acta med. Scandinav. 97: 547–556, 1938.

17. Kraemer, M., and Asher, M.: The Association of Erythremia and Duodenal Ulcer, Am. J. M. Sc. 191: 234–237 (Feb.) 1936.

18. Murphy, William P.: Personal communication to the author, June, 1940.

19. Barach, A. L., and McAlpin, K. R.: Negative Results of Oxygen Therapy in Polycythemia Vera, Am. J. M. Sc. 185: 178–181 (Feb.) 1933.

20. Limarzi, L. R., Keeton, R. W., and Seed, L.: Early Effect of Total Thyroidectomy in a Case of Polycythemia Vera, Proc. Soc. Exper. Biol. & Med. 36: 353–356 (April) 1937.

21. Dutton, W. F.: Handbook of Venesection, Philadelphia, F. A. Davis Co., 1916.

22. Pliny, Roche Rev. cited in 1: 234–236 (May) 1937; cited by Dutton.[21]

23. Buck, A. H.: The Growth of Medicine, New Haven, Conn., Yale University Press, 1917.

24. Thorndike, T. W.: History of Bleeding and Leeching, Boston M. & S. J. 197: 473–477 (Sept. 22) 1927. Kramer, D. W.: Venesection: A Lost Art, New York State J. Med. 112: 898–902 (Dec. 4) 1920.

25. Geisböck, F.: Die Bedeutung der Blutdruckmessung für die Praxis, Deutsches Arch. f. klin. Med. 83: 363–409, 1905.

26. Falconer, E. H.: Treatment of Polycythemia, Ann. Int. Med. 7: 172–189 (Aug.) 1933.

27. Ernst, C.: Beitrag zur Aderlasswirkung, zum Problem der Plethora, wie des lokalen Oedems, Ztschr. f. d. ges. exper. Med. 95: 772–800, 1935.

28. Reimann, F., and Breuer, A.: Die Aderlassbehandlung der Erythrämie, Ztschr. f. klin. Med. 128: 238–259, 1935.

29. Stephens, D. J., and Kaltreider, N. L.: The Therapeutic Use of Venesection in Polycythemia, Ann. Int. Med. 10: 1565–1581 (April) 1937.

30. Haden, R. L.: Principles of Hematology, Philadelphia, Lea & Febiger, 1939.

31. Holbrook, A. A., and Watson, M. V.: Blood Viscosity, Am. J. M. Sc. 198: 750–758 (Dec.) 1939.

32. Osgood, E. E., and Wilhelm, M. M.: Reticulocytes, J. Lab. & Clin. Med. 19: 1129–1135 (July) 1934.

33. Haden, R. L.: Personal communication to the author, February, 1940.

34. Falconer,[26] Stephens and Kaltreider.[29]

## DISCUSSION

**Chester S. Keefer, M. D., Boston:** I want to congratulate Dr. Holbrook on his very able presentation of this most interesting topic. Any one who has had occasion to follow patients with polycythemia vera knows how difficult it may be to keep them free of symptoms, and Dr. Holbrook's studies on the effect of venesection in this disease are most impressive.

In the first place he has studied his patients very carefully, and his data give excellent testimony to the fact that by means of repeated bloodlettings the patient can be relieved and the red blood cell count and hemoglobin content can be reduced and maintained at a lower level.

Polycythemia vera has been treated in a variety of ways. Benzene, phenylhydrazine, roentgen rays and radium have all had a thorough trial. Usually there is a period of enthusiasm followed by a period of reaction. The form of treatment which has stood the test of time is bloodletting. It also has had its periods of enthusiasm and decline, but usually one returns to it after other methods have failed.

Dr. Holbrook made a few remarks concerning the causation of this disease, and he pointed out that a number of suggestions have been offered. Certain etiologic features of the disorder seem well established. It is an inherited disease, since multiple cases occur in the same family, and as far as is known, the type of inheritance is recessive. Many attempts have been made to define the nature of the hereditary disorder, including a study of processes in the bone marrow which will lead to local oxygen deficiency and a study of the gastric juice for evidence of production of a supernormal amount of "intrinsic factor." One study deserves greater recognition than it has had, the investigation of Harrop and Heath. They were able to demonstrate that patients with polycythemia vera have a physiologic defect in the pulmonary alveolar epithelium which interferes with the free flow of oxygen through the membrane, especially during exercise. In other words, during exercise arterial anoxemia develops which is not present during rest, and this stimulus to the formation of red blood cells finally produces polycythemia. Of considerable significance was the observation that this defect in pulmonary gas diffusion is present with a low count as well as with a high one. This excludes the possibility that the high count and the increased blood viscosity are responsible for the appearance of anoxemia after exercise. If one sums up the evidence brought forth by Harrop, then it can be said that one of the defects in polycythemia vera is an inherited pulmonary epithelium that fails to permit the rapid and free exchange of oxygen under conditions of exercise. Arterial anoxemia results, and the stimulus for the production of red blood cells follows. Since the alveolar function cannot be altered, one of the methods of treatment is to reduce the red blood cell count. Dr. Holbrook has shown that this can be done by repeated venesections. I say repeated venesections because occasional bloodletting will be ineffective.

# Clinical Value of Certain Laboratory Blood Tests

By JOHN A. SCHINDLER
*Monroe Clinic, Monroe*

THE modern practice of medicine has added to the five senses (which are still the primary fact-finding apparatus) the apparatus of the laboratory. Although the laboratory can be of great assistance in diagnosis and therapy, its limitations are definite and absolute. Good medical practice recognizes that a laboratory report in itself is seldom a diagnosis but must be judged as part of the clinical picture in conjunction with a good history, a painstaking examination and an intelligent review of all possibilities connected with the case in question.

The best safeguard against placing undue reliance on a laboratory report is a sound knowledge of just what it imparts. In this knowledge many practitioners appear to be deficient. There is good reason. The current literature has not for years contained a general review of the significance of the more valuable laboratory procedures, while most books on the subject are too replete with technical detail to engage the busy physician's attention, and, what is worse, they are out of date by the time they are off the press.

The present article is an attempt to present, as concisely and practically as possible, the physiologic background of a few of the more commonly misinterpreted laboratory analyses and their clinical significance. In so short a space it must necessarily be fragmentary, and it must not be regarded as the entire story. It should be read with the additional mental reservation that, owing to the intrinsic variability of physiologic processes and the inherent error in laboratory methods, the statements are not over 80 per cent correct.

The great besetting medical sin of the day is the ordering of laboratory tests when they are not clinically indicated. But the greatest, the cardinal, sin is not being able to give them their correct interpretation.

## I. Blood Volume

The measurement of the total blood volume (i.e. plasma volume plus red cell volume) is at present of more interest to the physiologist than to the clinician. But the estimation of the *plasma volume* has become in the past few years of major importance to the clinician and the surgeon. Consider first the total blood volume.

Measurement of the total blood volume is useful in two differential diagnoses.[1] First, hyperthyroidism may be differentiated from neuro-circulatory asthenia by the fact that in the former the blood volume is likely to be higher than normal whereas in the latter it is usually reduced.[2] Secondly, but more important, polycythemia vera can be differentiated from symptomatic polycythemia only by the fact that polycythemia vera is accompanied by an increase in blood volume whereas symptomatic polycythemia is not.[3] This increase in blood volume in polycythemia vera is entirely due to the increase in red cell volume, since the plasma volume remains normal. The hematocrit determination, as described hereafter, will therefore suffice in its diagnosis, making the more cumbersome determination of whole blood volume unnecessary.

Three general methods of measuring blood volume are in use.

The first is that of Rowntree,[4] by the intravenous injection of a dye which remains in the blood stream an appreciable time. Fifteen cc. of a 2 per cent congo red solution are injected intravenously, and five minutes later the concentration of the dye in the plasma is measured colorimetrically. This, of course, gives the plasma volume only, which normally is 40 to 60 cc. per kilogram of body weight. Then a hematocrit determination of the cell volume enables one to calculate the total blood volume, which is normally 75 to 85 cc. per kilogram of body weight.

The second method utilizes the breathing of a fixed amount of an inert gas (carbon monoxide in the Haldane method) followed by determination of cell saturation with the gas. This method determines the cell volume, and again, by hematocrit, the plasma volume can be determined.

The third method is that of Gibson and Evans,[5] who use a blue dye (T-1824, or "Evans blue") the concentration of which in the blood is measured by the photoelectric microcolorimeter.[6]

More use may be made of determinations of total blood volume as knowledge of the physiology of disease increases. In uncomplicated heart failure the blood volume is increased, and it decreases during recovery from heart failure.[7] Persons living in the northern states have a blood volume that is 30 to 40 per cent lower in winter than in summer.[8] Similarly, a person going from the temperate zone to the tropics experiences an increase in blood volume. This change in blood volume accounts to some extent for the fact that cardiac disease is so frequently aggravated in the fall of the year, before the winter lowering of blood volume has occurred; a sudden drop in temperature will produce peripheral vasoconstriction, thus increasing suddenly the circulating blood volume and the load on the heart.

Estimation of the *plasma volume* in the last few years has become a test of primary importance. It has long been recognized that the loss of whole blood is a factor in the production of shock. More recently, it has become recognized that loss of fluid from the blood stream without loss of red cells may similarly produce shock and death. This loss may be principally of plasma, in which case protein and electrolyte are both lost with the fluid, or it may be of water, in which case electrolyte is lost, but not protein. Whether shock is due to this mechanism and whether whole plasma or only water and electrolyte are being lost can be ascertained by making three determinations:

1. *Hematocrit Determination.*—A red cell volume increasing above normal in the absence of polycythemia vera indicates loss of either whole plasma or plasma water.

2. *Determination of Specific Gravity of the Plasma.*—This is easily done. An increasing specific gravity indicates an increasing concentration of plasma proteins, which therefore are not being lost and need not be replaced. The converse is likewise true.

3. *Determination of Serum Chlorides.*—A decreasing serum chloride content corroborates a plasma-water loss rather than a whole plasma loss.

Loss of 35 per cent or more of the plasma in as short a period as six hours is a clinical happening not uncommon, and if the loss is continued will cause death when from 3 to 4 per cent of the body weight of plasma is removed from the blood stream.[9] Such exudation of plasma has been reported in association with ten conditions, including burns, freezing, bile peritonitis, tissue autolysis in vivo, acute pancreatitis, pneumonia, pulmonary edema, intestinal manipulation, portal and mesenteric obstruction, externally strangulated colostomy loops and release of a constrictor of an extremity.[10] Such loss of plasma is more effectively treated by administering plasma intravenously than by giving either whole blood or saline solution. In fact, saline solution may aggravate the situation, as described hereafter under "Chlorides."

A similar shock that is complicated further by the effects of lowered content of plasma sodium and chlorides, occurs with the loss of plasma water. This condition has been reported in association with biliary fistula,[11] acute intestinal obstruction,[12] pylorospasm, hyperemesis gravidarum, carcinoma of the stomach, gastrointestinal hemorrhage, profuse sweating (especially when coupled with a low salt intake) and the polyuria of diabetes mellitus or insipidus. A less obvious but more intense loss of water and chlorides occurs in Addison's disease, after injections of histamine, as a result of burns and during anesthesia.

Such reduction of plasma volume due to water loss, with its concomitant electrolyte loss, can be effectively treated by intravenous administration of saline solution. Such treatment is often life saving. Evidence has recently been given that the administration of large amounts of desoxycorticosterone will prevent, to a considerable extent, the loss of water and electrolyte from the blood during surgical procedures and anesthesia[13] and in cases of intestinal obstruction.[14]

## II. Red Cell Volume

The volume of red cells is determined easily by centrifuging a quantity of citrated whole blood in a tube (either a special 80 cent hematocrit tube or a graduated centrifuge tube, which is not quite as accurate) until the cells are thoroughly packed. The relative volume of the cells and of the plasma

can then be readily measured. The normal blood cell volume comprises 45 to 55 per cent of the total blood volume.

The hematocrit determination, first, is of primary importance in distinguishing polycythemia vera from symptomatic polycythemia. In true polycythemia the red cells comprise over 60 per cent of the total blood volume. In some cases the percentage may even be elevated to 70 or 80 per cent.[15] The treatment of polycythemia vera should be based on the total red cell mass rather than on the red cell count.

The hematocrit determination, second, is important in detecting the types of blood plasma or blood water loss described under "Blood Volume."

And, finally, the hematocrit determination is valuable in the differential diagnosis of the anemias. As an illustration, in iron deficiency states the red cell count is sometimes practically normal but the cells are unusually small. The hemoglobin determination will be so disproportionately low that it or the cell count will be regarded as in error. A hematocrit determination will reveal a low red cell volume. Also, the hematocrit will serve to distinguish the macrocytic, or generative, type of anemia from the microcytic, or the iron deficiency, anemias. There are many formulas in use for estimating the size of red cells, notably those of Haden,[16] Osgood[17] and Wintrobe.[18] The one most usable is Wintrobe's formula for estimating the average volume of a single red cell in cubic microns and is called the mean corpuscular volume:

$$\frac{\text{volume of packed red cells in cc. per 1,000 cc. of blood}}{\text{red cell count (in millions per cu. mm.)}}$$

Example: $\frac{425}{5} = 85$ cubic microns

The normal average is 87 cubic microns, with a range of 82 to 92 cubic microns in 85 per cent of normal persons.

### III. Nonprotein Nitrogen

The normal value for nonprotein nitrogen in the blood is from 25 to 38 mg. per hundred cubic centimeters in the fasting state. The ingestion of an ordinary meal raises the level 4 to 6 mg. Normally, 44 per cent or less is urea nitrogen and the remainder is uric acid, creatinine, ammonia and amino-acid nitrogen.

The nonprotein nitrogen level becomes elevated, first, in renal failure, as in diffuse glomerular destruction and chronic diffuse or interstitial nephritis. It does not occur in the type of renal disease termed nephrosis. In renal disease the urea nitrogen may come to be 70 to 95 per cent of the total nonprotein nitrogen. Before an elevated nonprotein nitrogen level is interpreted as indicating renal damage, there should be a history of probable renal disease, the urine should contain albumin and casts in quantity and it should be of low specific gravity or of small amounts. A specific gravity of over 1.012 should throw doubt on the renal origin of a high nonprotein nitrogen level. With a concentrating ability of 1.030, the kidney excretes 50 Gm. of solid waste in 600 cc. of urine, whereas with a concentrating ability of only 1.010, it would need to excrete 2,000 cc. of urine to get rid of the same amount of waste.

The relation of clinical uremia to the nonprotein nitrogen level is extremely variable. Symptoms of uremia may develop while the amount of nonprotein nitrogen in the blood is normal or only just above the normal limit and, on the other hand, may fail to appear even when the level is extremely high. Despite these contradictions, the appearance of a level of 150 mg. or more per hundred cubic centimeters suggests that uremia is not far distant, provided the elevation is due to disturbance of renal function.

The nonprotein nitrogen level becomes elevated more often because of conditions outside the kidney and when renal function is normal.[19a,b,c,d] Such azotemia usually occurs when there is a profound loss of electrolyte and water, a loss that may be either obvious or hidden. It is of prime importance to recognize this type of azotemia, because the low electrolyte and high nonprotein nitrogen ratio is reversible; that is, replace the electrolyte, and the nonprotein nitrogen goes down. The treatment is dramatically effective and requires only the intravenous injection of sufficient sodium chloride solution.

Azotemia occurs with obvious loss of electrolyte and water in association with acute intestinal obstruction, pylorospasm, hyperemesis gravidarum, carcinoma of the stomach, gastrointestinal hemorrhage, profuse sweating (especially when coupled with low salt intake) and the polyuria of diabetes mellitus or insipidus. A less obvious but often more intense loss of chlorides and water occurs in Addison's disease, after injection of histamine and as a result of burns. In the treatment of severe burns, the most important measure is to replace lost electrolyte as quickly as possible. In gastrointestinal hemorrhage, the nonprotein nitrogen shoots up within forty-eight to seventy-two hours and drops quickly when the hemorrhage stops. The elevation in this case is due more to loss of electrolyte and fluid than to the digestion of the blood and absorption of nitrogenous material. The patient is more likely to die from the resulting uremia than from the anemia.

There are occasional cases of obscure nonrenal azotemia in which the level of blood chlorides is normal.[19e] In such cases the mechanism is unknown. Intravenous administration of 5 per cent dextrose solution provides satisfactory treatment.[19f]

There are two prevailing theories for the increase in nonprotein nitrogen with loss of chlorides and water. One suggested by Hartmann and Darrow[19g] in 1928 is that the loss of electrolyte is osmotically compensated for by the retention of urea. The other, suggested by Teitlebaum[19h] in 1938, is that the chloride is lost in the vomitus, hemorrhage, etc., and that the dehydration concentrates the urea simply because less water passes through the kidney.

It is valuable to remember that the liver can put out considerable amounts of nonprotein nitrogen in the bile and so compensate for renal insufficiency. Total anuria often does not result in very high nonprotein nitrogen values for seven or eight days, probably because of the excretion of urea by the liver. Cytronberg[20] stated that lavage of the duodenum with 200 to 300 cc. of magnesium sulfate solution to increase the outflow of bile is of great value.

Another interesting and clinically valuable point is that even in normal persons the intravenous injection of 50 per cent dextrose causes a 10 to 15 per cent decrease in the nonprotein nitrogen not entirely accounted for on the basis of a diuretic action. In one of my patients with acute hepatitis, the nonprotein nitrogen dropped from 248 to 31 mg. per hundred cubic centimeters in one week with no other therapy than 500 Gm. of dextrose daily and insulin in sufficient amounts to prevent glycosuria. This in spite of the fact that the patient had had chronic glomerular nephritis for years, with inability to concentrate the urine higher than 1.008. Dextrose has of course a beneficial effect on the liver.

A final point of clinical value is the use of nonprotein nitrogen determinations in making a prognosis in cases of coronary occlusion. In any case of coronary occlusion the nonprotein nitrogen rises. If it continues to rise, the prognosis is unfavorable, while its dropping indicates a favorable prognosis.

### IV. Urea Nitrogen

The value for urea nitrogen in the blood is normally from 11 to 16 mg. per hundred cubic centimeters of blood. It is not to be confused with the value for urea; the latter is obtained by multiplying the urea nitrogen by 2.14.

The determination of the urea nitrogen is more valuable than that of any of the other nitrogenous substances that go to make up the nonprotein nitrogen. The kidney is able to concentrate urea to a greater extent than any of the other nitrogenous substances except creatinine. The urea will therefore show an elevation very early in renal deficiency, before the deficiency is reflected in the nonprotein nitrogen level. A urea level of over 16 mg. per hundred cubic centimeters is considered an increase; a level over 25 mg. indicates a serious condition, and with a level over 100 mg. one can seldom expect more than a year of life. These prognostications hold only for the uremias of renal origin. Nonrenal uremia as a rule is easily reduced by the proper treatment with chlorides (see "Nonprotein Nitrogen.")

Urea is made in the liver for the most part. In some cases of serious hepatic damage the liver appears unable to make urea and the blood urea nitrogen drops. In spite of this, the nonprotein nitrogen continues to rise because of the increase of the aminoacid partition. However, hepatic disease does not always have this effect. Myers[19] reported on seven patients dying of acute hepatitis who had no renal damage but had high amounts of blood urea. Such patients frequently have a low blood chloride level. In my experience, giving large amounts (400 to 500 cc.) of dextrose and sufficient insulin to prevent glycosuria often saves a moribund patient.

A low urea level often occurs with eclampsia.

Urea determination forms the basis of two of the most valuable renal function tests, Mosenthal's determination of the urea-nonprotein nitrogen ratio and the Van Slyke urea clearance test.

The Mosenthal test is probably just as reliable as the Van Slyke and is considerably more simple.

### V. Urea—Nonprotein Nitrogen Ratio (Mosenthal)[21]

This test can be made on one specimen of blood; it is independent of the fluctuation of the total nonprotein nitrogen level of the blood, and it is not modified by diet or complications such as vomiting and diarrhea. Even when the urea nitrogen or the total nonprotein nitrogen in the blood is at a normal level, the urea ratio reveals renal insufficiency when it exists.

The urea ratio is simply the percentage which the urea nitrogen is of the total nonprotein nitrogen. The ratio is calculated as:

$$\frac{100 \times \text{urea nitrogen}}{\text{nonprotein nitrogen}}$$

The normal ratio is never more than 44 per cent, and it may be as low as 20 per cent. Over 44 per cent indicates renal dysfunction. The ratio may go as high as 95 per cent in cases of severe dysfunction.

### VI. Van Slyke Urea Clearance

Like the Mosenthal test, the Van Slyke urea clearance test shows renal impairment even when the blood urea, creatinine and nonprotein nitrogen are normal in amount.

The clearance test is carried out as follows: The urine is collected for two one-hour periods. At the end of the first hour, blood is collected. The following determinations are made: (1) the urea concentration of the entire two hour urine, (2) the volume of the urine excreted per minute and (3) the urea content of the blood at the end of the first hour. (This is urea and not urea nitrogen; urea nitrogen x 2.14 = urea.) If the urinary volume per minute is 2 cc. or over, then

$$\text{Urea clearance} = \frac{\text{Concentration of urea in urine} \times \text{volume of urine per minute}}{\text{Concentration of urea in the blood}}$$

If the urinary volume per minute is less than 2 cc. then:

$$\text{Urea clearance} = \frac{\text{Concentration of urea in urine} \times \sqrt{\text{volume of urine per minute}}}{\text{Concentration of urea in the blood}}$$

When the urinary flow per minute is 2 cc. or more, the normal range of clearance is 60 to 95 cc. (mean, 75 cc.). That is to say, the amount of urea passed in the urine corresponds to the amount of urea contained in 75 cc. of blood. When the urinary output is under 2 cc., the normal range is 40 to 65 cc. (mean, 54 cc.). The urea clearance is expressed as percentage of the mean normal values. When the clearance falls to 50 per cent there is no change in blood urea content. With the clearance between 20 and 40 per cent, less than half the patients show an increase in urea or creatinine; when the clearance falls below 5 per cent of the normal, uremic symptoms are present; when it is above 10 per cent these symptoms are absent.

In normal persons the urea clearance declines with age; at 40 it is 100 per cent of normal, and it declines until it is 55 per cent at the age of 89. Similarly, the average blood urea nitrogen content increases from an average of 12.03 mg. per hundred cubic centimeters at the age of 40 to 17.62 mg. at 89.[22]

### VII. Creatinine

The normal blood creatinine concentration is 1 to 2 mg. per hundred cubic centimeters of blood. Creatinine is more easily excreted

by the kidney than is urea, and it is therefore not so rapid an indicator of renal impairment, but it is a more ominous one. A concentration of 3 to 5 mg. per hundred cubic centimeters indicates an early fatal termination.

Creatinine is derived from the metabolism of muscle. It is decreased in muscular atrophy and weakness from any cause and in many anemias. It is increased in renal disease, fever, diabetes, typhoid, typhus, tetany and pneumonia.

### VIII. Uric Acid

The normal limits of uric acid in the blood are 0.7 to 3.7 mg. per hundred cubic centimeters (2 mg., average). Uric acid is derived from purine-containing foods, such as liver, pancreas, kidney, brain and yeast. In persons with gout, the uric acid is increased during an attack, is normal or low between attacks and is decreased just before an attack. The uric acid of the blood is of course increased in renal insufficiency; it is also increased in pneumonia and leukemia because of the breakdown of the nuclein of the white blood cells. The urinary excretion of uric acid is increased by the salicylates and cinchophen. The most effective way of lowering the blood uric acid is to resort to a diet in which the calories, proteins and purines are low, with an increase in fat rather than carbohydrate.

### IX. Blood Protein

The estimation of blood protein is becoming more valuable as an aid to diagnosis and treatment. It has been vastly simplified and made available to the small laboratory by the drop method of Kagan.[23] The Kagan method determines only the total protein, but when the more difficult albumin and globulin determinations are not available, the total protein estimation does very well, because in all the conditions in which the protein has so far been found to be materially reduced, the reduction is due to a reduction in the albumin, and whenever the protein is increased materially, the increase is due to an increase in globulin. Therefore a decreased total protein can be interpreted clinically as a decrease in albumin, and an increase in total protein can be interpreted clinically as an increase in globulin. The term globulin-albumin ratio (which is normally 1.2:2.2) has no worth while significance and should be discarded.

Normal blood plasma contains,[24] 6.2 to 8 Gm. of protein, 3.6 to 5 Gm. of albumin, 2 to 3.5 Gm. of globulin and 0.5 Gm. of fibrinogen, all per hundred cubic centimeters of blood.

The origin in the body of the proteins is not known, except that of fibrinogen, which is made in the liver. The molecular weight of albumin is 40,000, much smaller than that of globulin, which is 100,000. The smaller albumin molecule naturally possesses the greater diffusibility, so that in renal disease it is the albumin which manages to pass through the damaged glomerulus, whereas the globulin is retained in the plasma. Another physical factor of clinical importance is that 1 Gm. of albumin exerts four times as much osmotic pressure as 1 Gm. of globulin.[25] Small changes in the albumin concentration in the plasma will therefore affect the osmotic pressure, and edema states, much more than will changes in globulin.

The clinical conditions in which hypoproteinemia is important are the diseases which at some time or another manifest edema, such as renal disease (especially nephrosis), cardiac disease,[26] toxemia of pregnancy[27] and hookworm disease.[28]

Edema appears when the total protein reaches 5 (plus or minus 0.3) Gm. per hundred cubic centimeters or when the albumin reaches 2.5 (plus or minus 0.2) Gm.[24] The protein may become reduced because of:

1. An insufficient intake of protein due to inadequate diet, clinically seen in starvation, hookworm disease, toxemias of pregnancy and cardiac disease.
2. Excessive loss of protein due to proteinuria, diarrhea, hemorrhage or loss to a fetus (particularly twins).
3. Excessive metabolic wastage or protein destruction due to chronic infections or cachectic states.
4. Inadequate formation of proteins, of which very little is known but which apparently occurs in some forms of hepatic disease.

Of all patients with cardiac edema, 87.5 per cent have a blood albumin content of less

than 3.2 Gm. per 100 cubic centimeters.[26] It is best to take 2.5 Gm. as the critical level below which edema occurs.[29] In young children the critical level is lower, namely 1.2 Gm.[30] The edema of nephrosis is invariably accompanied by a low albumin content, and so is the edema of other albuminuric nephritis, the edema of malnutrition and the edema of hookworm disease. The treatment of such edemas consists of a high protein diet and a low electrolyte intake.[31] Whipple found that liver and casein are the best animal, and soy bean the best vegetable, source for the rapid regeneration of plasma proteins.[31] However, after nephritis has reached an advanced stage the blood protein does not respond to protein feeding.[32] This is due not to the impairment of the kidney function[33] but probably to hepatic damage. The intravenous injection of plasma or of a colloid such as acacia will quickly raise the osmotic pressure above the critical level. One of the most promising means of combating hypoproteinemia is the use of aminoacid solutions intravenously, reported by Elman.[34] Though not yet commercially available, aminoacid infusions will doubtless become a standard therapeutic agent.

It is essential in the treatment of any form of hypoproteinemia not to give large amounts of fluids intravenously in the form of physiologic solution of sodium chloride.[35] This is particularly true when shock is due to loss of plasma (described under "Blood Volume"). To give large amounts of physiologic solution of sodium chloride to a patient in this condition (and this is the first thing physicians are apt to do when confronted with the acute state which the condition presents) will precipitate fatal pulmonary edema or cerebral dropsy with convulsions. What this state requires is plasma and more plasma.[36]

In a normal pregnancy, the average total protein is diminished to 5.93 Gm. per hundred cubic centimeters (albumin 3.7 Gm. and globulin 2.25 Gm.) with the patient on an average diet. On a low protein diet the average total protein is reduced to 5.62 Gm. (albumin 3.4 Gm. and globulin 2.2 Gm.). In patients with toxemia of pregnancy (rigidly excluding patients with glomerulonephritis, pyelonephritis and malignant nephrosclerosis), Strauss[27] found a further diminished plasma protein content, averaging 5.25 Gm. (albumin 3 Gm. and globulin 2.25 Gm.), and in eclampsia he found a further reduction to 4.75 Gm. (albumin 2.5 Gm. and globulin 2.25 Gm.). On the basis of such findings, Strauss uses, with excellent results, a low sodium chloride and sodium bicarbonate intake and a diet containing as high as 260 Gm. of protein a day in the treatment of eclampsia and the toxemia of pregnancy.

The clinical conditions which often (though not invariably) are accompanied by hyperproteinemia are multiple myeloma,[37] kala-azar,[38] granuloma inguinale[38] and Still's disease.[39] These all have hyperproteinemia with increase of the globulin and therefore are termed hyperglobulinemia. Because the osmotic effect of globulin is relatively small, the large increase of globulin in some cases has no effect that can be assigned to the hyperglobulinemia except an increased roueau formation of the red cells. In fact, in a few cases the correct lead to a diagnosis has been suggested by the rouleau formation noticed while a blood count was being done. Why the globulin increases in some diseases is not yet known. One of the highest values reported for plasma proteins was found in a case of multiple myeloma: total protein 13.78 Gm. per hundred cubic centimeters (albumin 2.43 Gm. and globulin 11.35 Gm.). Hyperglobulinemia is not a constant finding in multiple myeloma; in fact, less than half the patients show it, and almost as large a percentage have hypoglobulinemia.

In kala-azar, hyperglobulinemia has been consistently reported, though by no means in all the cases. The highest value recorded in a case of kala-azar was 10.52 Gm. (albumin 3.46 Gm. and globulin 7.06 Gm.).[39] Granuloma inguinale is often accompanied by a hyperproteinemia of about the same values as those of kala-azar.

Schumacher[40] reported the highest value for total protein so far recorded—23.27 Gm. per hundred cubic centimeters in a case of multiple myeloma.

Hyperglobulinemia has been reported in a few instances of cirrhosis of the liver, but the rule in hepatic cirrhosis is hypoprotein-

emia. This is especially true when ascitic fluid is removed, since that taken in one large tapping may contain as much as 500 to 600 Gm. of protein, mostly albumin.

In most infectious diseases, there is a slight elevation of the globulin level (probably because the immune bodies are contained in the globulin) and a slight decrease in albumin. This is also the case[41] in rheumatoid (atrophic) arthritis, but not in hypertrophic osteoarthritis, which is another argument for the infectious nature of the former. This fact is hardly useful in clinical differentiations, since there are more simple methods (estimation of the sedimentation rate, filament counts, etc.) to determine the same thing.

## X. Carbon Dioxide

The carbon dioxide-combining power of the blood plasma (or carbon dioxide content) has a normal value of 55 to 77 volumes per hundred cubic centimeters of blood. The greatest part of the carbon dioxide is carried in the blood chemically bound in the form of bicarbonate. According to Roughton,[42] about 20 per cent is carried with hemoglobin as a "carbamino" compound. The carbon dioxide content of the blood is more frequently misinterpreted than any other laboratory determination. A general idea prevails that a decreasing content invariably indicates acidosis and an increasing content alkalosis. Much less simple is the truth. Four variations of the $p^h$ of the blood (which is the true measure of acidosis and alkalosis) and the carbon dioxide content of the blood are possible, and all four variations are to be found clinically:

1. *Fall of Blood $p^H$ (Acidosis) with a High Blood-Carbon Dioxide Content.*—This occurs when carbon dioxide is inadequately excreted from the blood in the lungs or when it is inhaled or rebreathed in considerable amounts for some time.[43] It occurs clinically in uncompensated heart disease, since the pulmonary epithelium is too edematous or damaged to allow ready diffusion of carbon dioxide; in emphysema, in which the carbon dioxide tension in the alveolar air is raised, and in morphine or barbiturate poisoning owing to a decrease in respiratory volume.

2. *Fall of the Blood $p^H$ (Acidosis) with a Low Blood-Carbon Dioxide Content.*—This occurs in chronic nephritis, nephritis in which there is a retention of nonvolatile acid; in diabetes mellitus in which there is an increase of acid ketone substances, and after the ingestion of an acid salt such as ammonium chloride.[44]

3. *Rise of the Blood $p^H$ (Alkalosis) with a High Blood-Carbon Dioxide Content.*—This occurs when there is a marked loss of electrolyte from the body, as after severe vomiting, or when there is an abnormal ingestion of alkaline powders, as in the alkaline treatment of ulcers.[45]

4. *Rise of Blood $p^H$ (Alkalosis) with a Low Blood Carbon-Dioxide Content.*—This occurs with hyperpnea in a person with normal lungs.[46] The hyperpnea causes carbon dioxide to be blown off, with a reduction in the carbon dioxide content of the blood. This is commonly seen in the psychotic and neurotic states and is responsible for much of the irritability, nausea, vomiting, muscular aches, flushing, perspiration, weakness, rapid pulse and tetany which patients in these states experience.[47] This hyperventilation type of alkalosis, rather than acidosis, follows the ingestion of sulfanilamide and related compounds.[48] Because of the lowered blood carbon dioxide content, the John Hopkins group regarded this condition as acidosis, and huge amounts of sodium bicarbonates have wrongly been given with sulfanilamide ever since. This condition also tends to occur with fevers, at high altitudes, in tropical climates, with anoxemia, with some anemias, with partially compensated cardiac disease and after a hot bath. To give a patient with cardiac disease a hot bath often produces serious alkalosis and is not infrequently followed by fatal consequences.

Since the acidity of the stomach varies not with the blood $p^h$ but directly with the blood carbon dioxide content, it follows that the giving of alkalis, though it neutralizes the acid which is in the stomach, causes increased acid production after the alkali is absorbed. Sippy-treated ulcer patients do have high values for free hydrochloric acid in the stomach. The clinical value of this fact is denied by Kiefer.[49]

It must be understood that in any given case, not merely one but two or more of these variations may be at work, resulting in a compromise that is difficult of interpretation.

Probably the most practical use of the determination of the carbon dioxide content of the blood is in the management of diabetic coma, in which it is of greater value than the blood sugar determination. Joslin[50] stated that when the carbon dioxide content is below 20 volumes per cent a fatal coma is likely. A content below 10 volumes per cent in a patient with diabetic coma signifies the

presence of some severe additional complications. Recovery of a patient with a value for carbon dioxide as low as 2 volumes per cent has been reported.[51]

### XI. Calcium

The total calcium content of the blood plasma is normally from 9 to 11 mg. per hundred cubic centimeters of blood. This calcium is in two forms. The first, comprising 50 per cent of the total, is attached to the protein of the plasma and is therefore not diffusible. The remaining 50 per cent is in solution in the plasma fluid and is diffusible; that is, it can be dialyzed out of the blood and will pass through the capillary walls from or into the blood. The normal value for the diffusible calcium is from 4.25 to 5.25 mg. per hundred cubic centimeters.[52] All the physiologic functions which calcium has in the body are due to the diffusible calcium. These functions are: (1) playing a primary role in the ossification of bone, (2) regulating the excitability of nerve fibers and nerve centers, (3) producing adequate contractility of the heart muscle, (4) aiding in the coagulation of blood and milk, and (5) diminishing the permeability of the capillary endothelium.

Changes in the total calcium can occur because of shifts in either the diffusible or the nondiffusible fraction. If the plasma protein is increased or decreased, the nondiffusible calcium will be correspondingly increased or decreased. Consequently the diseases which have hyperproteinemia (see "Protein") will also have hypercalcemia. In these diseases the diffusible calcium remains normal. Hypercalcemia or hypocalcemia resulting from changes in the protein-attached calcium have no known physiologic effect in the body.

One factor, and only one, controls the concentration of the diffusible calcium, and that is the hormone of the parathyroids. The parathyroid hormone keeps the diffusible calcium in a supersaturated solution in the blood and regulates its concentration by facilitating a ready interchange of calcium between plasma and solid bone. In parathyroid hyperfunction the diffusible calcium (and consequently the total calcium) becomes elevated, while the nondiffusible calcium remains constant. In parathyroid hypofunction the diffusible calcium (and consequently the total calcium) becomes reduced. In cases of obscure involvement it sometimes becomes necessary to determine whether a high total calcium content might be due to an increase in diffusible calcium (hyperparathyroidism) or to an increase in nondiffusible calcium (hyperproteinemia). This can be done of course by directly determining the diffusible calcium. But this is a difficult procedure, out of the reach of the average technician. However, the diffusible calcium can be accurately determined indirectly, by means of McLean's chart,[52] if one knows the level of total calcium and of total protein. Determination of the total calcium is not a difficult procedure, and the Kagan protein method[23] has rendered the determination of the total protein very simple. And so the value for diffusible calcium has become possible of determination in the average laboratory.

The clinical conditions in the diagnosis of which blood calcium determinations are important can be summarized as follows:[52]

*Elevated Blood Calcium (11.5 to 20 Mg. per 100 Cc.)*
- Hyperparathyroidism
- Hyperproteinemia (especially multiple myeloma)
- Overdosage of viosterol, calciferol or dihydrotachysterol

*Blood Calcium Within or Near Normal Range (9 to 11 Mg. per 100 Cc.)*
- Rickets
- Osteomalacia
- Paget's disease
- Senile osteoporosis
- Calcinosis universales
- Tetany of alkalosis

*Lowered Blood Calcium (4 to 8.5 Mg. per 100 Cc.)*
- Hypoparathyroidism, including parathyroid tetany
- Hypoproteinemia
- Hyperphosphatemia of nephritis and uremia
- Rickets and osteomalacia in a few cases
- Infantile tetany

Occasionally carcinoma with marked metastatic destruction of bone may result in hypercalcemia with a level as high as 19 mg. per hundred cubic centimeters.[53]

Tetany in man is of four kinds, three of which result from a lowered calcium content.

None of these three kinds occurs unless the total blood calcium is 7 mg. or less per hundred cubic centimeters or the diffusible calcium is 3 mg. or less.[52] However, the reverse is true. A patient with a calcium content below 7 mg. may not be in tetany. This is particularly true after total parathyroidectomy; the patient gradually compensates in some way for the low calcium content and can often tolerate extremely low levels without tetany. The reduction of total serum calcium resulting from a low plasma protein content does not result in tetany. The four types of tetany are:

1. Parathyroid Tetany. This occurs when parathyroid tissue is extensively removed.

2. Infantile Tetany. This is usually, though not invariably, associated with rickets and includes the tremors and cyanotic spells of the newborn.

3. Nephritic Tetany. This is sometimes seen in association with severe nephritis with lowering of the blood calcium.

4. Tetany of Alkalosis. This is the only type not associated with a low calcium content. It is most commonly seen in association with the alkalosis resulting from spontaneous overbreathing by neurotic women and has been described under "Carbon Dioxide." The symptoms are relieved by raising the $p^H$ of the blood either by having the patient rebreath carbon dioxide from a paper bag or by administering an acid salt and cannot be helped by the injection of calcium.

Treatment of the three types of tetany due to a low blood calcium content consists in raising the level of calcium in the blood. A high intake of calcium is of course necessary. The calcium-retaining foods are milk (1.49 Gm. per liter), cheese (5 to 10 Gm. per kilogram), butter and green vegetables. Additional calcium can be given as calcium chloride, lactate or gluconate. A new form, apparently effective, a double salt of calcium lactobionate and calcium bromide, has been used by Litchfield.[54] The best time for oral administration of calcium is two to three hours after meals, for then the acidity of the small bowel is increased, acid calcium phosphate is formed and more absorption occurs. It must be remembered that in the presence of gastric achlorhydria the absorption of calcium is deficient and the patient may show a low blood calcium content from no other cause. Vitamin D is essential for adequate calcium absorption. Especially potent are viosterol and calciferol, but most potent of all is the substance known as dihydrotachysterol. Uncontrolled administration of this substance has been known to result in fatal hypercalcemia. It has been shown to be effective in maintaining a satisfactory blood calcium level after total parathyroidectomy. The level of blood calcium must be carefully watched during its administration. For this purpose, blood calcium determinations are fortunately unnecessary, since the rough calcium determination devised by Sulkowitch is adequate.[55]

The Sulkowitch reagent is made by dissolving 2.5 Gm. of oxalic acid, 2.5 Gm. of ammonium oxalate and 5 cc. of glacial acetic acid in 150 cc. of distilled water. Equal parts of this are added to urine. The calcium precipitates out and the reading is made as follows:

No precipitate = no calcium in urine = a blood calcium content of 5 to 7.5 mg. per hundred cubic centimeters.
Fine white cloud = moderate calcium = a blood calcium of 9 to 11 mg.
Milky precipitate = hypercalcemia.

The final and most effective measure for raising the blood calcium content is the administration of parathyroid hormone.

Hyperparathyroidism may result either from a primary adenoma of the parathyroids or from an idiopathic hypertrophy the etiology of which is unknown.[56] Besides the changes in bone which are so characteristic, there is a striking group of symptoms resulting from the hypercalcemia: loss of appetite, diarrhea, vomiting, dulness, drowsiness and general muscular flaccidity.

Since hypocalcemia causes a prolongation of systole in the heart, the condition can be and frequently has been diagnosed by means of an electrocardiogram prior to a blood calcium determination. There is a marked prolongation of the Q–T interval on the electrocardiogram in cases of hypercalcemia.[57]

The level of blood calcium is not affected by the sex hormones,[58] nor is it affected by an increase of age.[59] It remains normal in allergy,[60] in the psychotic disorders,[61] including the convulsions of epilepsy, and in arthritis of the various types.

## Normal Values of Blood

| | *Range* | *Average* |
|---|---|---|
| Blood volume | 75–85 cc. per kilogram of body weight | 80 cc. |
| Blood cell volume | 45–55% of whole blood | 50% |
| Nonprotein nitrogen | 25–38 mg. per 100 cc. | 33.9 mg. |
| Urea nitrogen | 11–16 mg. per 100 cc. | 13.5 mg. |
| Mosenthal ratio | 20–44% | 40% |
| Uric acid | 0.7–3.7 mg. per 100 cc. | 2.0 mg. |
| Creatinine | 1–2 mg. per 100 cc. | 1.5 mg. |
| Protein | 6.2–8.0 Gm. per 100 cc. | |
| Albumin | 3.6–5.0 Gm. per 100 cc. | |
| Globulin | 2.0–3.5 Gm. per 100 cc. | |
| Carbon dioxide | 55–77 volumes % | |
| Calcium | 9–11 mg. per 100 cc. | 10 mg. |
| Phosphorus | 3–4.5 mg. per 100 cc. | |
| Chlorides | 450–500 mg. per 100 cc. (whole blood) 575–625 mg. per 100 cc. (plasma) | |
| Sugar | 80–120 mg. per 100 cc. | |
| Icterus Index | 4–6 | |
| Cholesterol | 140–225 mg. per 100 cc. | 190 mg. |

### REFERENCES


1. Goldbloom, A., and Libin, I.: Clinical Evaluation of the Circulating Blood Volume, Arch. Int. Med. 55: 484, 1935.
2. Gibson, J. G., and Harris, A. W.: Clinical Studies of the Blood Volume: V. Hyperthyroidism and Myxedema, J. Clin. Investigation 18: 59, 1939.
3. Gibson, J. G., and Harris, A. W.: Clinical Studies of the Blood Volume: VIII. J. Clin. Investigation 18: 621, 1939.
4. Keith, N. M., Rowntree, L. G., and Geraghty, J. J.: A Method for the Determination of Plasma and Blood Volume, Arch. Int. Med. 16: 547, 1915.
5. Gibson, J. G., and Evans, W. A.: Clinical Studies of the Blood Volume: I. J. Clin. Investigation 14: 301, 1937.
6. Gibson, J. G., and Evelyn, K. A.: Clinical Studies of the Blood Volume: IV. J. Clin. Investigation 14: 301, 1937.
7. Wood, W. B., and Janeway, C. A.: Change in Plasma Volume During Recovery from Congestive Heart Failure, Arch. Int. Med. 62: 151 (July) 1938.

   Landau, A., Markson, M., Goliborska, T., and Lewicke, I.: Sur la quantité du sang circulant et sur son comportement dans l'insuffisance cardiaque chronique, Arch. d. mal. du couer 27: 453, 1934.
8. Bazett, H. C.: The Effect of Heat on the Blood Volume and Circulation, J.A.M.A. 111: 1841 (Nov. 12) 1938.

   Bazett, H. C., Sunderman, F. W., and others: Climatic Effects on the Volume and Composition of Blood in Man, Am. J. Physiol. 129: 69, 1940.
9. Harkins, H. N., and Harmon, P. H.: Blood Concentration Produced by Plasmapheresis, Surgery 1: 276 (Feb.) 1937.
10. Harkins, H. N., and Harmon, P. H.: Plasma Exudation, Ann. Surg. 106: 1070, 1937.
11. Snell, A. M.: Mayo Clinic: Personal Communication to the Author, Lemmer K. E., and Malec, J. P.: Drainage of the Common Bile Duct with Resultant Extrarenal Azotemia, Arch. Surg. 39: 125, 1939.
12. Ingegno, A. P.: The Elevated Blood Urea of Acute Gastrointestinal Hemorrhage and Its Significance, Am. J. M. Sc. 190: 770, 1935.
13. Ragan, C., Farrebee, J. W., and others: Effect of Desoxycorticosterone Acetate upon Plasma Volume in Patients during Ether Anesthesia and Surgical Operation, Proc. Soc. Exper. Biol. & Med. 42: 712 (Dec.) 1939.
14. Fine, J., Fuchs, F., and Mark, J.: Effect of Desoxycorticosterone on Plasma Volume in Intestinal Obstruction, Proc. Soc. Exper. Biol. & Med. 43: 514 (March) 1940.
15. Haden, R. L.: The Red Cell Mass in Polycythemia in Relation to Diagnosis and Treatment, Am. J. M. Sc. 196: 493 (Oct.) 1938.
16. Haden, R. L.: Principles of Hematology, Philadelphia, Lea & Febiger, 1939.
17. Osgood, E. E.: Hemoglobin Color Index, Saturation Index and Volume Index Standards, Arch. Int. Med. 37: 685, 1926.
18. Wintrobe, M. M.: Anemia, Arch. Int. Med. 54: 256, 1934.
19. (a) Blum, L., Grabar, P., and Van Caulaert, C.: L'azotémie, Ann. de méd. 35: 34, 1929.
    (b) Haden, K. L., and Guffy, D. C.: A Case of Pernicious Vomiting of Pregnancy with Low Blood Chlorides and Marked Response to Sodium Chloride Therapy, Am. J. Obst. & Gynec. 8: 486, 1924.
    (c) Borst, J. G.: Urämie durch Kochsalzmangel, Ztschr. f. klin. Med. 117: 55, 1931.
    (d) Jeghers, H., and Bakst, H. J.: The Syndrome of Extrarenal Azotemia, Ann. Int. Med. 11: 1861, 1938.
    (e) Wohl, M. G., and Brust, R.: Nonrenal Azotemia, J. Lab. & Clin. Med. 23: 450 (Feb.) 1938.
    (f) McCance, R. A.: Experimental Sodium Chloride Deficiency in Man, Proc. Roy. Soc., London, s. B. 119: 245, 1936.
    (g) Hartmann, A. F., and Darrow, D.: J. Clin. Investigation 6: 127, 1928.
    (h) Teitlebaum, M.: The Relationship Between the Chlorides and Nitrogenous Waste Products in the Blood, J. Lab. & Clin. Med. 23: 689, 1938.
    (i) Ingegno.[12]
    (j) Myers, S. Q.; Brines, and Julian: The Acutely Ill Jaundiced Patient with Azotemia, Am. J. Digest Dis. & Nutrition 2: 346 (Aug.) 1935.
    (k) Lemmer and Malec.[11]
20. Cytronberg, S.: The Vicarious Function of the Liver in Clinical and Experimental Azotemia, New York State J. Med. 39: 1316 (July 1) 1939.
21. (a) Mosenthal, H. O., and Hiller, A.: The Relation of the Nonprotein Nitrogen to the Urea Nitrogen of the Blood, J. Urol. 1: 74, 1917.
    (b) Mosenthal, H. O., and Bruger, M.: The Urea Ratio as a Measure of Renal Function, Arch. Int. Med. 55: 411 (March) 1935.
22. Lewis, W. H., and Alving, A. S.: Changes with Age in the Renal Function of Adult Men, Am. J. Physiol. 123: 500 (Aug.) 1938.
23. Kagan, B. M.: A Simple Method for the Estimation of the Total Protein Content of Plasma and Serum, J. Clin. Investigation 17: 369 (July) 1938.
24. Hand, H. M.: Concentration of Serum Protein in Different Types of Edema, Arch. Int. Med. 54: 215, 1934.
25. Starling, E. H.: On the Absorption of Fluids from the Connective Tissue Spaces, J. Physiol. 19: 312, 1895.
26. Thomason, W. A.: Plasma Proteins and Cardiac Oedema, Quart. J. Med. 3: 587, 1934.
27. Strauss, M. B.: Observations on the Etiology of Toxemias of Pregnancy, Am. J. M. Sc. 190: 811, 1935; 194: 772, 1937; 195: 723, 1938.
28. Villela, G. G., and Teixeira, A.: Blood Chemistry in Hookworm Anemia, J. Lab. & Clin. Med. 22: 567, 1937.
29. Moore, N. S., and Van Slyke, D. D.: The Relationships Between Plasma Specific Gravity, Plasma Protein Content and Edema in Nephritis, J. Clin. Investigation, 8: 337, 1930.

30. Farr, L. E., and Van Slyke, D. D.: Relation Between Plasma Protein Level and Edema in Nephrotic Children, Am. J. Dis. Child. 57: 306, 1939.

31. Holman, R. L., Mahoney, E., and Whipple, G. H.: Blood Plasma Protein Controlled by Diet, J. Exper. Med. 63: 277, 1936.

32. Kentmann, E. H., and Bassett, S. H.: J. Clin. Investigation, 14: 871, 1935.

33. Holman, R. L., and Mebane, J. G.: The Influence of Nitrogen Retention Upon the Regeneration of Plasma Proteins, J. Exper. Med. 71: 299, 1940.

34. (a) Elman, R.: Amino-Acida, Washington University Alumni Quarterly, 1: 192 (July) 1938.
(b) Corbould, I., Clark, R. H., and McKechnie, R. E., Jr.: The Intravenous Feeding of Amino-Acids, Am. J. Digest. Dis. & Nutrition, 6: 185 (May) 1939.

35. Evans, J. A., and Shulman, H.: On the Danger of Forcing Fluids in Malnutrition, Am. J. M. Sc. 199: 237, 1940.

36. Drew, C. R., Scudder, J., and Papps, J.: Controlled Fluid Therapy, Surg., Gynec. & Obst. 70: 859 (May) 1940.

37. Sweigert, C. F.: Multiple Myeloma with Hyperproteinemia, Am. J. M. Sc. 190: 245, 1936.

38. Wise, C. R., and Gutman, J.: The Formo-Gel Reaction, Am. J. M. Sc. 194: 263, 1937.

39. Taussig, A.: Still's Disease with Hyperproteinemia, J. Lab. & Clin. Med. 23: 833 (May) 1938.

40. Schumacher, I. C., Williams, O. O., and Coltrin, G. S.: Plasma Cell Myeloma and Hyperproteinemia, California and West. Med. 47: 175 (Sept.) 1937.

41. Davis, J. S.: Protein Studies in Atrophic and Hypertrophic Arthritis, J. Lab. & Clin. Med. 21: 478, 1936.

42. Roughton, F. J. W.: Recent Work on Carbon Dioxide Transport by Blood, Physiol. Rev. 15: 241, 1935.

43. Haggard, H. W.: Hemato-Respiratory Functions, J. Biol. Chem. 44: 131, 1920.

44. Davis, W. H., and Haldane, J. B. S.: Experiments on the Regulation of the Blood's Alkalinity, J. Physiol. 55: 265, 1921.

45. Apperly, F. L., and Crabtree, M. G.: The Relation of Gastric Function to Chemical Composition of the Blood, J. Physiol. 73: 331, 1931.

46. (a) Haldane, J. B. S.: Experiments on the Regulation of the Blood's Alkalinity, J. Physiol. 55: 265, 1921.
(b) Haldane, J. B. S.: Experimental and Therapeutic Alterations of Human Tissue Alkalinity, Lancet 1: 537, 1924.

47. Kerr, W. J., Dalton, J. W., and Gliebe, P. A.: Some Physical Phenomena Associated with Anxiety States, Ann. Int. Med. 11: 961 (Dec.) 1937.

48. Hartman, A.; Perley, and Barnett: A Study of Some of the Physiologic Effects of Sulphanilamide, J. Clin. Investigation 17: 465 (July) 1938.

49. Kiefer, E. D.: The Interdependence of Gastric Secretion and the $CO_2$ Content of the Blood, Am. J. Digest. Dis. & Nutrition, 4: 667, 1937.

50. Joslin, E. P., and others: Diabetic Coma, M. Clin. North America, 13: 11, 1921.

51. Hardt, L. L., and Rivers, A. B.: Toxic Manifestations Following the Alkaline Treatment of Peptic Ulcer, Arch. Int. Med. 31: 171, 1923.

52. McLean, F. C., and Hasting, A. B.: The Clinical Estimation and Significance of Calcium-ion-Concentrations of the Blood, Am. J. M. Sc. 189: 601, 1935.

53. Adamson, G. L., and Boyd, W.: Malignant Disease and Canad. M. A. J. 35: 308, 1936.

54. Litchfield, H. R.: Tremors of the Newborn: Tetany and Nervous Manifestations of Children, Am. J. Dis. Child. 52: 1312, 1936.

55. Albright, F.: The Management of Hypoparathyroidism with Dihydrotochysterol, J.A.M.A. 112: 2592 (June 24) 1939.

56. Albright, F., Sulkowitch, H., and Bloomberg, E.: Hyperparathyroidism Due to Idiopathic Hypertrophy of Parathyroid Tissue, Arch. Int. Med. 62: 199, 1938.

57. Barker, P. S.: The Duration of Systole in Hypocalcemia, Am. Heart J. 14: 82, 1937.

58. Marlow, W. H., and Koch, F. C.: The Effect of Sex Hormones on Blood Calcium and Inorganic Blood Phosphate Levels, Endocrinology, 21: 85, 1937.

59. Kirk, E., Lewis, W. H., and Thompson, W. R.: The Effect of Age on the Plasma Calcium Content of Men, J. Biol. Chem. 111: 641, 1935.

60. Sherman, W. B., and Gladder, M.: The Calcium ion Concentration of the Serum in Allergic Diseases, Am. J. M. Sc. 194: 674, 1937.

61. Tingery, A. H., and Herdwick, S. W.: Serum Calcium in Some Psychotic Disorders, J. Ment. Sc. 81: 528, 1935.

## SCHERING AWARD

Ten outstanding American endocrinologists and authorities in the related fields of medicine and chemistry have agreed to participate in judging the Schering Award, according to the Committee on the Schering Award of the Association of Medical Students. Among these judges is Dr. E. L. Sevringhaus, professor of medicine, University of Wisconsin Medical School.

The Schering Award offers scholarships to medical students preparing the best dissertations on the history of endocrine research. The scholarships have been donated by the Schering Corporation to the Association of Medical Students in order to encourage the current interest in endocrinological developments by offering talented medical students a chance to pursue an inquiry into the history of endocrine research. All interested medical students should contact the Committee on the Schering Award, Association of Medical Students, 25 Madison Square North, New York, N. Y.

# Silicosis*

By A. J. LANZA, M. D.
*Assistant Medical Director, Metropolitan Life Insurance Company*
*New York*

SINCE 1930, when silicosis first attracted the attention of the general medical profession in this country, much progress has been made in both knowledge of the disease and its prevention in the industries in which it is a hazard. Laboratory research of the highest order and numerous industrial surveys, which included the correlation of working conditions with the physical examination of the workers, have added immensely to the knowledge of how silica acts and what are the factors which influence that action.

A much better conception has been gained of the etiology and diagnosis of silicosis. Silicosis can result only from inhalation of the dust of free, or uncombined, silica in sufficient quantities to damage the pulmonary tissue. I do not believe that it is possible today to sustain a claim for silicosis in a person who has not been exposed to silica, though this has happened in the past. As with other diseases, ability in diagnosis depends upon a clear understanding of the etiology. The silica dust must be present in the air in particles sufficiently small to penetrate to the lung tissue, that is, under 10 microns in size, mostly from 1 to 3 microns. Unfortunately most silica industries produce dust within these size ranges. The dust must be present in large quantities. In this country, air is sampled and the dust particles counted according to a standard technic established by the United States Bureau of Mines and the United States Public Health Service, and the result is expressed as so many million particles per cubic foot, only particles under 10 microns being counted. Numerous committees have held innumerable conferences endeavoring to establish permissible limits for dust counts, but so far only a few standards limited to particular processes have been offered.

Not only must the dust be present in large quantities, but the exposure must extend over a long period, which, in the main, in industries in this country today means in excess of ten years. The physician will encounter isolated cases or groups of cases in which the exposure may be as short as eighteen months or two years, but the circumstances will be unusual.

Finally in etiologic considerations, one must take cognizance of other substances which may be present with the silica and which may influence its action. This does not mean substances in combination with the silica, because if there is one point that has stood the test of time, it is that only free silica will produce the characteristic effect, and silicates will not do so.

The early investigations of silicosis were based on clinical studies of men working in mines where the dust was derived largely from quartz and was present in enormous quantities. The classic picture of silicosis, which still stands today, was evolved from these studies. The intensive investigations of recent years have broadened the point of view. As Gardner has well expressed it: "Since most industrial dusts are mixtures, modifications of the classic picture of pure silicosis are the rule rather than the exception. It cannot be too strongly emphasized that both the pathologic and the clinical manifestations of silicosis in different industries are not identical in all details. Observations that are perfectly valid for anthraco-silicosis may be inapplicable to miners of other hard rock, granite cutters or porcelain workers."

One other factor has an etiologic bearing, namely individual susceptibility. Variations in susceptibility are often more apparent than real; differences observed in the action of silica on persons of the same group are difficult to understand and I believe are due frequently to the fact that the physician is unable to get accurate work histories for the number of years involved and has no knowledge of what might have been the physical condition of each person when exposure to silica commenced. Obviously the

* Presented before the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

person whose lungs are already the seat of a pathologic process, such as a tuberculous lesion, is more vulnerable to the action of silica than one whose lungs are normal. Increased susceptibility is an acquired rather than an inherent quality. Beyond that, it is a term that is greatly overworked and too often employed to cover up a lack of knowledge. If a man's lungs are exposed to a sufficient amount of silica dust, the factor of protection he would receive on the basis of susceptibility would generally be of little consequence.

Without a fair idea of the etiologic factors in a given case or group of cases, the physician is handicapped in making a diagnosis. A statement that silicosis is present after an exposure of a few months is justly regarded with suspicion, and the presumptive diagnosis is usually found to be untenable. Of course the bed rock of diagnosis is the roentgenogram and the criterion of silicosis is the presence of typical nodules, evenly distributed throughout both lungs except where infection or other advanced process has in part obscured or produced a coalescence of the nodules. He who relies only on the roentgenogram for diagnosis is not going to escape embarrassing episodes. All the help that can be obtained from the work history and from other diagnostic procedures is not too much on many occasions.

The physician who is called on to make the diagnosis in an isolated case is at a disadvantage when compared to the physician who is making a study of an industry and comes to recognize the particular pattern of the roentgenograms in industry and can correlate them with extent and duration of exposure to silica. Usually when all the factors are known, the diagnosis of silicosis is not difficult. It is possible to determine in most cases whether infection is present, as attested by opaque shadows resulting from a consolidation of nodules and tenting of the diaphragm and possible evidence of cavities. However, the diagnosis may be very difficult and at times one cannot say whether infection is or is not present in cases of far advanced silicosis. The clinical symptoms may be a guide, but a person whose film is typical of infection may have few if any symptoms. Often the intensity of symptoms is quite in disproportion to the extent of involvement shown on the roentgenogram of the chest, and a patient whose roentgenogram shows a great deal of pathologic involvement may look and feel quite well. It is the tendency of most physicians who have been engaged in the study of silicosis for a number of years to get more and more conservative, especially in interpreting roentgenograms of men actively at work.

### Statistical Surveys

In 1931, a relatively long time ago in the history of silicosis, at the request of the Wisconsin Industrial Commission and of the Wisconsin Manufacturers' Association, a survey was made of foundries in Wisconsin. Twenty-one were included in the study, and 215 roentgen examinations were made, the men being selected from locations where exposure to dust was found to be greatest. Of 130 men examined who were employed in gray iron foundries, 1 had second degree silicosis, plus tuberculosis, with fifteen years' exposure; 31 had first degree silicosis and the condition of 30 was classed as doubtful. The 31 with first degree silicosis had exposures ranging from three to twenty-four years.

Of 62 men from steel foundries, 2 had second degree silicosis and 25 first degree silicosis, with the condition of 6 being doubtful. The duration of exposure of these men ranged from two to twenty-nine years. Of 18 men from malleable iron foundries, 7 had first degree silicosis and the condition of 2 was doubtful. Most of the dust, incidentally, was found to result from defective equipment or lack of proper maintenance of equipment.

Two years ago, Dr. Sander, of Milwaukee, reported that marked differences existed in the extent of the hazard in foundries, resulting in a variety of lung changes, ranging all the way from classic silicosis in unprotected sand blasters to a complete lack of silicotic pattern in many molders and core makers of forty years' exposure.

In Sander's study of 4,000 foundry workers, one half of whom had less than ten years' exposure, 7 per cent were silicotic and 22 per cent of these were also tuberculous. Simple silicosis progressed very slowly, and tuberculosis appeared to become evident only after the silicosis was definitely established. This, incidentally, is the universal experience; that is, when there is considerable silicotic damage to the lungs, the chances of tuberculous infection are great. These foundry studies present a clinical picture of a moderate hazard of a type that can be and is being controlled by adequate engineering methods. For this, credit must be given to the industry. Control of dust is frequently a matter of considerable technical difficulty, and the best engineering brains have been employed and a great deal of money has been expended in dealing with dust hazards.

Information given me by Cummings, of the Saranac Laboratory, reveals that studies in the mining industry showed that about 26 per cent of the first miners examined had silicosis and 34 per cent of these also were tuberculous, whereas only 6 per cent of nonsilicotic miners showed evidence of tubercular infection. Here is a clinical picture indicating a hazard which in intensity lies between that of the foundries, on the one hand, and that of the more hazardous types of quartz mining, on the other. The mining industry, confronted by a serious situation, has effected a really outstanding accomplishment in bringing dust under control. I understand that figures showing the cumulative experience of the mines since corrective measures were undertaken will soon be available.

Through the courtesy of Dr. Brehm, of the state Bureau of Industrial Hygiene, I have received some excellent statistical material. These tables are comprehensive, and I commend them to physicians who desire detailed statistical information. I will quote briefly from them. From 1921 to 1939 inclusive, 595 persons with silicosis have been compensated in Wisconsin. Foundries contributed 352, stone cutting 117 and iron mining 60. The remaining 66 are distributed in quarrying, grinding and other occupations. It is interesting to see how the cases show up by years.

In 1934, 133 persons were compensated;
in 1935, 135 persons were compensated;
in 1936, 57 persons were compensated;
in 1937, 27 persons were compensated;
in 1938, 15 persons were compensated, and
in 1939, 11 persons were compensated.

I will not attempt to give the elaborate breakdown by age groups, occupations, years of exposure and diagnoses which is available to persons interested, but it certainly furnishes a most favorable reflection on the state of Wisconsin. Too much credit cannot be given to the Wisconsin Industrial Commission, which has from the beginning adopted a wise and progressive attitude. I was impressed several years ago on attending a symposium on silicosis at Saranac Lake, N. Y., to find that the members of the Industrial Commission were in attendance.

I want to make a brief reference to the Wisconsin program of physical examinations, which, I am informed, is becoming more and more widely adopted. The importance of this program with relation to silicosis cannot be overemphasized. In past years there were situations in industry in which a very grave silica hazard produced such an intensity of pulmonary reaction that disability would occur even in the absence of infection, although most of the men became infected eventually. The type of silicosis seen now does not produce disability in the absence of infection. The Wisconsin Industrial Commission recognized this fact and in a number of instances has ruled that second degree silicosis is not disabling. Infection is the important element, and it is essential not only to determine as far as practicable when a silicotic person becomes infected but to shield him, when uninfected, from contact with persons who may spread tubercular infection. The periodic examination is the only way that can be done. It is the tuberculosis phase of the dust hazard that deserves the most careful attention. Tuberculosis case finding is essential to the control of tuberculosis, but it is doubly important in industries in which there is a dust hazard.

Furthermore, while engineers may use their skill to lessen the dust hazard, there is only one way to find out whether their continued efforts are successful, and that is to study the effect on the workmen concerned, and this can be done only by a physical examination.

There arises the question of what to do with the silicotic person. In the absence of tuberculous infection or of other complicating disease which may produce disability, every effort should be made to keep him at his work. This, of course, presupposes that measures are taken to control the exposure to dust, so as not to subject him unjustifiably to a continuation of his hazard. From the medical standpoint, it is important to determine whether the workman with simple silicosis may be exposed to open tuberculosis in his home or in his family associations. The more attention that is paid to the possibility of tubercular infection, the less disability will be seen from silicosis.

The silicosis record in Wisconsin reflects great credit on both industry and the authorities. This should not encourage any sense of false security. Silica dust is a formidable foe, demanding constant watchfulness from physician and engineer. The hazard from silica dust in any industry should never be taken for granted.

### REFERENCES

1. Gardner, Leroy U.: The Pathology and Roentgenographic Manifestations of Pneumoconiosis, J.A.M.A. 114: 535–545 (Feb. 17) 1940.
2. Sander, O. A.: Lung Findings in Foundry Workers: A Four Year Survey, Am. J. Pub. Health, 28: 601–609 (May) 1938.

# Tetanus With Recovery

By LELAND C. POMAINVILLE, M. D., and L. M. MORSE, M. D.
*Wisconsin Ropids* *Milwaukee*

IN REVIEWING the literature[1, 2, 3, 4, 5, 6] on tetanus reported in *The Wisconsin Medical Journal,* one is impressed with the small amounts of tetanus antitoxin that have been given as compared to the large amounts that are administered in modern times. The usual procedure was to give small amounts of tetanus antitoxin early with increasing doses as the disease progressed. The smallest amount of antitoxin serum given with recovery was 3,000 units;[4] the largest amount was 74,500 units.[5] In general, the routes of administration were intramuscularly and intravenously. In all there were reports of 9 patients with tetanus, all of whom made recoveries. The death rate cited by various authors in cases of tetanus varies from 50 to 70 per cent.

## Report of a Case*

*History:* A boy (H. T.), aged 16, went squirrel hunting on September 22, 1940. While hunting, he received a powder burn of his right hand, which was scratched on some bushes leaving two linear scars about 1 inch long on the back of the right hand between the thumb and index finger. On September 27, he noticed some stiffness of the neck.

*Physical examination:* He was first seen on the morning of October 2, 1940, ten days after the injury, at which time physical examination revealed muscular rigidity of the muscles of the neck and back. The temperature was 98.6° F. A spinal puncture was attempted twice, for diagnostic purposes. Due to hyperextension of the spine and marked rigidity of the muscles of the back, this was unsuccessful. A tentative diagnosis of poliomyelitis was made, and 20 cc. of convalescent serum were administered.

*Treatment:* On the afternoon of October 2, the patient developed trismus which was almost complete. It was possible to flex the arms and legs only with extreme difficulty because of muscular rigidity. A diagnosis of tetanus was made and 20,000 units of tetanus antitoxin were given intramuscularly.

On October 3, the patient received 80,000 units of antitoxin intravenously. He had a convulsion which lasted five minutes, bit his tongue in several places, experienced difficulty in breathing and swallowing, and had tonic contractures of all the muscles of the body, with much pain. During the next two days he had two more convulsions.

On October 5, 5 cc. of intravenous Pentothal (3¾ grains or 0.2½ Gm.) with ¼ grain of morphine were administered, which gave the patient complete and immediate rest for eight to ten hours. When he was put to sleep a clothespin was inserted between his teeth and he was fed by means of a small piece of rubber tubing. For the next eight evenings he received the same therapy. The tetanus antitoxin was given as follows:

1. October 4, 120,000 units intravenously.
2. October 5, 120,000 units intravenously.
3. October 6, 120,000 units intravenously.
4. October 7, 80,000 units intravenously.
5. October 8, 40,000 units intramuscularly.

*Recovery:* On October 9 (the seventh day of the disease), the jaw muscles were beginning to relax but his body was completely rigid. On October 14, all the muscles of the body began to relax, beginning with the leg muscles and working up towards the neck muscles. On October 22, one month after the injury, the neck muscles were still in contracture and the neck was held in a flexed position. All the other muscles of the body were completely relaxed. On October 30, the patient was completely relaxed; there was no spasticity of the muscles and he walked to the office.

## Discussion

Vener,[7] who made an exhaustive study of 100 patients with clinical tetanus, concluded that regardless of age, sex, incubation period, site or type of injury and mildness of symptoms, the prime object in the management of tetanus is to give a minimum dose of 200,000 units of antitoxin in a definite period of twenty-four to thirty-six hours. Thereafter the patient is not disturbed for a period of ten days to two weeks, except to give 1,500 units every four days to maintain desensitization until recovery or death ensues.

This patient apparently had a virulent infection. It was felt that the large amounts of tetanus antitoxin and sedation were responsible for his recovery. One can only conjecture as to whether or not this patient would have recovered with less serum. At no time did he develop serum sensitiveness. The original skin scratches were very superficial and apparently trivial. This patient was treated at the home and at no time was the

* Treated at home.

temperature more than 98.6° F. The rigidity of the muscles seemed to decrease beginning with the legs and lastly in the neck.

## Summary

The case reported is that of a patient with tetanus who was treated in the home and recovered. A total of 580,000 units of tetanus antitoxin was administered, of which 60,000 units were given intramuscularly and the remainder intravenously. The patient recovered probably because large amounts of antitoxin were used and sedation was complete. Each case of tetanus should be regarded as an emergency.

### BIBLIOGRAPHY

1. Waters, D.: A Case of Tetanus Recovery. Wisconsin M. J. 4: 703–705 (May) 1906.
2. Dvorak, M. W.: Report of Two Cases of Traumatic Tetanus with Recovery. Wisconsin M. J. 10: 20–21 (June) 1911.
3. Longley, J. R.: Tetanus: Site of Infection Unknown, Recovery. Wisconsin M. J. 14: 101–102 (August) 1915.
4. Kemper, W. G.: Three Cases of Tetanus with Recovery. Wisconsin M. J. 21: 281–283 (December) 1922.
5. Milson, Louis and Hendrickson, H.: Tetanus: A Case Report. Wisconsin M. J. 25: 345 (July) 1926.
6. Trautmann, Milton: Treatment of Tetanus: with Case Report. Wisconsin M. J. 33: 840 (November) 1934.
7. Vener, H. I., and Bower, A. G.: Clinical Tetanus. Treatment in 100 Consecutive Cases with a Net Mortality Rate of 19 Per Cent. J. A. M. A. 116: 1627–1631 (April 12) 1941.

# Testosterone in the Treatment of Testicular Deficiency and Prostatic Enlargement*

By WALTER M. KEARNS, M. D.
*Milwaukee*

THE chemists have produced in rapid succession a large series of potent steroids—potent steroidal hormones. These hormones have been assayed in animals with phenomenal results. Male and female castrated animals have been returned to masculinity and femininity. The female hormones have been used in the male and the male hormones in the female, bringing about the development of changes characteristic of the opposite sex as well as depression of the functions typical of the sex.

In the female guinea pig, testosterone has brought about resolution of endometrial hyperplasia artificially produced with estrogens. London workers have brought about the development of a prostate gland in the urethra of the castrated female monkey by the administration of testosterone—a typical prostate gland developing in the vestigial structures normally present in the female urethra. This development has clinical implications, since the presence of infected glandlike structures in the human female urethra as a possible origin of pyelitis in young girls has been a controversial subject for some time. The question now appears settled.

In male monkeys with estrogen-induced prostatic enlargement the administration of testosterone, through an action antagonistic to estrogens, retards the enlargement and ultimately brings about retrogression in the prostate gland.

This antagonistic action between the androgens and the estrogens has been frequently demonstrated. One acts as a pacemaker for the other when the predominating one is present in excess. When the relative amounts are more equal the antagonistic action becomes apparent and one retards the other in certain specific effects. Both androgens and estrogens in large doses cause inhibition of activity of the anterior pituitary gland, a desirable effect in many clinical conditions.

The investigation of the startling effects of these hormones in human beings naturally lags far behind laboratory demonstrations. In the light of the carcinogenic activity of the estrogens caution must be exercised in the use of all these related steroids. Carefully checked observations over prolonged periods must be carried out in order to establish accurately the indications for use of the various preparations. Many of the phenomenal results obtained in bio-assays will never be duplicated in human beings.

However, many and varied applications have taken place in clinical practice. In young girls entering puberty testosterone has postponed menstruation for long periods. In adult women it has delayed the onset of menstruation for a number of days; it has relieved dysmenorrhea, metrorrhagia and mastodynia; it has brought about menopause, and it has caused cessation of lactation in nursing mothers. These results are probably brought about through depression of the activity of the anterior pituitary gland. In spite of the fact that these apparently beneficial results are obtained, the danger of testosterone's producing masculinizing effects in the female must be borne in mind. Atrophy of the breasts and development of a mustache and beard

* Presented before the Medical Society of Milwaukee County, Milwaukee, January 10, 1941, and the Dade County Medical Society, Miami, Florida, February 24, 1941.

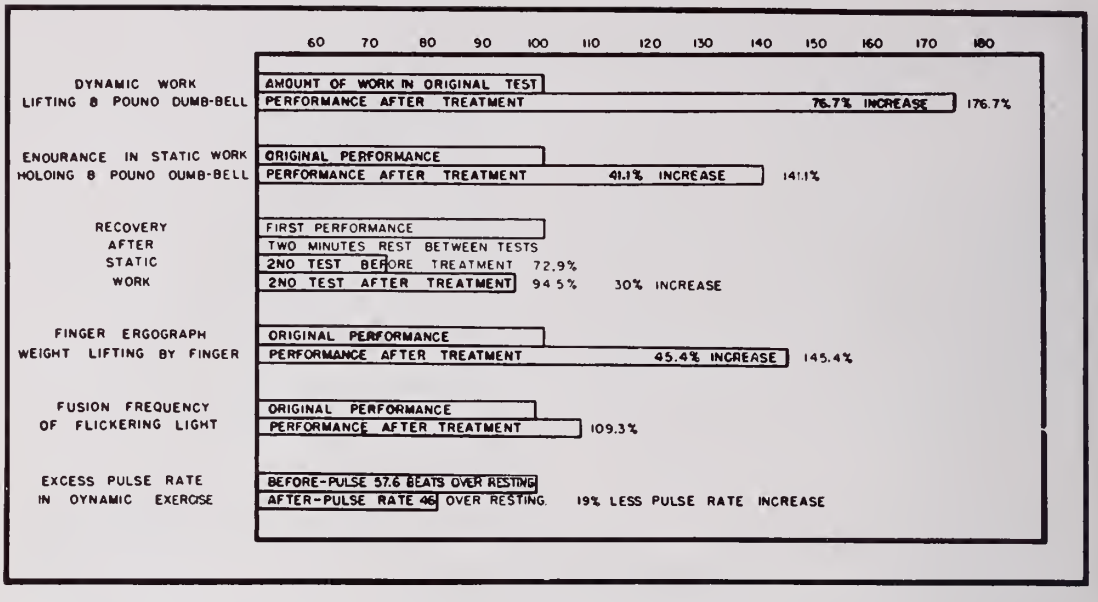



Fig. 1.—Effects on the nervous and muscular systems of oral administration of 100 mg. of methyl testosterone daily. Measurements were made on 4 patients—2 castrated and 2 typically eunuchoid. The average percentage gain of the 4 patients is recorded for each test. Measurements were repeated twice before institution of therapy, and two tests were made after three weeks of treatment.

are a high price for any woman to pay for relief of dysmenorrhea when the beneficial results are obtainable with the use of estrogens unattended with the undesirable side effects.

Clinical reports indicate equally amazing results when the order is reversed and estrogens are given to the male. Charney has recently brought about correction of abnormal libido in a male sexual criminal by the administration of large doses of stilbestrol, the synthetic estrogen, for which the formula is 4:4-dihydroxy-alpha: beta-diethyl stilbene. There also occurred a cessation of spermatogenesis, with degeneration of the germinal epithelium as proved by testicular biopsy. In this instance testosterone might have accomplished the same result, as depression of spermatogenesis has frequently been demonstrated after the administration of huge doses of testosterone to normal persons.

It is my opinion that the crossing of the hormones in the sexes should be carried out with some reserve.

## Hypogonadism

Among the various types of patients to whom testosterone has been administered, castrated and eunuchoid patients are the most appreciative, are most definitely benefited and have the lowest threshold of response. Symptoms are relieved with a smaller dose than in any other type of patient. The loss of libido and lack of sexual power ordinarily give such persons little concern. They appreciate relief from mental depression and anxiety and from general muscular weakness and fatigability. Prompt relief from these symptoms is brought about after administration by any route and with surprisingly small doses of testosterone. The patients are changed from shy, apprehensive, depressed persons to hopeful, cheerful, interested social beings.

Concomitantly with the change in the mental state, all patients register their realization of a definite change in the muscular system evidenced by a stronger handgrip and ability to walk more rapidly and with greater endurance. This has been the most consistent subjective result not only in castrated and eunuchoid patients but in all types to whom testosterone is administered.

## Six Endurance Tests

In an effort to obtain objective measurements to supplement the oft repeated subjective record of the patient pertaining to increased endurance, six tests for performance in exercise and in staying power were carried out.

When the dose is increased and the threshold for sexual manifestations is obtained, sexual desire and potency appear. The facial hair becomes coarse and grows rapidly. The atrophic prostate gland gradually increases in size.

One of the contraindications for the administration of testosterone is the desire in the young man simply to enhance his sexual power. There is apt to occur not only a les-

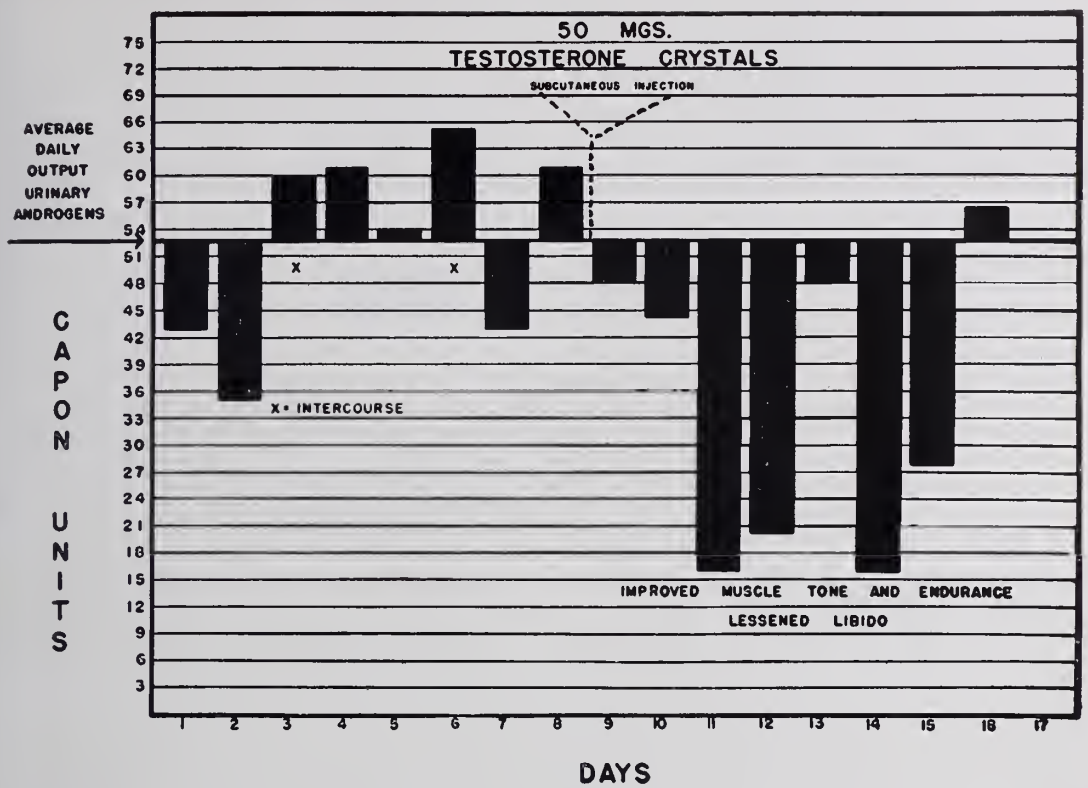



Fig. 2.—Effect of testosterone propionate on a normal man, aged 37. During the first eight days of observation the daily urinary output of androgens averaged 52.6 capon units. This was considered the mean level for the patient and is indicated by the base line. On the eighth day 50 mg. of testosterone crystals in solution were injected intramuscularly. There followed a marked drop in androgenic output and a definite loss of libido, which persisted for one week. An interesting side effect occurred in the appearance of increased muscular tone and a lessened tendency to fatigue.

sening of the sexual power but a depression of spermatogenesis as well.

### Impotence

Young men with impotence in whom there is no demonstrable evidence of testicular deficiency receive little benefit from testosterone. The effectiveness of the hormone depends on the presence of definite deficiency. If there is clinical evidence of normal testicular function, such as a normal anatomic form, full growth of beard, a normal prostate and a normal output of urinary androgens, it is certain that there is no indication for the administration of testosterone. Invariably there is a psychic basis for the impotence and the treatment is best pursued through a psychiatric approach directed at overcoming inhibiting fears, such as fear of pregnancy in the mate, fear of venereal disease and fear of hell. Some such patients worry about the size of the penis, the extent of erection, and the prolongation of the act, like the duffer in golf who concentrates too much on stance, back swing and follow through instead of on hitting the ball. Such patients should be encouraged to approach intercourse with a purely selfish attitude, bent on enjoying its pleasure without regard to the pleasure of the mate.

Older men with impotence, who are classified by some physicians as menopausal patients, are more apt to be benefited by testosterone. The term menopause, however, in its application to the male is a strained term—I find it difficult to place patients in this classification. A good analogy with the female process is lacking; there is no sudden cessation of spermatogenesis, and the aging process is gradually progressive over a number of years.

The train of psychoneurotic symptoms, including impotence, occurs at various ages, following disappointments, failures and exhausting illness. The reassurance of psychotherapy combined with the use of testosterone often effects great benefit. Unfortunately, the man who is well on in years, baldheaded, fat bellied, thin limbed, hard of hearing, out of breath when he walks up stairs is never going to be a great lover again with any amount of testosterone. This type of patient must oftentimes be urged to make a mental adjustment of an abnormal sexual desire to a waning sexual power.

### Prostatic Enlargement

Another clinical group comprises patients with prostatic obstruction. I have not noted perceptible reduction in the size of the hypertrophied gland, as determined by rectal examination and repeated cystograms. There has been a definite beneficial effect in the improvement in tone of the bladder as noted in cystometric measurements and in the detrusor action as evidenced by a better emptying power and smaller amounts of residual urine. In 16 patients with varying degrees of prostatic obstruction treated with testosterone, administered in various forms, there has been the usual salutary effect on the nervous and muscular systems. This group included patients in whom the indications for surgical relief were not well defined, for whom there were contraindications for surgical intervention or who refused operation. Observations on these patients have not been carried out for a sufficient length of time to make possible final conclusions, but the effects on the emptying power of the bladder are similar to those observed by other investigators, who have noted the increase in tone of the bladder and the lessening of residual urine. In this series of patients the average intravesical pressure attainable by straining on the full bladder was 76 mg. of mercury, while after treatment the average reached 112 mg. of mercury. Subjective relief from frequency and dysuria has been noted consistently. The majority of the patients have also noted varying degrees of improvement in the urinary stream.

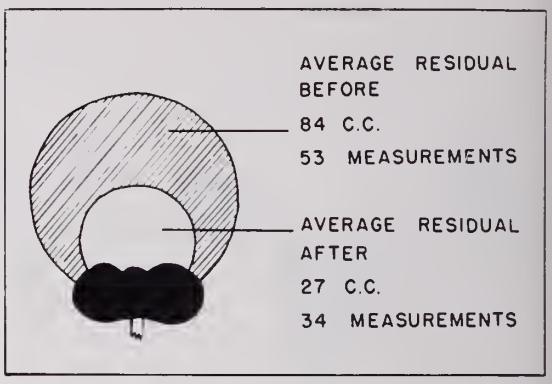



Fig. 3.—Effect of testosterone on the residual urine of 16 patients with prostatic obstruction.

In several instances there was a slight reduction in blood pressure, but the changes have not been impressive.

It is much too early to draw conclusions; years of observation and study will be required for appraisal of results in a condition which, if untreated, naturally runs a course of remissions and exacerbations. It is possible that in man the hyperplastic process, once established, is irreversible. I believe that in cases of early prostatic enlargement however, it is not unwise to institute treatment with testosterone in an effort to arrest the process within reasonable limits, bearing in mind the expense, convenience or inconvenience to the patient and, finally, the immediate and ultimate urgency of the condition. This form of therapy has a reasonable, but guarded justification. Possibly members of the medical profession have been too reluctant in testing the action of testosterone in the light of accumulating reports giving assurance that with elderly men the prolonged use of relatively large doses of this hormone is harmless. Since the side reactions are beneficial rather than injurious, further tests seem justified.

In recent months the treatment of carcinoma of the prostate has been revolutionized with the administration of estrogens. Marked retrogression in the gland and a salutary effect on the generalized symptoms and bony metastases have been brought about. Ethinyl estradiol is the most potent oral preparation. Castration has likewise produced helpful effects in carcinoma of the

prostate. Early reports on the use of estrogens in benign prostatic enlargement are encouraging although the results are not as prompt or as striking as in prostatic carcinoma.

The preoperative and immediate postoperative use of adrenal cortex hormone has been helpful in diminishing shock. Testosterone in the following weeks has aided the recovery of patients subjected to prostatic resection or prostatectomy.

### Methods of Administration

I now turn to a consideration of the various methods of administration of testosterone. Most widely used is that of intramuscular injection of testosterone propionate in oil. The intramuscular route is unquestionably an advantageous one for the treatment of various types of deficiency. The objection to it lies in the unavoidable periods of excess of hormones which accompany injection and are followed by wasteful excretion and a period of deficiency.

Attention has been centered on the possibilities of cutaneous administration of testosterone. There is ample clinical and experimental basis for the choice of this method of administration. Most clinicians are able to recall firsthand experiences with poisoning wherein the skin served as the portal of entry, such as the shoe dye and lipstick poisonings. The ready absorption of mercury by the skin as a basis of therapy was known even to the ancients. Modern treatment of syphilis with 1 Gm. daily of mercury administered by rubs, will in the average patient produce salivation after eight days. Macht has demonstrated ready assimilation of various drugs by the intact skin. This absorption is enhanced by the presence of some of the essential oils and alcohol.

The usual cutaneous dose is 4 mg. of testosterone propionate applied daily in the form of an ointment containing an alcoholic greaseless base. It is imperative that when the ointment is applied a strenuous massage to aid penetration be carried out for at least twenty minutes. Areas of skin on the anterior abdominal wall are most convenient. The massage is usually followed with a brief application of rubbing alcohol. If these directions are not followed implicitly, application to the skin is apt to result in disappointment. Wholehearted cooperation of the patient is essential to a good result. This method, which provides steady absorption simulating natural secretion, results in more constant beneficial action.

The subcutaneous implantation of compressed tablets or pellets of testosterone is another efficacious method. After the skin is anesthetized with 1 per cent procaine hydrochloride, a trocar is thrust through it for a distance of about 2 cm. Two 75 mg. pellets are usually inserted through the trocar. Compression of the wound for several minutes obviates the necessity for sutures. The effect of this treatment lasts from three to six weeks. The slow rate of absorption is noted by intermittent palpation of the gradually shrinking pellets under the skin. Complete absorption is signalized by a gradual dimunition in urinary androgens and lack of clinical effects.

The oral use of methyl testosterone gives great promise. Testosterone and testosterone propionate are only slightly active when given by mouth. The first inkling as to the possibilities of methyl testosterone for oral administration was obtained in 1938 by Miescher and Tschopp, who found that the methyl derivative retains its activity, when given by mouth to castrated rats, much better than other forms of testosterone.

Methyl testosterone, a very soluble preparation, has been used clinically with gratifying results. In a series of patients I observed and reported on in June, 1940, at the Annual Session of the American Medical Association, the changes in the androgenic output, water balance, and creatinine retention gave additional proof of utilization of methyl testosterone by the body after oral administration.

*(Continued on page 974)*

# THE WISCONSIN MEDICAL JOURNAL



**The Council on Scientific Work**

G. W. KRAHN, Oconto Falls, *Chairman*

F. D. MURPHY, Milwaukee — E. R. SCHMIDT, Madison — W. S. MIDDLETON, Madison *(ex officio)*

C. J. SMILES, Ashland — K. H. DOEGE, Marshfield — E. J. CAREY, Milwaukee *(ex officio)*

**Editorial Staff**

KARL H. DOEGE, Marshfield, Medical Editor

**Collaborators**

THE COUNCIL

H. P. BOWEN ---------- Watertown
C. E. PECHOUS ---------- Kenosha
W. T. CLARK ---------- Janesville
B. I. PIPPIN ---------- Richland Center
A. H. HEIDNER ---------- West Bend
S. E. GAVIN ---------- Fond du Lac
H. A. JEGI ---------- Galesville
G. W. KRAHN ---------- Oconto Falls
H. H. CHRISTOFFERSON ---- Colby
R. G. ARVESON ---------- Frederic
F. G. JOHNSON ---------- Iron River
H. J. GRAMLING ---------- Milwaukee
R. E. FITZGERALD ---- Milwaukee
ROBERT W. BLUMENTHAL ---------- Milwaukee
J. W. LAMBERT ---------- Antigo
R. P. SPROULE ---------- Milwaukee (Past-President)



**Annual Subscription ---------- Three Dollars-Fifty Cents** **Single Copies ---------- Fifty Cents**

Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Ill.

**Address all communications to THE WISCONSIN MEDICAL JOURNAL, Madison**

**Volume 40** OCTOBER, 1941 **Number 10**

**OFFICIAL PUBLICATION OF THE STATE MEDICAL SOCIETY OF WISCONSIN**



**Copyright by the Society, 1941**


« « « EDITORIAL » » »

## UNSUNG

THE annual meeting might be termed the end of the Society's "fiscal year" of activities. It is then that the officers and members of the Council and committees who have worked arduously throughout the year submit their reports to the House of Delegates for consideration. The activities of the Society are summarized and the work for the new year is outlined.

The reports of these committees, the Council, and the officers are but one of the many tangible results of concentrated effort over long hours given freely by those appointed or elected to serve the Society. Before it became possible for each of the several officers and committees to report to the House of Delegates, many hours were required in conference, in interviewing members of the Society, attending Council meetings, making field trips in the state, studying reference material, and corresponding with other state societies engaged in similar work. Each report represents a sacrifice of time, money, and energy that is immeasurable.

The efforts of our officers and committee members many times go "unsung." The Society can do no less than to take this opportunity to express its deep appreciation for the devotion of those members serving the Society in these various capacities.

**GUNNAR GUNDERSEN, M. D.**
**President, State Medical Society of Wisconsin**

Dr. Gunnar Gundersen, La Crosse, the new president of the State Medical Society of Wisconsin, was born in La Crosse, Wisconsin, on April 6, 1897. He is a son of the late Dr. Adolf Gaudersen, pioneer physician and surgeon of La Crosse. Dr. Gundersen is one of seven brothers, all but one of whom are physicians and three of whom are associated with him in the practice of medicine.

He was graduated from the University of Wisconsin two-year medical course, and received his M. D. from the College of Physicians and Surgeons, Columbia University, in 1920. He was licensed in Wisconsin in 1920.

Dr. Gundersen is attending surgeon at the La Crosse Lutheran Hospital, a fellow of the American College of Surgeons, and a member of the American Board of Surgery.

# THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. J. S. Supernaw, Madison, President
Mrs. E. S. Schmidt, Green Bay, President-Elect
Mrs. J. Gurney Taylor, Milwaukee, Vice-President
Mrs. E. H. Townsend, La Crosse, Recording Secretary
Mrs. H. L. Greene, Madison, Corresponding Secretary
Mrs. E. P. Bickler, Milwaukee, Treasurer
Mrs. W. E. Sullivan, Madison, Parliamentarian

COMMITTEE CHAIRMEN

Archives—
Mrs. J. P. Connell, Fond du Lac
Convention—
Mrs. E. J. Carey, Wauwatosa
Finance—
Mrs. R. E. Fitzgerald, Wauwatosa
Hygeia—
Mrs. A. C. Taylor, Appleton
Organization—
Mrs. O. W. Friske, Beloit
Philanthropic—
Mrs. J. W. MacGregor, Portage
Press and Publicity—
Mrs. F. W. Aplin, Waukesha
Program—
Mrs. C. N. Neupert, Madison
Public Relations—
Mrs. D. H. Jeffers, Lake Geneva
National Exhibit (special committee)—
Mrs. W. Homer Krehl, Madison
Circulation of Bulletin (special committee)—
Mrs. Charles Fidler, Milwaukee
Legislation (special committee)—
Mrs. H. Kent Tenney, Madison

# Mrs. E. S. Schmidt of Green Bay Named President-Elect Mrs. R. E. Mosiman, National President, Guest of Honor

IN CONJUNCTION with the Centennial Anniversary celebration of the State Medical Society of Wisconsin, the Woman's Auxiliary held its thirteenth annual meeting on September 9, 10, and 11, in Madison, the site of the granting of the charter to the State Society by the Territorial Legislature in 1841. Mrs. E. S. Schmidt of Green Bay was named president-elect; Mrs. J. G. Taylor of Milwaukee, vice-president; Mrs. E. H. Townsend of La Crosse, recording secretary, and Mrs. E. P. Bickler of Milwaukee, treasurer.

At the meeting on Tuesday evening of the Board of Directors (state officers, immediate past-president, chairmen of standing committees, and presidents of county auxiliaries), reports of state officers and chairmen were read and discussed. Features of the two business sessions on Wednesday and Thursday were comments by the Honorable James R. Law, mayor of the City of Madison, who extended a welcome to the members of the Auxiliary; the report on legislation by Mr. C. H. Crownhart, legal counsel of the State Medical Society, and an address by Mrs. R. E. Mosiman of Seattle, Washington, president of the Woman's Auxiliary to the American Medical Association. Mr. Crownhart's address appears on page 939, and Mrs. Mosiman's address will appear in the November issue.

Mrs. O. W. Friske of Beloit, in presenting the report of the Committee on Resolutions, moved that the following resolution be placed in the minutes of the Auxiliary:

WHEREAS God, In His infinite wisdom has taken George Crownhart, husband of one of our best honored and respected members, and our valiant counsellor and friend,

AND, WHEREAS, In the death of George Crownhart, organized medicine in Wisconsin has lost one of its most valiant champions,

*Be it resolved*, That the Woman's Auxiliary to the State Medical Society of Wisconsin express this word of sympathy and condolence to Mrs. George Crownhart and her children, because of the loss of husband and father.

*Be it further resolved*, That this resolution be made a part of the minutes of the Auxiliary and that a copy be sent to Mrs. Crownhart.

The traditional president's pin was presented to the incoming president, Mrs. J. S. Supernaw of Madison, when the new officers were installed on Thursday. At the post-convention meeting of the Board of Directors Mrs. Supernaw announced her appointees for the next year as follows:

*Corresponding Secretary:*
Mrs. H. L. Greene, Madison

*Parliamentarian:*
Mrs. W. E. Sullivan, Madison

*Committee chairmen:*

Archives—Mrs. J. P. Connell, Fond du Lac
Convention—Mrs. E. J. Carey, Wauwatosa
Finance—Mrs. R. E. Fitzgerald, Wauwatosa
Hygeia—Mrs. A. C. Taylor, Appleton
Organization—Mrs. O. W. Friske, Beloit
Philanthropic—Mrs. J. W. MacGregor, Portage
Press and Publicity—Mrs. F. W. Aplin, Waukesha
Program—Mrs. C. N. Neupert, Madison
Public Relations—Mrs. D. H. Jeffers, Lake Geneva
National Exhibit (special committee)—Mrs. W. H. Krehl, Madison
Circulation of Bulletin (special committee)—Mrs. Charles Fidler, Madison
Legislation (special committee)—Mrs. H. K. Tenney, Madison

The following Committee on Nominations was elected:

*Delegates:*

Mrs. J. W. MacGregor, Portage
Mrs. W. T. Clark, Janesville
Mrs. S. E. Gavin, Fond du Lac
Mrs. A. A. Filek, Green Bay
Mrs. E. J. Carey, Wauwatosa

*Alternate Delegates:*

Mrs. D. F. Gosin, Green Bay
Mrs. F. A. Douglas, La Crosse
Mrs. C. N. Neupert, Madison
Mrs. A. H. Heidner, West Bend
Mrs. O. W. Friske, Beloit

## Social Events

The Woman's Auxiliary has now been in existence long enough to make the annual meetings take on the characteristics of a reunion. Almost everybody knows Mrs. Carey, Mrs. Fitzgerald, Mrs. Friske, and all the other attractive past-presidents, and Mrs. Ewell and Mrs. Supernaw. The annual meeting is the place to see these and other medical friends and to exchange news about the new babies, the grandchildren, the vacations and professional trips of the year just past.

This year the first meeting and greeting of old friends and new took place at the meeting of the Board of Directors which was held at the Madison Club on Tuesday evening, September 9. Forty-five state and county officers sat at a U-shaped table on the porch of the club. Each place was marked by a little old-fashioned bouquet in a paper doily, and the dinner hour was given over entirely to friendly conversation. The business and annual reports followed.

Mrs. E. S. Schmidt, Green Bay
President-Elect

Because of Tuesday's heavy rain the golf tournament scheduled for Wednesday morning was cancelled, but at noon about 180 women gathered for luncheon at the Maple Bluff Country Club. Eight large tables were beautifully decorated with asters and snapdragons. Members of the Fond du Lac Auxiliary, hostesses for this event, greeted the guests and later distributed twenty door prizes which were given by the Fond du Lac Auxiliary.

Immediately following the luncheon, H. S. Manchester, Inc. put on a style show in which members of the Dane County Auxiliary served as models. Honor guests were Mrs. R. E. Mosiman, president of the National Auxiliary; Mrs. Ewell, editor of the *Bulletin* and press and publicity chairman, and Mrs. Carey, a national director. Mrs. Fitzgerald (a national director), who was also to have been a guest, was detained in Wauwatosa by the illness of her father.

The Centennial Dinner was held at the Loraine Hotel on Wednesday evening. From a row of upright poles back of the speakers' table hung fourteen American flags. Unusual arrangements of red and white gladioli and blue delphiniums in glass bricks and

a huge caduceus frozen in a block of ice decorated the speakers' table. On the other tables were arrangements of red, white and blue garden flowers in blue bowls. Entertainment was provided by a family of Swiss musicians in costume, and the speaker of the evening was Dr. Nathan B. Van Etten, past-president of the American Medical Association, who was introduced with suitable humorous stories by Dr. Morris Fishbein, editor of *The Journal of the American Medical Association.*

Pottery bowls of autumn flowers and leaves decorated Tripp Commons of the Memorial Union for the buffet luncheon on Thursday. About 170 women were present. Dr. R. P. Sproule, retiring president of the State Medical Society, gave a pleasant and helpful greeting. Auxiliary problems were discussed under special leadership at the various tables. Then the members adjourned either to the terrace to have a boat ride and watch the water sports or to the exhibits which were held in the main part of the Union.

The evening concert by Jessica Dragonette and the Wisconsin Symphony Orchestra was well attended. After the concert the Rathskeller was crowded with physicians and their wives and guests enjoying German music and German food and more friendly visiting.

## PROGRAM COMMITTEE

The State Program Committee suggests that this year the members of county auxiliaries emphasize, in their programs, information about:

*Proper nutrition*—a subject stressed by the Government of the United States, and especially by our National Auxiliary president, Mrs. R. E. Mosiman of Seattle, Washington;
*Public health work;*
*The Woman's Field Army* of the American Society for the Control of Cancer.

Information on these subjects may be gained through study groups, through printed matter, through speakers, through careful reading of helpful articles in *Hygeia,* and through active, intelligent participation in, and cooperation with, community health work, and nutrition clinics.

Excellent speakers may be obtained from the office of the State Board of Health, the University of Wisconsin, and the State Medical Society of Wisconsin. Also Dr. W. D. Stovall of Madison, director of the State Laboratory of Hygiene, and Mrs. G. E. Stoddart of Beaver Dam, state commander of the Woman's Field Army, are always willing to suggest speakers on the work being done on the cause and cure of cancer.

The Program Committee also suggests that all Auxiliary members become thoroughly familiar with the purposes and aims of the Auxiliary as a whole, that they be constantly in search of helpful educational material approved by the State Medical Society, and that they try to make their social meetings as interesting as possible.

Each county auxiliary program chairman is urged to write freely to the State Program Committee for any information or further suggestions she may desire.

And may we all have the best year yet!

Mrs. Carl N. Neupert
*Chairman, State Program Committee*
Shorewood Hills, Madison, Wisconsin

# Address of 1941-1942 Auxiliary President

By MRS. J. S. SUPERNAW
*Madison*

IN ASSUMING the office of president of the Woman's Auxiliary to the State Medical Society of Wisconsin, I am aware of an apprehensive sort of pleasure. The responsibilities that devolve upon me after the competent leadership this organization has enjoyed make me sensible of the leadership you expect in me. The pleasures are evident and tangible in the closer association with the women throughout the state whose interests and problems have a common denominator, and in the more intimate appreciation of the outstanding work being done at all levels in our organization.

The personal contact with the work of the Auxiliary that this office affords me suggests that the state officers and committee chairmen may serve as a bridge between the county groups, where the local needs are seen and met, and the national group, where the larger view provides a cross section of the work as a whole.

Health education, the cornerstone of our program, will have a new importance, and in these days of defense efforts on all fronts the field of nutrition offers a new approach for the adult as well as the child. This problem has recently been emphasized in *Hygeia,* and I recommend the use of this publication in your dissemination of health information.

We shall be needed for Red Cross work in our communities. I should also like to urge that the Woman's Auxiliary stand ready to help when called upon by the Women's Field Army for the Control of Cancer. This work is still in its pioneer stage of public education and needs our cooperation.

Wisconsin has long been a proving ground for social legislation of all kinds and many excellent things have grown out of a crusading spirit. Medical legislation has gone along with this and invites our thought and consideration. Through our Committee on Legislation you will receive interesting and informative material on work done along this line, and I urge that you give a place on your county programs for some study in this field.

With the friendship and cooperation that has already been extended to me I look forward to a year that will see a helpful and needed work advanced and the pleasant personal relationships within our Auxiliary more closely knit.

Mrs. J. S. Supernaw, Madison
President

# President's Report, 1941

By MRS. DONNE F. GOSIN
*Green Bay*

MEMBERS of the Auxiliary and Guests: As president of the Woman's Auxiliary to the State Medical Society of Wisconsin I wish to submit the following report:

These are stirring, upsetting days,—the horrible European situation, the huge defense projects thrust on us, the normal way of life disrupted,—especially so for those of us who have sons of service age and whose fathers had an active part in the last World War. At all times it has been difficult to be Auxiliary-minded.

I have endeavored to follow closely the objectives of our Auxiliary as presented by the Woman's Auxiliary to the American Medical Association.

Immediately after the state convention of September, 1940, all chairmen were sent material and suggestions for carrying on their work. May I thank each one of my officers and chairmen who cooperated so faithfully.

As usual, our mid-year meeting of the Board of Directors fell on a cold, bitter day. Milwaukee is either terrifically hot or bitterly cold when the Auxiliary visits the city. However, there were thirty-three members present, and we had a most comfortable time at the Schroeder Hotel. Two of our National Board members honored us by attendance,—Mrs. Robert E. Fitzgerald and Mrs. Eben J. Carey. Both gave us the high lights of the National Board meeting held in Chicago in November. Plans for the year were presented by the chairmen of the various committees and all work seemed well organized.

As to county membership, in September, 1940, when I assumed office, there were twenty-six units organized. During the year, through the strenuous and painstaking efforts of the organization chairman, Mrs. E. S. Schmidt, two more units were added, representing seven counties. Ashland, Bayfield and Iron were organized in November, and Barron, Washburn, Sawyer and Burnett were added in May. To the new members we extend a very sincere welcome and many good wishes.

It was my pleasure to travel with Mrs. Schmidt,—to lend moral support and to act as chauffeur. On one trip we drove 600 miles, stopping to call on several physicians where there was no organization, planting the idea as we went. We had varied receptions. However, we enjoyed our visits with the two units organized, and as usual found interesting, charming groups of women. We both decided that doctors, in their choice of helpmates, apparently had a great appreciation of the worth while as well as the beautiful.

Mrs. A. H. Barr, chairman of press and publicity, gave more than generously of her time and kept us always much in the limelight with her many articles in *The Wisconsin Medical Journal.*

Mrs. G. H. Friedman, *Hygeia* chairman, exerted every effort to have Wisconsin first in the sale of *Hygeia.* Although she did not quite succeed, we made a fine showing.

My faithful, dependable, corresponding secretary, Mrs. R. W. Kispert, has been ever-ready and willing to help, as has been my recording secretary, Mrs. H. A. Keenan, who has so efficiently kept a record of all business conducted during my regime.

To each chairman,—program, Mrs. M. H. Fuller; public relations, Mrs. R. H. Bitters; press and publicity, Mrs. A. H. Barr; *Hygeia,* Mrs. G. H. Friedman; organization, Mrs. E. S. Schmidt; philanthropic, Mrs. H. E. Twohig; finance, Mrs. Fitzgerald; *Bulletin,* Mrs. R. E. McDonald; national exhibits, Mrs. E. Lee Lochen and Mrs. J. B. Noble; archives, Mrs. D. B. Dana; nominations, Mrs. A. S. Pfeiffer; convention, Mrs. A. S. Jackson; and the parliamentarian, Mrs. W. M. Jermain,—I extend my sincere appreciation.

Mrs. Jackson, convention chairman, and her co-workers, relieved me of any anxiety

concerning convention affairs. All plans were well formed as early as the February meeting of the Board of Directors. The charming events arranged for our entertainment are proof of their combined efforts.

My visits to county auxiliaries were a pleasure and inspiration. I regret I could not accept every invitation extended to me.

Mrs. Holcombe, the immediate past-president of the National Auxiliary, has shown a kindly interest in our group, and has been prompt in acknowledging any request.

Wisconsin is singularly honored in the national group, as many of our members have held important positions. At present, Mrs. Robert E. Fitzgerald is parliamentarian, Mrs. Eben J. Carey, a director, and Mrs. George H. Ewell, chairman of press and publicity and editor of the *Bulletin*.

During the year the writing of hundreds of letters was necessary to carry on Auxiliary business. Much of this was detail work, but replies always embodied personal, friendly messages which cheered me on my way. I shall miss them.

May I pause here to pay tribute to our beloved friend and counselor, Mr. J. George Crownhart, who was so generous of his help and advice. Let us always cherish his memory and be ever-mindful of his interest in the Auxiliary. Our knowing that Miss Stolp, his secretary, would help us in any emergency was most comforting.

As I survey my year, I realize that much has been accomplished by my co-workers, but I wish I might begin anew and do the things left undone. If I were to suggest for the future, I would stress self-education; a definite knowledge of the aims and objectives of the National and State Auxiliary and of all medical problems of interest to the lay public, and as voters, a keen and alert interest in legislation pertaining to medicine with a view to combatting unfriendly influences.

This is a memorable gathering,—the Centennial Anniversary of our State Medical Society which received its charter here in this beautiful city of Madison in 1841. So much has been planned for our pleasure and entertainment. Let us show our appreciation by a record attendance at every event.

And so, as September always means leave-taking to me, I bid you adieu, with a tear in my eye and a heart full of good wishes to you.

# "There Ought to Be a Law . . ."*

By C. H. CROWNHART
*Madison*

EVERY odd-numbered year the legislature of the State of Wisconsin convenes in regular session to consider and pass upon those suggestions which are couched in somewhat more formal introductory phraseology than the title of this address, but which carry the same import.

Here in Wisconsin we are approaching the centennial anniversary of the first of our state legislatures. Since those early days, there have been sixty-five regular sessions of our legislature,—some short, some long, but on the average, I should judge, of about six months' duration. These sessions now cost the taxpayers from $200,000 to $300,000, and during the session we can anticipate that the assemblymen and senators will be confronted with, and often confounded by, from 1,500 to more than 2,000 different proposals in all fields of legislation. They are further faced with the necessity, through the regular committees of the two houses and on the basis of their own particular predilections, of acquiring background information, that legislation may be grounded upon knowledge and not upon guesswork.

In 1849, our first state legislature completely revised and sifted the laws of the Territory of Wisconsin, and when it had finished its session Wisconsin was governed by

* Presented at the thirteenth anniversary meeting of the Woman's Auxiliary to the State Medical Society of Wisconsin, Madison, September, 1941.

the contents of a relatively small volume of 800 pages. In 1941, the general laws of the State of Wisconsin are being printed in a volume of approximately 3,000 pages and in much smaller type, exclusive of an index.

One often hears the familiar phrase that a document is so worded that it would take a Philadelphia lawyer to explain it. I think perhaps the Philadelphia lawyer would flourish in explaining the Wisconsin laws, for not alone are they involved but they comprehend such a variety of subjects that a speaking acquaintance with the statutes is all one can hope for. We have thirty-three different titles in the laws of Wisconsin, involving such subjects as the sovereignty, jurisdiction and civil divisions of the state, elections, highways, bridges, drains and fences, regulation of industry, statistics, public printing, police regulations, domestic relations, courts, procedure, real property, prisoners and then the many titles that deal with the broad field of public health.

### "The Third House . . ."

In a session of equal length to that of the legislature, is a group in the State Capitol known as "the third house." That is a more flattering term than the title "lobbyists," which they so frequently carry. Personally, I prefer the title "legislative counsel" which is found in the statutes because I think, by and large, that it is truly expressive of the function which these men bear to the legislature. There are many members, representing many interests. But today I speak only of the representatives of the medical profession and of the problems which they are prepared to carry to the legislator or discuss with him. Until recently, legislation involving the public health carried with it an atmosphere of mystic romance. It was a field in which the individual legislator was conscious of a real interest,—it involved a subject which he did not expect to comprehend. But in late years, the profession of medicine has found itself the subject of legislation based upon the false assumption that the economics of medicine is a subject of legislation apart and distinct from the practice of medicine. This type of legislation has grown by leaps and bounds during the last several sessions.

To present properly the viewpoint of medicine has involved the absolute necessity that its legislative counsel provide themselves and the legislators with accurate basic knowledge that will enable the true merits of the proposals to be considered.

We are faced with proposals which involve the very fundamentals of scientific medicine and its ability to treat the sick. We are also faced with the special interest legislation advocated by the osteopathic and the chiropractic cults. Legislation proposing new means or new systems for the care of the mentally sick involve the *theory* of medicine, and legislation which proposes the regulation of narcotic drugs or the dispensing of the so-called hypnotic preparations involves the *administration* of medicine. Proposals advocating unrestricted forms of voluntary sickness insurance involve the ability of the profession to deliver adequate medical care to the people, while proposals advocating compulsory sickness insurance give rise to the question of whether a paternalistic government is to regulate the profession of medicine as a trade in which the consideration of political strategy and arbitrary limits is to supersede the consideration of the public welfare.

The State Medical Society of Wisconsin, in which I think all of you possess at least an honorary membership, is faced with a multitude of problems, but under the leadership of my brother its legislative policy for years has been that never shall it solicit the vote of a legislator, and never shall it engage in practices which it would hesitate to explain to a member of the public. No, its legislative policy has been, that within human limits, it will provide *each* legislator with every pertinent fact at its command. And those facts will be provided through the agency of its legislative counsel, and always through the cooperation and assistance of the member physicians throughout the state.

Many facts have been carried to the individual legislator.

With regard to the 600 chiropractors now licensed in the State of Wisconsin, some 90 per cent were licensed in 1925 under the "grandfather clause," so that they never were required to take the basic science examination.

These cultists do not believe in preventive medicine.

They believe that all disease, sickness and departure from normal wellbeing is the result of derangement of the vertebrae.

They do not believe in the germ theory of disease.

Their education is scanty and certainly not comprehensive.

With regard to the 133 osteopaths now practicing in Wisconsin, only a few can be said to have had adequate training.

Their system of treating the sick is based upon manual therapy.

They are not trained in materia medica.

They do not have hospital internship or training.

With regard to masseurs, optometrists, naturopaths, and others engaged in restricted practice, they also have limited training.

All this information is given to the legislator and when he faces the question, for example, as in 1941, with reference to the chiropractor, "Shall this man treat the insane patients in our state institutions?" the legislator's answer continuously has been "No!"

### "For the Good of the People . . ."

And then when we come into the field of Mr. Biemiller's proposals, we carry to the individual legislator the fact that his voluntary sickness insurance proposal is in such form that no one,—much less the physician,—could criticize any practice adopted by any group under penalty of,—as my brother once termed it,—"the lord high executioner." His proposal provides that these groups be permitted to advertise themselves as operating under the insurance principle when even the insurance commissioner is forbidden to examine or judge of the soundness of their financial practices, assures the people covered of complete and adequate medical care and then fails to provide the funds whereby to supply it, or assure its development in the future, eliminates the individual patient-physician relationship, and provides an administrative system wherein the cost would be one-fourth the cost of the service provided. Then, the question very naturally comes, "Is that for the good of the people? Is that what you, as legislators, want in order to promote the public health or to protect the accomplishments already achieved?" Again and again the legislator, because he was informed of what was really at stake, answered, "No!"

### "Queer Legislation . . ."

Then we come to the field of "queer" legislation, wherein our own curiosity is deeply aroused as to origin. One of our legislators introduced in the 1941 session, a bill which in effect stated that when there was an accident and a physician refused the call and the patient died as a result of neglect or failure of the physician to respond to that call, then that physician should be subject to the penalty of manslaughter. We stood before the Assembly Committee on Judiciary, which held the hearing on that proposal, and we pointed out what I would now mildly term the inadequacies contained therein. We suggested that a physician in attendance upon a case in one end of the county should hardly be expected to leave that case and dash, under fear of penalty, to the other end of the county simply because he received a call which indicated there had been an accident. We visualized for the committee that in many cases not one physician is called, but a number of them. We pictured the mad efforts of the busy physician attempting to care for sick people and still attempting to avoid the penalty that would be imposed by that type of legislation.

### "A Cross Section of the People . . ."

I would conclude this survey of our problems by a simple statement of fact to you,—simple, yet so self-evident that we are prone to overlook it,—the 133 legislators who meet in the State Capitol in Madison are nothing more or less than a cross section of the people of Wisconsin. They are of all races and creeds, and they represent the skilled trades, the farmer, the lawyer and the businessman of their communities. Seldom is there a physician among them. Physicians are with regrettably few exceptions too busy, and too much concerned with a problem in

which the entire welfare of the people is involved, to permit them the time to become legislators. And so, we have in the Capitol a lay legislature. They desire information; they are glad to have it; and they welcome the attention of their community physician who takes a few minutes from his busy practice to let them know of the implications involved in health proposals.

### "A Real Privilege . . ."

For the last several sessions it has been, to me, a rare privilege to have been able to participate in the legislative work of the State Medical Society of Wisconsin. It has been an even greater privilege that I have had the guidance and counsel of my brother in those efforts. As each legislative session approached, I looked forward with real pleasure to the many hours of close association that were the natural result of our joint endeavors. While George and I can no longer be a team in representing the State Medical Society before the legislature, I feel certain that the creed which he established so many years ago will continue to be the creed of the Society:

"The interests of public health are identical to those of medicine. Whatever will promote the public welfare, whatever will protect the advances already made,—these are medicine's only objectives."

# Registrants at Auxiliary Meeting

**Ashland–Bayfield–Iron**
Prentice, Mrs. J. W.
Smiles, Mrs. C. J.
Taylor, Mrs. A. C.
Tucker, Mrs. W. J.

**Barron–Washburn–Sawyer–Burnett**
Adams, Mrs. R. W.

**Brown–Kewaunee–Door**
Benton, Mrs. J. L.
Dana, Mrs. D. B.
Filek, Mrs. A. A.
Gosin, Mrs. D. F.
Kispert, Mrs. R. W.
Levitas, Mrs. I. E.
Mielke, Mrs. E. F.
Nadeau, Mrs. E. G.
Quigley, Mrs. L. D.
Schmidt, Mrs. E. S.
Swanton, Mrs. M. E.

**Columbia–Marquette–Adams**
Radl, Mrs. C. J.
MacGregor, Mrs. J. W.
Tierney, Mrs. E. F.

**Dane**
Amundson, Mrs. K. K.
Bilstad, Mrs. G. E.
Brehm, Mrs. P. A.
Britton, Mrs. D. M.
Briggs, Mrs. S. J.
Brindley, Mrs. B. I.
Cadwell, Mrs. J. G.
Campbell, Mrs. R. E.
Carter, Mrs. H. M.
Collins, Mrs. F. E.
Cooper, Mrs. G. A.
Dean, Mrs. J. C.
Doolittle, Mrs. J. C.
Ewell, Mrs. G. H.
Fosmark, Mrs. C. A.
Gonce, Mrs. J. E.
Greene, Mrs. H. L.
Harper, Mrs. C. A.
Hill, Mrs. N. A.
Hunt, Mrs. T. D.
Hurlbut, Mrs. J. A.
Jackson, Mrs. A. S.
Keenan, Mrs. H. A.
Larson, Mrs. G. B.
Leonard, Mrs. T. A.
McCarter, Mrs. J. C.
Meyer, Mrs. O. O.
McCormick, Mrs. S. A.
Middleton, Mrs. W. S.
Mowry, Mrs. W. A.
Nagoda, Mrs. E. J.
Neupert, Mrs. C. N.
Puestow, Mrs. K. L.
Quisling, Mrs. R. A.
Quisling, Mrs. Sverre
Reineking, Mrs. W. C.
Reznichek, Mrs. C. G.
Sevringhaus, Mrs. E. L.
Schmidt, Mrs. E. R.
Schubert, Mrs. C. K.
Sprague, Mrs. J. T.
Sprague, Mrs. L. V.
Sisk, Mrs. J. N.
Stebbins, Mrs. G. G.
Sullivan, Mrs. A. G.
Sullivan, Mrs. W. E.
Supernaw, Mrs. J. S.
Tenney, Mrs. H. K.
Tormey, Mrs. T. W., Jr.
Tormey, Mrs. T. W., Sr.
Trautmann, Mrs. M. M.
Wheeler, Mrs. R. M.
Werrell, Mrs. W. A.
Williams, Mrs. D. L.
Winn, Mrs. H. N.
Wirka, Mrs. H. W.

**Dodge**
Costello, Mrs. W. H.
Hammond, Mrs. A. W.
Klepfer, Mrs. J. F.
Reslock, Mrs. C. P.
Roberts, Mrs. R. R.
Rosenheimer, Mrs. A. M.

**Fond du Lac**
Connell, Mrs. J. P.
Devine, Mrs. H. A.
Devine, Mrs. J. C.
Finn, Mrs. W. C.
Folsom, Mrs. W. H.
Gavin, Mrs. S. E.
Hargrove, Mrs. T. A.
Hull, Mrs. H. H.
Layton, Mrs. O. M.
McGauley, Mrs. Nora
Pawsat, Mrs. E. H.
Raymond, Mrs. Sarah
Simon, Mrs. L. J.
Sharpe, Mrs. H. R.
Twohig, Mrs. H. E.
Twohig, Mrs. J. E.
Watson, Mrs. E. L.
Yockey, Mrs. J. C.

**Green Lake–Waushara**
Francois, Mrs. S. J.

**Kenosha**
Kleinpell, Mrs. W. C.
Lokvam, Mrs. L. H.
Mayfield, Mrs. A. L.
Schulte, Mrs. G. C.
Stewart, Mrs. W. C.
Ulrich, Mrs. C. F.

**La Crosse**
Rodgers, Mrs. Richard
Douglas, Mrs. F. A.
Fox, Mrs. J. C.
Gatterdam, Mrs. P. C.
Gundersen, Mrs. Gunnar
Jones, Mrs. W. J.
Lueck, Mrs. G. W.
Mast, Mrs. B. W.
Wolf, Mrs. F. H.

**Manitowoc**
Andrews, Mrs. M. P.
Hammond, Mrs. F. W.
Teitgen, Mrs. T. A.
Townsend, Mrs. E. H.

**Marinette–Florence**
Jorgenson, Mrs. H. L.
May, Mrs. J. V.

**Milwaukee**
Behnke, Mrs. E. J.
Bickler, Mrs. E. P.
Borman, Mrs. M. C.
Bourne, Mrs. N. W.
Brown, Mrs. F. J.
Brown, Mrs. J. F.
Brzezinski, Mrs. E. A.
Carey, Mrs. E. J.
Champney, Mrs. R. D.
Currer, Mrs. P. M.
Dunker, Mrs. G. O.
Eisenberg, Mrs. Edward
Feldt, Mrs. R. H.
Fidler, Mrs. Charles
Fons, Mrs. J. W.
Ford, Mrs. W. B.
Fromm, Mrs. A. H.
Gebhard, Mrs. U. E.
Galasinski, Mrs. R. E.
Gramling, Mrs. H. J.
Grotjan, Mrs. W. F.
Hardgrove, Mrs. M. A.
Howard, Mrs. T. J.
Jacobson, Mrs. E. B.
Janney, Mrs. F. R.
Jermain, Mrs. W. M.
Kustermann, Mrs. A. F.
Lee, Mrs. P. A.
Lieberman, Mrs. Benjamin
Liefert, Mrs. W. C.
McDonald, Mrs. R. E.
Murphy, Mrs. J. A.
Pfeil, Mrs. R. C.
Sargent, Mrs. J. C.
Schelble, Mrs. E. J.
Schulz, Mrs. Irwin
Witte, Mrs. D. H.
Zurheide, Mrs. H. O.

**Outagamie**
McCarty, Mrs. R. T.
Neidhold, Mrs. C. D.
Zeiss, Mrs. E. J.

**Polk**
Arveson, Mrs. R. G.

**Portage**
Harrington, Mrs. T. L.
Kidder, Mrs. E. E.
Marrs, Mrs. F. A.

**Racine**
Adamski, Mrs. A. W.
Gillett, Mrs. G. N.
Hilker, Mrs. H. C.
Jamieson, Mrs. R. D.
Keland, Mrs. H. B.
Kurten, Mrs. R. M.
Pope, Mrs. F. W.
Schacht, Mrs. E. W.
Schacht, Mrs. R. J.
Thompson, Mrs. I. F.

**Rock**
Binnewies, Mrs. F. C.
Clark, Mrs. W. T.
Friske, Mrs. O. W.
Gilbertsen, Mrs. C. R.
Hartman, Mrs. J. C.
Kasten, Mrs. H. E.
John, Mrs. G. W.
Koch, Mrs. V. W.
Ross, Mrs. M. E.
Smith, Mrs. C. E.
Snodgrass, Mrs. T. J.
Wilson, Mrs. R. F.

**Sauk**
Edwards, Mrs. A. C.
Fike, Mrs. F. A.
Huth, Mrs. M. F.
Pope, Mrs. C. B.
Moon, Mrs. J. F.
Stadel, Mrs. E. V.
Walsh, Mrs. T. W.

**Sheboygan**
Brickbauer, Mrs. A. J.
Deicher, Mrs. H. F.
Hanson, Mrs. Libby
Hougen, Mrs. E. T.
Yoran, Mrs. C. M.

**Trempealeau–Jackson–Buffalo**
Jegi, Mrs. H. A.
MacCornack, Mrs. R. L.

**Walworth**
Jeffers, Mrs. D. H.
Rawlins, Mrs. J. A.
Sorenson, Mrs. E. D.
Warrick, Mrs. J. D.

**Washington–Ozaukee**
Barr, Mrs. A. H.
Fisher, Mrs. D. J.
Fisher, Mrs. R. S.
Heidner, Mrs. A. H.
Hurth, Mrs. O. J.
Lehmann, Mrs. F. W.
Lynch, Mrs. H. M.
Monroe, Mrs. M. E.

**Waukesha**
Aplin, Mrs. F. W.
Barnes, Mrs. H. T.
Baumgart, Mrs. C. H.
Doege, Mrs. Elizabeth M.
Hassall, Mrs. J. C.
Murphy, Mrs. W. T.
Nammacher, Mrs. T. H.
Noble, Mrs. J. B.
Oatway, Mrs. W. H.
Wilkinson, Mrs. D. C.
Wilkinson, Mrs. J. D.
Woodhead, Mrs. F. J.

**Waupaca–Shawano**
Cantwell, Mrs. A. A.
Miller, Mrs. E. A.
Monsted, Mrs. J. W.
Murphy, Mrs. J. H.
Patterson, Mrs. L. G.
Salan, Mrs. Sam
Schroeder, Mrs. E. L.

**Winnebago**
Canavan, Mrs. J. P.
Cummings, Mrs. E. F.
Bitter, Mrs. R. H.
Feasler, Mrs. C. H.
Helmes, Mrs. L. O.
Koehler, Mrs. A. G.
Pfefferkorn, Mrs. E. B.
Smith, Mrs. T. D.

**Wood**
Bennett, Mrs. L. J.
Glenn, Mrs. E. C.
Pomainville, Mrs. L. C.

**Guests**
Allen, Mrs. Maurey, Appleton
Andrews, Mrs. E. J., Tallahassee, Florida
Bowhousen, Mrs. C. V., Fond du Lac
Brown, Mrs. T. K., St. Louis, Missouri
Carroll, Mrs. G. E., Laona
Christofferson, Mrs. P. J., Waupaca
Ennis, Mrs. S. A., Shullsburg
Fauerbach, Mrs. Louis, Madison
Franklin, Mrs. I., Milwaukee
Gray, Mrs. R. J., Brooklyn
Jenkin, Miss Margret, Dodgeville
Jorris, Mrs. E. H., Madison
Kowalke, Mrs. W. R., Sheboygan
La Motte, Mrs. L. J., Fond du Lac
Mosiman, Mrs. R. E., Seattle, Washington
Nikerson, Miss Josephine, Waupun
Nystrum, Mrs. L. E., Medford
Puttler, Mrs. O., Mauston
Reichenbach, Mrs. A. G., Wauwatosa
Rouse, Mrs. J. J., Hillsboro
Satter, Mrs. O. E., Prairie du Chien
Schmalz, Mrs. Benno, Allenton
Soles, Mrs. F. A., Platteville
Talmadge, Mrs. Edgar, Waukesha
Ulrich, Miss Mary, Kenosha
Weiss, Mrs. H. C., Madison
Weld, Mrs. E. H., Rockford, Illinois
Wright, Mrs. R. S., Racine

## THE BULLETIN

Subscriptions to the National Auxiliary publication may be obtained from

MRS. CHARLES FIDLER
707 East Wisconsin Avenue
Milwaukee, Wisconsin

or

MRS. H. E. CHRISTENBERRY
Highland Drive
Knoxville, Tennessee

A one-year subscription, four issues, for $1.

## IN THE CENTENNIAL SECTION

The attention of Auxiliary members is called to the Centennial Anniversary Section of this issue of The Journal. The history of a pioneer physician appearing therein represents the eighth installment of material contributed by county auxiliaries.

# Society Proceedings

## Barron—Washburn—Sawyer—Burnett

Members of the Barron–Washburn–Sawyer–Burnett County Medical Society held their first fall meeting on September 2 at the Land O'Lakes Hotel in Rice Lake. A colored film, "Regional Anesthesia" was presented by the Winthrop Chemical Company. Thirteen members and two guests were present.

## Manitowoc

Dr. W. A. Rauch of Manitowoc was elected president of the Manitowoc County Medical Society at the annual meeting on September 18 at the Brita Center, Manitowoc. He succeeds Dr. T. H. Rees, also of Manitowoc.

Other officers named were:

Dr. G. M. Hoffman, Manitowoc, vice-president
Dr. W. H. Scherping, Manitowoc, secretary
Dr. Arthur Teitgen and Dr. M. P. Andrews, Manitowoc, censors
Dr. E. C. Cary, Reedsville, delegate
Dr. T. H. Rees, Manitowoc, alternate delegate
Dr. N. A. Bonner and Dr. N. C. Erdmann, Manitowoc, public relations committee

## Polk

Dr. R. G. Arveson and Dr. W. C. Andrews, both of Frederic, entertained the members of the Polk County Medical Society on the evening of August 21. Members of the Polk County Bar Association were guests. Guest speakers were Dr. W. A. O'Brien of the University of Minnesota Medical School, well-known radio speaker on health, and Mr. Paul Carroll, district judge of Hennepin County, Minnesota. Other guests were Dr. Charles W. Giesen, Superior; Dr. W. D. White, Minneapolis; Dr. C. A. Dawson, River Falls; Dr. F. P. Daley, Chippewa Falls; Mr. C. H. Daley, judge of the circuit court of Wisconsin, eleventh judicial district; Mr. Howard Blanding, county judge, and Mr. C. D. Madsen, municipal judge.

On the evening of September 18 members of the Polk County Medical Society were guests of Dr. I. L. Waterman of Amery at the Dixie Lodge at Balsam Lake. Dr. M. J. Shapiro of Minneapolis, clinical assistant professor of internal medicine at the University of Minnesota Medical School, spoke on "Rheumatic Fever and Rheumatic Heart Disease." This was followed by a discussion of the county-wide immunization program of the Polk County Health Committee and the Polk County Medical Society for the months of September and October. This consists of vaccination against smallpox and immunization against diphtheria, the program being conducted through the schools. Dr. F. P. Daley, deputy state health officer, was present to explain the method advocated by the State Health Department.

## Washington—Ozaukee

The regular monthly meeting of the Washington–Ozaukee County Medical Society was held at Hilgen Spring Park in Cedarburg on August 28. Sixteen members attended. The program included transaction of the regular business and a talk on heart conditions by Dr. M. A. Hardgrove of Milwaukee.

## Eleventh Councilor District

Dr. H. A. Sincock, Superior, on August 21 was elected president of the Eleventh Councilor Medical Society as members from Ashland, Bayfield, Iron, and Douglas Counties concluded their one-day meeting at the Chequamegon Country Club, Ashland. In addition, the group elected Dr. F. G. Johnson, Jr., Superior, as secretary.

Speakers who addressed the scientific session, which followed a golf tournament, included Dr. R. P. Sproule, Milwaukee, president of the State Medical Society, who spoke on present-day medical problems. Dr. R. S. Irwin, Milwaukee, opened the scientific program with a discussion of "The Management of Injuries to the Kidneys and Urinary Bladder." Dr. F. J. Hirschboeck, The Duluth Clinic, Duluth, Minnesota, followed with an address on "Clinical Variants in Valvular Heart Diseases." Dr. H. M. Odel, The Mayo Clinic, Rochester, Minnesota, closed the program preceding the banquet with comments on "Modern Management of Hypertension." During the talks which followed dinner, Dr. E. L. Sevringhaus, professor of medicine at the University of Wisconsin Medical School, spoke on "The Treatment of Obesity."

Other guests of the society were Dr. Ann Martin, Ashland, maternal and child health physician for District No. 9 of the Wisconsin State Board of Health; Dr. J. R. McNutt and Dr. G. L. Berdex, both from Duluth, Minnesota.

Dr. C. W. Lockhart of Mellen won first prize in the golf tournament, scoring a 43 in the nine-hole event. Dr. E. A. Myers of Superior was second, with a score of 48.

## Wisconsin Trudeau Society

The first joint meeting of Wisconsin and Minnesota physicians interested in tuberculosis work was held at Eau Claire on August 23. Formerly known as the Wisconsin Tuberculosis Society, the state group met for the first time under the name of the Wisconsin Trudeau Society. Early in May the body was accepted as a branch of the National Trudeau Society.

The program follows:

A Report on Pulmonary Hemorrhages—Dr. E. P. K. Fenger, Oak Terrace, Minnesota

Hemoptysis Due to Upper Lobe Bronchiectasis —Dr. J. D. Steele, Milwaukee, and Dr. N. M. Grossman, Wauwatosa

A Classification of Pulmonary Tuberculosis— Dr. Anthony Cadden, Wauwatosa

Hyperventilation—Dr. H. C. Hinshaw, Rochester, Minnesota

An Unusual Case Report—Dr. W. H. Oatway, Jr., Madison

Cardiovascular Disease Simulating Pulmonary Disease—Dr. G. C. Owen, Oshkosh

Some Lesions Causing Widening of the Mediastinal Shadows—Dr. C. A. Good, Rochester, Minnesota

# News Items and Personals

C. A. Dawson, M. D., River Falls

The appointment of *Dr. C. A. Dawson* of River Falls as the eighth member of the Wisconsin State Board of Medical Examiners was announced recently by Governor Heil. The other members of the board, as it is now composed, are as follows: *Dr. H. H. Christofferson*, Colby, president; *Dr. H. W. Shutter*, Milwaukee, secretary; *Dr. Jessie P. Allen*, Beloit; *Dr. A. F. Ruffolo*, Kenosha; *Dr. E. W. Miller*, Milwaukee; *Dr. R. G. Arveson*, Frederic, and Dr. E. C. Murphy, Eau Claire, osteopathic representative.

—△—

*Dr. M. H. Wirig* and *Dr. R. S. Gearhart* announce the association of Dr. Robin N. Allin in their office in Madison. Dr. Allin will confine his practice to internal medicine and allergy.

—△—

*Dr. S. J. Seeger*, consulting surgeon, C. M. St. P. & P. Railroad, Milwaukee, spoke at the meeting in Chicago on September 8 of the American Association of Railway Surgeons. His subject was "The Treatment of Burns."

—△—

At the annual meeting of the Children's Aid Institute of the Wisconsin Children's Aid Society at Racine, on September 9, the following members of the Society were guest speakers:

*M. Fernan-Nuñez*, M. D., professor of pathology and bacteriology, Milwaukee—"Congenital Syphilis in the Adoptive Child"

*D. W. Roberts*, M. D., clinical professor of psychiatry, Marquette University School of Medicine, Milwaukee—"How to be a Successful Parent"

*Gorton Ritchie*, M. D., pathologist, St. Mary's Hospital, Racine—"Paternity by Blood Tests"

*Dr. C. F. Burke*, Madison, was elected president of the St. Mary's Hospital staff at the group's annual meeting on September 16. He succeeds *Dr. I. G. Ellis*, Madison. Other new officers include *Dr. M. H. Wirig*, vice-president; and *Dr. J. E. Dollard*, secretary–treasurer.

—△—

Members of the Waukesha Kiwanis Club heard an address by *Dr. M. J. Werra* on September 11. *Dr. Werra* discussed the delivery of medical care in this country and on the continent.

—△—

*Dr. C. J. Radl* of Wisconsin Dells left October 1 for the East where he will spend three years at the graduate school of the University of Pennsylvania Medical School, devoting the time to study in the field of diseases of the eye, ear, nose, and throat.

—△—

*Dr. F. O. Hunt* recently celebrated his fiftieth year in practice in Fall River, having been graduated from the Bennett College of Eclectic Medicine and Surgery, Chicago, in 1890.

—△—

*Dr. J. J. Barrock*, who attended the graduate school of the University of Pennsylvania and assisted Dr. C. J. White of Chicago, has opened his new offices in the Goldsmith Building, 425 East Wisconsin Avenue, Milwaukee. His practice is limited to dermatology and syphilology.

—△—

*Dr. T. L. Harrington*, who resigned as superintendent and medical director of River Pines Sanatorium, Stevens Point, and retired from practice on October 1, was succeeded by *Dr. H. A. Anderson* of Pinehurst Sanatorium, Janesville.

—△—

*Dr. R. M. Wheeler* of Madison attended the fifty-second convention of the Association of American Railroad Surgeons in Chicago early in September.

—△—

*Dr. A. G. Sullivan*, Madison, was elected managing director of the Interstate Postgraduate Medical Association at a meeting in Freeport, Illinois, on August 25. The association's offices will be in Madison.

*Dr. A. S. White* of Rice Lake recently received a fellowship from the International College of Surgeons assembled in Mexico City, Mexico. *Dr. White*, who has practiced in Wisconsin for forty years, is one of nine state surgeons who have received similar honorary degrees.

—△—

*Dr. E. J. Carey*, dean of Marquette University School of Medicine, spoke at a child welfare conference held by the American Legion in Milwaukee on September 14. Saying that the "future citizen of America is the child of today," *Dr. Carey* called for the broadest sort of program to combat juvenile delinquency as well as specific physical diseases afflicting children.

—△—

*Dr. G. M. Shinners* of Green Bay has been appointed to the post of health commissioner by the Green Bay board of health, and will begin his new duties the first of the year after taking a postgraduate course in public health at the University of Minnesota. *Dr. Shinners* has been engaged in the general practice of medicine in De Pere and Green Bay since 1935.

—△—

On September 26, *Dr. J. C. Sargent* of Milwaukee was a guest speaker on the program of the American Urological Association in Galveston, Texas. His subject was "Basic Principles Governing Conservative Surgery in Hydronephrosis."

—△—

Organization of the staff of the Holy Family Hospital, Manitowoc, for the ensuing fiscal year was effected at a meeting on September 4. *Dr. T. H. Rees* of Manitowoc is president. Standing committees are as follows (the physicians are from Manitowoc unless otherwise indicated):

EXECUTIVE: *Drs. T. H. Rees, A. F. Stueck, G. M. Hoffman, W. E. Donohue,* and *J. W. Steckbauer,* and Sister M. Raymond.

SCHOOL BOARD: *Drs. F. E. Turgasen, M. P. Andrews,* and *R. G. Yost.*

QUALIFICATIONS: *Drs. Arthur Teitgen, F. W. Hammond,* and *M. P. Andrews,* and Sisters M. Raymond and M. Victima.

RECORDS: *Drs. F. E. Turgasen, N. C. Erdmann,* and *T. A. Teitgen.*

OBSTETRICS AND GYNECOLOGY: *Drs. R. G. Strong, N. A. Bonner,* and *C. E. Wall.*

EYE, EAR, NOSE AND THROAT: *Drs. H. J. Belson, M. P. Andrews,* and *Nathan Schneck.*

ANESTHESIA: *Drs. N. A. Bonner, R. E. Martin* (Two Rivers), and *C. J. Skwor* (Mishicot).

MEDICINE: *Drs. C. L. MacCollum, W. H. Scherping, E. C. Cary* (Reedsville), and *L. W. Gregory.*

SURGERY: *Drs. R. W. Hammond, A. P. Zlatnik* (Two Rivers), and *W. A. Rauch.*

LABORATORY: *Drs. E. W. Huth* (Valders), *R. C. Richardson* (Two Rivers), and *N. M. Wilson* (Reedsville)

PROGRAM: *Drs. G. M. Hoffman, J. W. Steckbauer, L. D. Sobush, N. J. Barnstein* (Two Rivers), and *W. E. Donohue.*

FRACTURES: *Drs. L. W. Gregory, L. J. Moriarty* (Two Rivers), and *A. W. Kozelka* (Two Rivers).

RADIOLOGY: *Drs. A. F. Stueck, J. M. Kelley* (Cato), and *Nathan Schneck.*

Two Milwaukee speakers addressed the meeting. *Dr. S. J. Silbar*, specialist in urology, spoke on "Common Infections of the Urinary Tract," and Dr. B. L. Ginsburg spoke on transfusions and the new plasma bank.

# COMING EVENTS

### Examinations, American Board of Obstetrics and Gynecology

The written examination and review of case histories (Part I) for Group B candidates will be held in the various cities of the United States and Canada on Saturday, January 3, 1942, at 2:00 p. m. Formal notice of the place of examination will be sent each candidate several weeks in advance of the examination date. No candidate will be admitted to examination whose examination fee has not been paid at the secretary's office. Candidates who successfully complete the Part I examination will proceed automatically to the Part II examination held in June, 1942.

Candidates for *reexamination* in Part I (written paper and submission of case histories) must request such reexamination by writing the secretary's office not later than November 15, 1941. Candidates who are required to take reexaminations must do so before the expiration of three years from the date of their original examination.

The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted by the entire Board, meeting at Atlantic City, New Jersey, in June 1942, immediately prior to the annual meeting of the American Medical Association.

Application for admission to Group A, Part II, examinations must be on file in the secretary's office not later than March 1, 1942.

As previously announced in the Board booklet, this fiscal year (1941–1942) of the Board marks the close of the two groups of classification of applicants for examination. Thereafter, the Board will

have only one classification of candidates, and all will be required to take the Part I examinations.

For further information and application blanks, address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh, Pennsylvania.

—△—

### American Conference on Industrial Health

Under the auspices of the American Association of Industrial Physicians and Surgeons the American Conference on Industrial Health will hold its second annual meeting on November 5 and 6, 1941, at Chicago Towers, Chicago, Illinois. This organization maintains a public forum for all who are interested in the prevention of disease, injury and disability in industry, and the active supervision and promotion of health in industrial groups.

The opening session will be a symposium on the technical problems of industrial health on the basis that health supervision in industry involves two great principles: (1) the adjustment of the working environment to the employe; and (2) the adjustment of the employe to the working environment, including also the human environment. The technical problems are the result of the application of these principles, and run the whole gamut of public health as applied to industry.

The afternoon session will be a symposium on the economics of industrial health, including: (1) organization and cost of a health service, and (2) discussion on the value of industrial health service to the employer, the employe and the public.

The morning of the second day will be given over to a symposium on the social implications of industrial health, discussing how far an industrial health service should go; whether hospital and medical care plans are related to industrial health service in any practical way; whether legislation plays a part in this problem; and the evaluation of labor turnover, spoilage, and lack of trained men, together with the experiences of management and the interests of insurance carriers in the medical and social problems presented.

The sessions will close with a schedule of plant medical department inspections, by special arrangements with local industries.

—△—

### The American College of Physicians Announces Its Twenty-Sixth Annual Session to Be Held in St. Paul, Minn., April 20–24, 1942

Dr. Roger I. Lee, Boston, is president of the College, and will be in charge of the program of general sessions and lectures. Dr. John A. Lepak, St. Paul, has been appointed general chairman, and will be in charge of the program of hospital clinics and round-table discussions, as well as local arrangements, entertainment, etc. Mr. Edward R. Loveland, executive secretary of the College, 4200 Pine Street, Philadelphia, will have charge of the general management of the session and the technical exhibits.

### Milwaukee County Hospital Interne's Association

The Milwaukee County Hospital Interne's Association has announced that its next meeting will be held on January 31, 1942.

—△—

### Course in Geriatrics

The Committee on Postgraduate Education of the Medical Society of Milwaukee County has announced a course in geriatrics, increasingly important field in modern medical practice, to be held in November in the Auditorium of the Marquette University School of Medicine. Lecture dates and speakers have been announced as follows:

November 4:

Gastroenterology in the aged—Jacob Meyer, M. D., associate professor of medicine, University of Illinois, College of Medicine.

November 11:

Treatment of the aged from the surgical angle—O. T. Clagett, M. D., Mayo Clinic, Rochester, Minn.

November 18:

The problem of aging from the internist's angle—George M. Piersol, M. D., professor of medicine, The Medico-Chirurgical College, Graduate School of Medicine, University of Pennsylvania.

November 25:

The central nervous system in the aged—Hans H. Reese, M. D., professor of neuropsychiatry, University of Wisconsin Medical School, Madison.

—△—

### The Fourth Annual Forum on Allergy

Detroit, Michigan

January 10 and 11, 1942

—△—

### Milwaukee Children's Hospital

#### Schedule of Clinical Presentations

The Staff of the Milwaukee Children's Hospital has arranged a schedule of clinical presentations for the coming fall and winter months. Surgical clinics will be conducted on Mondays, orthopedic and fracture clinics on Tuesdays, and pediatric clinics on Fridays. Dr. Stanley J. Seeger will direct the surgical clinics, Dr. Walter P. Blount will direct the orthopedic and fracture clinics, and Dr. A. L. Kastner will direct the pediatric clinics. These men will be assisted in the presentations by staff members of the hospital. A partial tentative program follows. Ample notice will be given concerning guest clinicians who will be invited from time to time, and any other changes in the program. The time of the clinical presentations will be from 12:30 to 1:30 p. m.

#### October, 1941

Pediatric Clinic—Friday, October 3
Blood Stasis. Discussion by Armand J. Quick, M. D., Milwaukee.

Surgical Clinic—Monday, October 6
Presentation of cases. Discussion of Congenital Anomalies of the Intestinal Tract.

Orthopedic and Fracture Clinic—Tuesday, October 7
Congenital Deformities of Childhood. Discussion by W. P. Blount, M. D., Milwaukee.

Pediatric Clinic—Friday, October 10
Stuttering a Medical Problem? Discussion by F. J. Mellencamp, M. D., Milwaukee.

Surgical Clinic—Monday, October 13
Presentation of cases. Discussion of Congenital Anomalies of the Intestinal Tract.

Orthopedic and Fracture Clinic—Tuesday, October 14
Epiphyseal Disturbances. Discussion by V. C. Turner, M. D., Milwaukee.

Pediatric Clinic—Friday, October 17
Early Pediatrics in Europe. Discussion by Karl Kassowitz, M. D., Milwaukee.

Surgical Clinic—Monday, October 20
Presentation of cases. Discussion of Sacrococcygeal Teratoma.

Orthopedic and Fracture Clinic—Tuesday, October 21
Epiphyseal Fractures. Discussion by Howard Johnson, M. D., Milwaukee.

Pediatric Clinic—Friday, October 24
Exanthum Subitum. Discussion by R. M. Greenthal, M. D., Milwaukee.

Surgical Clinic—Monday, October 27
Presentation of cases. Discussion of Undescended Testicle (Surgery).

Orthopedic and Fracture Clinic—Tuesday, October 28
X-ray Diagnosis of Fractures. Discussion by J. L. Armbruster, M. D., Milwaukee.

Pediatric Clinic—Friday, October 31
Subject open. Discussion by T. G. Randolph, M. D., Milwaukee.

**November, 1941**

Surgical Clinic—Monday, November 3
Presentation of cases. Discussion of Undescended Testicle (Endocrinology).

Orthopedic and Fracture Clinic—Tuesday, November 4
Fractures About the Shoulder in Children. Discussion by A. C. Schmidt, M. D., Milwaukee.

Pediatric Clinic—Friday, November 7
Diseases of the Orbit in Children. Discussion by Richard C. Gamble, M. D., Chicago.

Surgical Clinic—Monday, November 10
Presentation of cases. Discussion of Hypospadias.

Orthopedic and Fracture Clinic—Tuesday, November 11
Fractures About the Elbow in Children. Discussion by Irwin Schulz, M. D., Milwaukee.

Pediatric Clinic—Friday, November 14
Obesity in Children. Discussion by Walter Polacheck, M. D., Milwaukee.

Surgical Clinic—Monday, November 17
Presentation of cases. Discussion of Spina Bifida.

Orthopedic and Fracture Clinic—Tuesday, November 18
Fractures About the Wrist in Children. Discussion by A. A. Schaefer, M. D., Milwaukee.

Pediatric Clinic—Friday, November 21
Some Phases of Endocrinology in Childhood. Discussion by Elmer L. Sevringhaus, M. D., Madison.

Surgical Clinic—Monday, November 24
Presentation of cases. Discussion of Intussusception.

Orthopedic and Fracture Clinic—Tuesday, November 25
Tuberculosis of Bones and Joints. Discussion by L. D. Smith, M. D., Milwaukee.

Pediatric Clinic—Friday, November 28
Open.

—△—

### Second American Congress on Obstetrics and Gynecology

The arrangements for the Second American Congress on Obstetrics and Gynecology to be held in St. Louis, Missouri, from April 6 to 10, 1942, are progressing according to schedule.

Dr. Philip Williams of Philadelphia is chairman of the committee in charge of the commercial exhibits, while the details are being handled by Karl S. Richardson, business manager in the office of the Congress at 650 Rush Street in Chicago.

The Program Committee, with Dr. E. D. Plass as chairman and Dr. William F. Mengert as secretary, is working with the various subcommittees, the personnel of which will be announced later.

—△—

### Clinics, Milwaukee County Hospital and Marquette University School of Medicine

Clinics are held weekly on Friday from 10:30 a.m. to 12 noon at the Milwaukee County Hospital. Subjects for discussion in October and November are as follows:

October 17
1. Psittacosis and trichiniasis with case reports.
2. Carcinoma of rectum.

October 24
1. Infant feeding.
2. Intracranial complications of otitic disease.

October 31
Medical treatment of thrombophlebitis.

November 7
1. Intravenous use of amino acids in medical and surgical conditions.
2. Pilonidal cysts and treatment.

November 14
Discussion of anemia. Dr. W. P. Murphy, associate professor of medicine, Harvard Medical School.

## BIRTHS

A daughter, Liane Mildred, to Dr. and Mrs. L. H. Gueldner, Fort Atkinson, September 14.

A daughter to Dr. and Mrs. R. H. Stiehm, Madison, August 19.

## MARRIAGES

Dr. M. G. Klumb, Milwaukee, and Miss Ada Butler, Milwaukee, August 16.

Dr. R. J. Stollenwerk, Stevens Point, and Miss Antoinette Poska, Chicago, September 18.

## DEATHS

Dr. Walter S. Wing, Oconomowoc, died September 20 at the Summit Hospital, of heart trouble. He had been failing in health the past four years.

Dr. Wing was 67 years of age and for many years had been active in civic affairs. He was born on a farm north of Oconomowoc and attended Nashotah Public School and St. John's Military Academy at Delafield. He received his medical degree from Northwestern University, Chicago, in 1900, and entered private practice at Oconomowoc, continuing there until his health forced him to retire a month before his death.

He was a member of the Waukesha County Medical Society, and a former president of that group, a member of the State Medical Society of Wisconsin and the American Medical Association.

Surviving him are his widow and a daughter.

Dr. Reinhardt W. Boerner, 67-year-old Milwaukee physician, died at Milwaukee Hospital on September 13. He had been a practicing physician in Milwaukee for forty-five years.

Born in 1874, Dr. Boerner was graduated from the Wisconsin College of Physicians and Surgeons in 1896. He was a member of a number of fraternal groups as well as a member of the Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association.

Surviving are his widow and a daughter.

Dr. Hans Schneider, Dousman, died at his home on September 18 of carbon monoxide poisoning. He was 39 years of age.

Dr. Schneider was located in Dousman since 1928. Prior to that time he practiced in Waukesha for about five years. He was a member of the Waukesha County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association.

Surviving him are his widow and two children, a son and a daughter.

Dr. Wilfred J. Hewson, Alma Center physician, died suddenly at the Luther Hospital in Eau Claire on August 14, at the age of nearly 58 years.

He was a native of Canada and was an ex-service man.

His widow survives him.

Dr. H. D. Karass, Milwaukee, died at his home on September 17 at the age of 62 years.

He was a graduate of the Wisconsin College of Physicians and Surgeons and had practiced in Milwaukee for the last forty-one years.

Surviving are his widow, a son and a daughter.

Dr. August R. Wittke, retired Milwaukee physician, died at St. Joseph's Hospital on September 22. He was 79 years of age.

Dr. Wittke was graduated from the Milwaukee Medical College in 1898 and was licensed in Wisconsin in 1920. He was admitted to the bar in Idaho but never practiced law in Milwaukee.

Surviving him is a sister of Insterburg, East Prussia, Germany.

## SOCIETY RECORDS

### New Members

L. W. Ramlow, 6803 West Wells Street, Milwaukee.

A. R. Curreri, 1300 University Avenue, Madison.

R. C. Richardson, Two Rivers.

C. A. Kelly, Dresser.

E. J. Hatleberg, Rice Lake.

T. H. Joyner, Mt. Horeb.

T. E. Gundersen, 1836 South Avenue, La Crosse.

J. R. Richter, Waunakee.

### Changes in Address

C. A. Vedder, Marshfield, to 1604th Corps Area, Service Unit, Fort Brady, Mich.

A. J. Macht, Madison, to 1445 South Thirty-second Street, Milwaukee.

Bourne Jerome, Chicago, Ill., to Station Hospital, Fort Sheridan, Ill.

C. J. Radl, Wisconsin Dells, to Graduate School, University of Pennsylvania, Philadelphia, Pa.

Ernest Newman, Wausau, to 46 Mountfort Street, Boston, Mass.

R. C. Buerki, Madison, to Graduate Hospital, University of Pennsylvania, Philadelphia, Pa.

F. C. Jacobson, Washburn, to St. Luke's Hospital, Chicago, Ill.

J. V. Flannery, Eagle River, to 404½ Third Street, Wausau.

H. F. Pagel, Fort Sill, Okla., to 14th Medical Regiment, Camp Bowie, Tex.

T. J. Nereim, Whitehall, to Shullsburg.

A. A. Sverdlin, Milwaukee, to Fitzsimmons General Hospital, Denver, Colo.

J. P. Skibba, Menasha, to Graduate School, University of Pennsylvania, Philadelphia, Pa.

T. L. Harrington, Stevens Point, to 1603 North Fifty-third Street, Milwaukee.

H. M. Coon, Statesan, to 1300 University Avenue, Madison.

O. G. Moland, Camp Bowie, Tex., to Camp Polk, La.

W. F. Lappley, Waukesha, to 110 East Main Street, Madison.

J. P. Malec, Camp Forrest, Tenn., to 131st Infantry, 3rd Battalion, Camp Robinson, Ark.

S. M. Welsh, Fort Meade, Md., to Camp Shelby, Miss.

(See page 951 for complete list of men in service.)

# CORRESPONDENCE

Federal Security Agency
NATIONAL YOUTH ADMINISTRATION FOR WISCONSIN
744 North Fourth Street, Milwaukee

August 23, 1941.

Mr. George Larson, Acting Secretary
The State Medical Society of Wisconsin
Madison, Wisconsin

Dear Mr. Larson: After due consideration and consultation with Dr. Eben J. Carey, State Health Consultant of the National Youth Administration, it was definitely decided that the hourly rate of pay for the examining physicians assigned to our program should be raised from $3.00 to $4.00. This change was made by administrative order and was effective August 1, 1941, changing the per diem from $24.00 for eight hours to $20.00 for five hours.

May I at this time thank the State Medical Society of Wisconsin for its cooperation in the matter of our state-wide health program, and trust that jointly we may develop an educational program based upon our findings in the examinations. It is our desire to continue in our efforts, aiming at all times toward the correction of defects found, which we hope will lead to better health for the youth of our state.

Very sincerely,
(Signed) R. E. MUTCHLER
*State Health Supervisor*

# RECENT WISCONSIN LICENTIATES

Following is a list of men who were licensed through reciprocity at a special meeting of the Wisconsin State Board of Medical Examiners on September 11, 1941, at Madison, Wisconsin.

| *Name* | *School of Graduation* | *Year* | *Present Address* |
|---|---|---|---|
| Beck, Robert W. | Arkansas | 1937 | 305 Norris Court, Madison, Wis. |
| Conlogue, Everett F. | Boston | 1933 | Middle River Sanatorium, Hawthorne, Wis. |
| Killeen, Emmet R. | Wisconsin | 1938 | Arnett, Okla. |
| Kreul, William R. | Marquette | 1941 | St. Luke's Hospital, Racine, Wis. |
| Palmer, Edward | U. of Chicago | 1937 | Hillsboro, Wis. |
| Zimmerman, Lazar E. | Illinois | 1934 | 196 North Du Bois Street, Elgin, Ill. |

## RETURN APPLICATION FOR PANEL LISTING AT ONCE

On October 7 there was placed in the mail for each member of the Society an application for panel listing under the Open Panel Agreement for the Workmen's Compensation Panels of 1942. This application blank is to be returned to the Society's office not later than October 20.

The panels, which will be prepared from the information included on the application blanks, will be distributed to over 40,000 Wisconsin employers. The numerous requests for additional copies of panels which were received following the distribution of the panels last year are irrefutable evidence that employers throughout the state did use the panels supplied by the Society. The records of the insurance carriers likewise disclose that more and more Wisconsin physicians are participating in the Open Panel Agreement and are in fact rendering care to employes injured while at work who become eligible for benefits under the Workmen's Compensation Act.

Each member who wishes to be listed on the panel to be distributed in his county should return at once the application blank which reached him on October 8.

## MEMBERS IN ACTIVE SERVICE

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Baldwin, R. S., Captain | Marshfield | Headquarters, 6th Corps Area, Chicago, Ill. |
| Becker, W. T., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| Benson, George B., 1st Lt. | Richland Center | School of Aviation Medicine, Randolph Field, Tex. |
| Bergstrom, L. V., 1st Lt. | Milltown | Co. 538, Camp Minidoka, Rupert, Ida. |
| Bitter, R. H., Captain | Oshkosh | 12th Cavalry, Fort Bliss, Tex. |
| Bleckwenn, W. J., Colonel | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Bohorfoush, J. G., 1st Lt. | Madison | Air Corps Basic Flying School, San Angelo, Tex. |
| Bolles, C. S., 1st Lt. | De Pere | Station Hospital, Camp Wolters, Tex. |
| Boxer, L. M., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| Bristow, J. H., 1st Lt. | Monroe | 5th Medical Battalion, Fort Custer, Mich. |
| Cary, J. F., 1st Lt. | Sheboygan | First Medical Squadron, Fort Bliss, Tex. |
| Christianson, Herbert, 1st Lt. | Superior | Camp Livingston, La. |
| Dietrich, H. W., Captain | Madison | 7th Cavalry, Fort Bliss, Tex. |
| Dockry, L. E., Commander | Kewaunee | Commandant's Office, Naval Training Station, Great Lakes, Ill. |
| Dorr, R. H., 1st Lt. | Milwaukee | Woodbine, Kirkwood, Mo. |
| Eisele, P. L., Captain | Stateson | Army Induction Station, Milwaukee |
| Feiman, L. H., 1st Lt. | Milwaukee | 46th Medical Battalion, Pine Camp, N. Y. |
| Filek, A. A., Captain | Green Bay | Armored Forces, Fort Benning, Ga. |
| Foley, M. E., 1st Lt. | St. Nazianz | 5th Division, Fort Custer, Mich. |
| Ford, W. A., Lt. Col. | Sheboygan | Station Hospital, Camp Wolters, Tex. |
| Frackelton, W. H., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Frisch, R. A., 1st Lt. | Milwaukee | Army Induction Station, Milwaukee |
| Gearhart, R. S., 1st Lt. | Madison | Station Hospital, Fort Sill, Okla. |
| Gollin, F. F., 1st Lt. | La Farge | 119th Field Artillery, Fort Leonard Wood, Mo. |
| Goodman, P. P., 1st Lt. | Milwaukee | 53rd Medical Battalion, Camp Claibourne, La. |
| Grab, J. A., Major | Milwaukee | Selective Service Headquarters, Madison |
| Greenstein, Carl, 1st Lt. | Sheboygan | Chanute Field, Rantoul, Ill. |
| Grossmann, E. E. Captain | Milwaukee | Station Hospital, Camp Hulen, Tex. |
| Gueldner, L. H., 1st Lt. | Fort Atkinson | Camp Bowie, Tex. |
| Guzzetta, M. M., 1st Lt. | Milwaukee | Fort Sam Houston, Tex. |
| Hannan, K. D., 1st Lt. | Prairie du Chien | Co. H, 102nd Medical Regiment, 27th Division, Fort McClellan, Ala. |
| Hathaway, G. J., Lt. Col. | Superior | Medical Detachment, 128th Infantry, 32nd Division, Camp Livingston, La. |
| Heiden, H. H., Lt. Col. | Sheboygan | Camp Livingston, La. |
| Henske, W. C., Captain | Chippewa Falls | Fort George Meade, Md. |
| Hollenbeck, S. W., Major | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Huth, M. F., 1st Lt. | Baraboo | Camp Grant, Ill. |
| James, W. D., 1st Lt. | Oconomowoc | Camp Walters, Tex. |
| Jerome, Bourne, Captain | Superior | Station Hospital, Fort Sheridan, Ill. |
| Johnson, H. C., Major | Madison | Camp McCoy, Wis. |
| Kaiser, L. F., 1st Lt. | Rhinelander | 2nd Section, 5th Medical Supply Depot, Gurdon, Ark. |
| Keck, E. B., Lt. Commander | Madison | Post Hospital, Marine Barracks, Quantico, Va. |
| Kennedy, H. A., 1st Lt. | Winneconne | Field Hospital, Naval Air Station, Corpus Christi, Tex. |
| Kingsbury, C. H., 1st Lt. | Goodman | Station Hospital, Fort Bliss, Tex. |
| Kocovsky, E. C., 1st Lt. | Milwaukee | Reception Center, Camp Grant, Ill. |
| Kretlow, F. A., 1st Lt. | Milwaukee | 1st Medical Squadron, Fort Bliss, Tex. |
| Krueger, E. R., 1st Lt. | Hayward | 30th Division, Fort Jackson, S. C. |
| Kuehl, F. O., 1st Lt. | Green Bay | Walter Reed General Hospital, Washington, D. C. |
| Lochen, E. L., Major | Waukesha | Station Hospital, Schofield Barracks, Oaku, Honolulu, Hawaii |
| Ludwig, E. P., Captain | Wausau | Company G, 135th Medical Regiment, Camp Shelby, Miss. |
| Lustok, M. J., Captain | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Malec, J. P., 1st Lt. | Madison | 131st Infantry, 3rd Battalion, Camp Robinson, Ark. |
| Martini, H. F., 1st Lt. | Wausau | 5th Division, Fort Custer, Mich. |
| McBain, L. B., Captain | Appleton | 30th Division, Fort Jackson, S. C. |
| McCabe, J. O., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| McCormack, E. A., 1st Lt. | Niagara | 123rd Field Artillery, Camp Forrest, Tenn. |
| McCormick, D. W., 1st Lt. | Madison | Station Hospital, Fort Custer, Mich. |
| Millard, A. L., Major | Marshfield | Second Infantry, Fort Custer, Mich. |
| Mitchell, M. T., 1st Lt. | Eau Claire | Medical Detachment, 38th Infantry, Fort Sam Houston, Tex. |
| Mokrohajsky, S. M., 1st Lt. | Green Bay | Station Hospital, Camp Grant, Ill. |
| Moland, O. G., Captain | Augusta | Camp Polk, La. |
| Montgomery, S. A., 1st Lt. | La Crosse | Station Hospital, Fort Sam Houston, Tex. |
| Moran, C. J., Captain | La Crosse | 120th Field Artillery, Camp Beauregard, La. |

## MEMBERS IN ACTIVE SERVICE (Continued)

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Nebel, Harold, Major | Milwaukee | 121st Field Artillery, 32nd Division, Camp Livingston, La. |
| Nelson, E. R., Lt. (j. g.) | Madison | 16th Naval District, Asiatic Station, % Postmaster, San Francisco, Calif. |
| Niver, E. O., 1st Lt. | Eau Claire | Station Hospital, Fort Custer, Mich. |
| Nowack, L. W., Captain | Watertown | 32nd Division, Camp Livingston, La. |
| Olson, W. A., 1st Lt. | Greenwood | 128th Infantry, 32nd Division, Camp Livingston, La. |
| Ovitt, D. W. | Milwaukee | Billings General Hospital, Fort Benjamin Harrison, Ind. |
| Pagel, H. F., 1st Lt. | Ladysmith | 14th Medical Regiment, Camp Bowie, Tex. |
| Perssion, L. B., 1st Lt. | Winnebago | 135th Medical Regiment, Camp Shelby, Miss. |
| Peterson, L. W., Lt. Col. | Sun Prairie | 135th Medical Regiment, Camp Shelby, Miss. |
| Peterson, S. C., 1st Lt. | Luck | Randolph Field, Tex. |
| Pomeroy, R. K., Lt., V-(S) | Port Washington | Naval Training School, Navy Pier, Chicago, Ill. |
| Quisling, G. D. | Madison | Camp Stewart, Ga. |
| Raine, Forrester, Major | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Rechlitz, E. T., 1st Lt. | Milltown | Armored Force Replacement Center, Fort Knox, Ky. |
| Rogers, A. F., 1st Lt. | Milwaukee | 33rd Division, Camp Forrest, Tenn. |
| Roth, J. A., Captain | Carlinville, Ill. | Camp Grant, Ill. |
| Sarfatty, I. J., Captain | West Allis | Hdqs. Sqd., 2nd A. F., Fort George Wright, Wash. |
| Schramel, A. J., Captain | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Schwade, E. D., Captain | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Schwartz, S. F., 1st Lt. | Milwaukee | Corsicana, Tex. |
| Shabart, E. J., 1st Lt. | Milwaukee | Assistant Commander, Station Hospital, Camp Wheeler, Ga. |
| Shemanski, L. S., 1st Lt. | Menasha | Fort George Meade, Md. |
| Simenson, R. S., 1st Lt. | Valders | Station Hospital, Camp Grant, Ill. |
| Stern, Louis, Captain | Milwaukee | Fort Bliss, Tex. |
| Stone, G. C., 1st Lt. | Berlin | Reception Center, Camp Grant, Ill. |
| Sullivan, J. M., 1st Lt. | Milwaukee | Station Hospital, Fort Sam Houston, Tex. |
| Sverdlin, A. A., Captain | Milwaukee | Fitzsimmons General Hospital, Denver, Colo. |
| Talbot, J. R., 1st Lt. | Marshfield | Fort Riley, Kan. |
| Temkin, M. M., 1st Lt. | Beaver Dam | 33rd Division, Camp Forrest, Tenn. |
| Tousignant, A. N., Captain | Oconto | % Supt. A. T. S., Manila, P. I. |
| Troxel, J. C., 1st Lt. | Appleton | Marine Recruiting Station, Federal Building, Milwaukee. |
| Vedder, C. A., 1st Lt. | Marshfield | 1604th Corps Area, Service Unit, Fort Brady, Mich. |
| Vetter, E. W., Captain | Randolph | Company E, 135th Medical Regiment, Camp Shelby, Miss. |
| Waffle, R. L., Captain | Fond du Lac | Station Hospital, Fort Sheridan, Ill. |
| Wagner, A. J., 1st Lt. | Brillion | Scott Field, Belleville, Ill. |
| Walske, B. R. | Independence | Station Hospital, Camp Grant, Ill. |
| Watry, T. D., 1st Lt. | Milwaukee | 4108 North Richards Street, Milwaukee |
| Weaver, D. F., 1st Lt. | Green Bay | Fort Sam Houston, Tex. |
| Weinshel, L. R., 1st Lt. | Milwaukee | Fort George Meade, Md. |
| Weissmiller, L. L., Captain | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Welsh, S. M., Captain | Prairie du Chien | Camp Shelby, Miss. |
| Werner, J. J., 1st Lt. | Milwaukee | U. S. Induction Station, Milwaukee |
| Wier, J. S., Major | Fond du Lac | 48th Medical Battalion, 2nd Armored Division, Fort Benning, Ga. |
| Williamson, C. S., Major | Green Bay | Station Hospital, Ponce, Porto Rico |
| Winkler, R. J., 1st Lt. | Hilbert | 45th Medical Battalion, Camp Polk, La. |
| Wood, C. A., Major | Waukesha | Station Hospital, Fort Leavenworth, Kan. |
| Wyatt, T. E., Captain | Marshfield | 128th Infantry, 32nd Division, Station Hospital, Camp Livingston, La. |
| Young, J. J., 1st Lt. | Appleton | Station Hospital, Camp Grant, Ill. |
| Zintek, S. S., Lt. Col. | Milwaukee | 127th Infantry, 32nd Division, Camp Livingston, La. |

## CHILDREN'S BUREAU NEEDS MATERNAL AND CHILD HEALTH SPECIALISTS

Employment registers are to be established by the Civil Service Commission to fill maternal and child health specialist positions in the Children's Bureau of the Department of Labor. The examination announcement just issued by the Civil Service Commission to recruit persons for these positions allows the filing of applications until November 15, 1941.

Doctors of Medicine who are interested in Government employment are urged to seek further information about these positions which pay from $3,200 a year to $5,600 a year. Further information and application forms may be obtained from the Commission's representative at any first- or second-class post office or from the central office in Washington, D. C.

# Over 2,000 Attend Centennial Anniversary Meeting; Dr. F. E. Butler of Menomonie Named President-Elect

THE Centennial Anniversary Meeting of the State Medical Society of Wisconsin, held in Madison on September 10, 11 and 12, established a record attendance of members and guests. The round-table luncheons were filled to capacity, and the Memorial Union Building with its technical and scientific exhibits was constantly crowded with members and visitors.

On Thursday morning the House of Delegates named as president-elect, Dr. F. E. Butler of Menomonie, and re-elected Dr. R. M. Kurten of Racine as speaker, Dr. Charles Fidler of Milwaukee as vice-speaker, Dr. J. F. Smith of Wausau as delegate to the American Medical Association, and Dr. Charles W. Giesen of Superior as alternate delegate.

All councilors whose terms expired in 1941 were re-elected with the exception of Dr. Butler, who was selected as president-elect. In that district, Dr. R. G. Arveson of Frederic was elected councilor.

Milwaukee was selected as the city in which the annual meeting will be held in 1942, beginning a second century of progress of scientific medicine in Wisconsin.

The committee appointments of the president-elect, Dr. Gunnar Gundersen, La Crosse, were announced at the Wednesday session of the House of Delegates. The complete roster of the standing and special committees is as follows:

## STANDING COMMITTEES

*The Committee on Cancer*

Dr. Charles Fidler, 1943, chairman, 231 West Wisconsin Avenue, Milwaukee
Dr. L. J. Van Hecke, 1944, 231 West Wisconsin Avenue, Milwaukee
Dr. H. B. Keland, 1944, 715 South Wisconsin Street, Racine
Dr. C. F. Dull, 1944, Richland Center
Dr. J. C. Fox, 1944, 401 Main Street, La Crosse
Dr. W. S. Bump, 1944, Rhinelander
Dr. Julius Blom, 1944, Woodville
Dr. E. E. Evenson, 1942, Wittenberg
Dr. J. W. McGill, 1942, 1225 Tower Avenue, Superior
Dr. E. F. Schneiders, 1943, 113 North Carroll Street, Madison
Dr. T. A. Teitgen, 1943, 927 South Eighth Street, Manitowoc
Dr. Erich Wisiol, 1943, 441 Main Street, Stevens Point
Dr. G. E. Eck, 1942, Lake Mills
Dr. D. J. Twohig, 1942, 11 North Main Street, Fond du Lac

*The Advisory Committee on Care of Crippled Children*

Dr. H. K. Tenney, 1942, chairman, 1 South Pinckney Street, Madison
Dr. J. B. MacLaren, 1944, 120 South Oneida Street, Appleton
Dr. H. L. Greene, 1944, 1 South Pinckney Street, Madison
Dr. J. O. Dieterle, 1943, 425 East Wisconsin Avenue, Milwaukee
Dr. H. C. Schumm, 1943, 425 East Wisconsin Avenue, Milwaukee
Dr. C. M. Kurtz, 1942, 1300 University Avenue, Madison

*The Committee on Coordination of Medical Services*

Dr. C. O. Vingom, 1944, chairman, 122 West Washington Avenue, Madison
Dr. Millard Tufts, 1943, 208 East Wisconsin Avenue, Milwaukee
Dr. S. E. Gavin, 1942, 104 South Main Street, Fond du Lac
President, ex officio
Secretary, ex officio

*The Committee on Goiter*

Dr. Arnold S. Jackson, 1942, chairman, 16 South Henry Street, Madison
Dr. O. R. Lillie, 1943, 208 East Wisconsin Avenue, Milwaukee
Dr. F. G. Anderson, 1944, 314 East Grand Avenue, Eau Claire
Dr. E. L. Sevringhaus, ex officio, 1300 University Avenue, Madison
Dr. C. N. Neupert, ex officio, State Office Building, Madison

*The Committee on Grievances*

Dr. Louis Fauerbach, 1944, chairman, 16 North Carroll Street, Madison
Dr. W. A. Ryan, 1943, 709 North Eleventh Street, Milwaukee
Dr. A. J. Patek, 1942, 425 East Wisconsin Avenue, Milwaukee

*The Committee on Health and Public Instruction*
Dr. C. J. Newcomb, 1944, chairman, 411 East Mason Street, Milwaukee
Dr. W. J. Egan, 1943, 720 North Jefferson Street, Milwaukee
Dr. J. A. Riegel, 1942, St. Croix Falls

*The Committee on Hospital Relations*
Dr. R. M. Kurten, 1942, chairman, 810 Main Street, Racine
Dr. R. M. Waters, 1944, 1300 University Avenue, Madison
Dr. M. L. Jones, 1943, 510½ Third Street, Wausau
Dr. J. E. Habbe, 1942, 231 West Wisconsin Avenue, Milwaukee
Dr. E. O. Gertenbach, 1943, 425 East Wisconsin Avenue, Milwaukee
Dr. Gorton Ritchie, 1944, St. Mary's Hospital, Racine

*The Committee on Industrial Health*
Dr. S. J. Seeger, 1942, chairman, 324 East Wisconsin Avenue, Milwaukee
Dr. H. L. Greene, 1943, 1 South Pinckney Street, Madison
Dr. T. J. Howard, 1944, 716 North Eleventh Street, Milwaukee
Dr. L. W. Hipke, ex officio, 425 East Wisconsin Avenue, Milwaukee
Dr. M. L. Jones, ex officio, 510½ Third Street, Wausau

*The Committee on Maternal and Child Welfare*
Dr. J. J. Pink, 1943, chairman, 324 East Wisconsin Avenue, Milwaukee
Dr. A. B. Schwartz, 1942, 2018 East North Avenue, Milwaukee
Dr. J. W. Harris, 1942, 1300 University Avenue, Madison
Dr. J. Gurney Taylor, 1944, 324 East Wisconsin Avenue, Milwaukee
Dr. Amy Louise Hunter, 1944, State Capitol, Madison
Dr. J. F. Wilkinson, 1943, Oconomowoc

*The Committee on Medical Economics*
Dr. C. W. Eberbach, 1943, chairman, 324 East Wisconsin Avenue, Milwaukee
Dr. A. S. White, 1942, Rice Lake
Dr. W. M. Trowbridge, 1944, Viroqua

*The Committee on Medical Education and Hospitals*
Dr. P. A. Midelfart, 1944, chairman, 314 East Grand Avenue, Eau Claire
Dr. F. D. Murphy, 1942, 536 West Wisconsin Avenue, Milwaukee
Dr. R. E. Burns, 1943, 1300 University Avenue, Madison

*The Committee on Mental Hygiene and Institutional Care*
Dr. H. H. Christofferson, 1944, chairman, Colby
Dr. A. W. Bryan, 1942, 16 South Henry Street, Madison
Dr. S. K. Pollack, 1943, 208 East Wisconsin Avenue, Milwaukee

*The Committee on Public Policy*
Dr. C. A. Dawson, 1942, chairman, River Falls
Dr. S. E. Gavin, 1944, 104 South Main Street, Fond du Lac
Dr. J. C. Sargent, 1943, 324 East Wisconsin Avenue, Milwaukee
President, president-elect, secretary—ex officio

*The Council on Scientific Work*
Dr. G. W. Krahn, 1942, chairman, Oconto Falls
Dr. F. D. Murphy, 1944, 536 West Wisconsin Avenue, Milwaukee
Dr. C. J. Smiles, 1943, Ashland
Dr. E. R. Schmidt, 1944, 1300 University Avenue, Madison
Dr. K. H. Doege, 1945, Marshfield
Dr. W. S. Middleton, ex officio, 1300 University Avenue, Madison
Dr. E. J. Carey, ex officio, 561 North Fifteenth Street, Milwaukee

*The Committee on Tuberculosis and Chest Diseases*
Dr. G. D. Reay, 1944, chairman, 324 Main Street, La Crosse
Dr. A. A. Pleyte, 1942, 1018 North Jefferson Street, Milwaukee
Dr. L. O. Simenstad, 1943, Osceola

*The Advisory Committee on Visual and Hearing Defects*
Dr. J. K. Trumbo, 1944, chairman, 520 Third Street, Wausau
Dr. F. S. Cook, 1942, 131 South Barstow Street, Eau Claire
Dr. F. W. Kundert, 1943, 224 West Washington Avenue, Madison

*The Advisory Committee to Woman's Auxiliary*
Chairman of Council, chairman
Immediate past-president
President
President-elect
Secretary

## SPECIAL COMMITTEES

*The Committee on Safety on Public Highways*
Dr. M. W. Sherwood, chairman, 238 West Wisconsin Avenue, Milwaukee
Dr. P. C. Gatterdam, 1836 South Avenue, La Crosse
Dr. A. C. Florin, 104 South Main Street, Fond du Lac

*The Committee on Venereal Diseases*
Dr. H. R. Foerster, chairman, 208 East Wisconsin Avenue, Milwaukee
Dr. Gunnar Gundersen, 1836 South Avenue, La Crosse
Dr. Norbert Enzer, 425 East Wisconsin Avenue, Milwaukee
Dr. Conrad W. Giesen, 1514 Ogden Avenue, Superior
Dr. N. Warren Bourne, 208 East Wisconsin Avenue, Milwaukee

*The Committee on Voluntary Sickness Insurance*

Dr. C. D. Neidhold, chairman, 103 West College Avenue, Appleton

Dr. H. J. Lee, 19 Jefferson Avenue, Oshkosh

Dr. D. H. Witte, 3405 West Lisbon Avenue, Milwaukee

When the House of Delegates convened on Tuesday evening, September 9, the speaker, Dr. Kurten, announced the appointment of the following reference committees: Credentials—Dr. P. R. Minahan, Green Bay, chairman; Dr. A. G. Hough, Beaver Dam; Dr. W. M. Trowbridge, Viroqua. Reports of Officers and Standing Committees—Dr. W. A. Munn, Janesville, chairman; Dr. D. F. Pierce, Hales Corners; Dr. R. L. MacCornack, Whitehall; Dr. J. D. Leahy, Park Falls. Resolutions and Amendments to Constitution and By-Laws—Dr. K. H. Doege, Marshfield, chairman; Dr. C. D. Beebe, Sparta; Dr. D. J. Twohig, Fond du Lac; Dr. Charles Fidler, Milwaukee; Dr. G. C. Schulte, Kenosha.

The Tuesday evening session was devoted to an unusually extensive supplementary presentation by officers and committee chairmen, following which the House unanimously adopted two constitutional amendments, one permitting the scientific sections organized under the Constitution and By-Laws of the Society to be represented in the House of Delegates by a delegate and an alternate delegate, and the other permitting a special classification of members for dues-paying purposes. Subsequent sessions of the House were held on Wednesday afternoon and Thursday morning.

The House of Delegates paid high tribute to the services of Dr. J. Newton Sisk of Madison, speaker of the House in the 1939 and 1940 sessions. In presenting Dr. Sisk with a gavel, symbolic of the office of speaker which he held in the Society, Dr. Kurten said, "The members of the House have often been impressed by the unselfish devotion of many members of the Society who have served their profession in exceptional ways, and to an extent that could only be self-imposed." Drawing attention to the fact that the delegate assembly in 1940 had instructed its officers to prepare an expression of the appreciation of the House to Dr. Sisk as one of its members who had served it well and faithfully, Dr. Kurten continued, "Tonight I have the privilege of bringing Dr. J. Newton Sisk before this body, and expressing to him, in its behalf, its appreciation for many a task well done."

Tribute also was paid to Dr. C. A. Armstrong, Prairie du Chien, for his distinguished service to the Society over a period of nearly half a century. In presenting Dr. Armstrong with the symbol of medicine, the caduceus, Dr. Kurten said, "You have given unstintingly of your time and energies through your efforts in this body to assist organized medicine to advance the health of the people of Wisconsin until today Wisconsin is one of the leading states in health achievements." Pointing to Dr. Armstrong as senior member of the House of Delegates, both in years and membership in the Society, Dr. Kurten continued: "You have won the admiration and respect of your fellow delegates, and you merit recognition for those

J. Newton Sisk, M. D.
Madison

efforts. Dr. Armstrong, the House of Delegates salutes you!"

Other business of the House consisted of the following concrete actions:

1. Provided for a special committee to examine the Constitution and By-Laws, and to report needed clarifying changes at the 1942 session. This committee consists of the following:

Dr. E. J. Carey, chairman, 561 North Fifteenth Street, Milwaukee
Dr. Charles Fidler, 231 West Wisconsin Avenue, Milwaukee
Dr. A. R. Tormey, 16 North Carroll Street, Madison
Dr. H. E. Kasten, 419 Pleasant Street, Beloit
Dr. C. J. Brady, Lake Geneva

2. Created as a standing committee, the present Special Committee on Hospital Relations, with a membership of six physicians.

Dr. R. M. Kurten, 1942, chairman, 810 Main Street, Racine
Dr. R. M. Waters, 1944, 1300 University Avenue, Madison
Dr. M. L. Jones, 1943, 510½ Third Street, Wausau
Dr. J. E. Habbe, 1942, 231 West Wisconsin Avenue, Milwaukee
Dr. E. O. Gertenbach, 1943, 425 East Wisconsin Avenue, Milwaukee
Dr. Gorton Ritchie, 1944, St. Mary's Hospital, Racine

3. Created a special committee to report to the 1942 House of Delegates on the subject of life membership.

Dr. T. C. Hemmingson, chairman, 1332 State Street, Racine
Dr. Irwin Schulz, 425 East Wisconsin Avenue, Milwaukee
Dr. Louis Fauerbach, 16 North Carroll Street, Madison
Dr. C. A. Armstrong, Prairie du Chien
Dr. A. G. Koehler, 46 Washington Boulevard, Oshkosh

4. Continued the Committee on Nursing Education.

Dr. W. A. Munn, chairman, 19 South Main Street, Janesville
Dr. H. M. Stang, 314 East Grand Avenue, Eau Claire
Dr. Burton Clark, Jr., 11 Algoma Boulevard, Oshkosh
Dr. F. A. Stratton, 324 East Wisconsin Avenue, Milwaukee
Dr. J. W. Gale, 1300 University Avenue, Madison

5. Instructed the president to appoint a special liaison committee to act for the promotion of h a r m o n i o u s interprofessional relations.

6. Instructed the officers of the Society to abolish the distinction between the medical defense fund and the general fund, and combined the medical defense fund with the general reserve of the Society.

7. After holding detailed budget hearings and after conference with the secretary's office, the officers of the Society abolished the distinction between dues and assessments and established the dues for the ensuing year at $25.

8. Commended the Council for its work in connection with the trying times faced by the Society following the death of J. George Crownhart, and urged upon the members the wisdom of following the Council's advice with respect to the future policies of the Society.

C. A. Armstrong, M. D.
Prairie du Chien

9. Referred to the Council for study, a by-law proposed by Dr. L. W. Peterson in the 1940 session of the House of Delegates providing lower dues for physicians who are training as residents or research fellows.

10. Instructed the delegates to the American Medical Association to support a proposal of Dr. J. C. Sargent of Milwaukee relating to the method of receiving new business for the House of Delegates of the American Medical Association, and referred to the Special Committee on Constitution and By-Laws a similar proposal for the State Medical Society of Wisconsin.

11. Endorsed a resolution by Dr. R. L. MacCornack of Whitehall, commending the creation of a general practitioner section of the American Medical Association.

### The Centennial Award

In 1929, the Council established the Council Award, which has been granted to sixteen distinguished scientists and physicians who have served the cause of public health with outstanding distinction. On the occasion of the Centennial Anniversary of the Society, the councilors of the Society determined to grant a special Centennial Award which was presented to Dr. Ludvig Hektoen of Chicago. Dr. S. E. Gavin, Fond du Lac, chairman of the Council, made the presentation, saying,

"On this historic occasion we are met to honor our Society and to call to mind its one hundred years in this commonwealth, which have been at once so colorful and so replete with achievement. In doing honor to our Society, we are, of course, really doing honor to the accomplishments of the professional brotherhood of which each of us is a part.

"We often seek to personify medicine knowing full well that it does not exist in the abstract. The greatness of medicine is perhaps most nobly exemplified in the career of a worthy physician.

"It has been the tradition of this Society in past years to recognize certain of the outstanding contributors to medical science and the public health by making them recipients of the Council Award, and I feel certain that I voice the thought of everyone present when I say that by doing public honor to those who have received these awards we have done the profession and ourselves honor.

"The Council Award has been presented to men who stood for all that is best in the profession of medicine, and the richness of that profession is indicated when I say to you that the recipients of that Award by no means stood alone, but were representative of a considerable number who might have received that honor with equal cause. Because of the large number of men of highest personal and professional merit, the question of selection has ever been a difficult one, and has been made easier only through the realization that the men singled out by us for public recognition did not stand alone in the profession but were rather peers among peers.

"Consistent with the anniversary which we are now celebrating, the Society has seen fit to designate this year's award as that of the anniversary rather than that of the Council.

"Tonight I am sensible of the rare privilege which is mine in being permitted to announce that distinguished individual who has been marked as the recipient of the Centennial Award of our Society.

"Dr. Hektoen, will you please rise?

---

"Ludvig Hektoen, whom we proudly claim as one of the great sons of this 'Middle Border'; distinguished citizen who has given unsparingly of himself for the public health and the common weal; gifted teacher of many of us and of so many hundreds of others; kind and generous mentor; famed pioneer in the sciences of pathology and bacteriology in your chosen profession of medicine; world renowned scientific editor and administrator; medical scholar, historian and biographer; indefatigable author of more than 300 titles in the science, history, philosophy and jurisprudence of medicine; embodiment of that simplicity which has ever distinguished the humanist and the humanitarian; in recognition of the heavy debt which we, your professional brothers, all acknowledge, and in public token of the personal and professional affection in which we hold you, we honor this Society as well as the entire medical fraternity, in presenting you the Centennial Award of the State Medical Society of Wisconsin."

In commenting upon the award, the Wisconsin State Journal of Madison said,

"A great son of Wisconsin was given the Centennial Distinguished Service award of the State Medical Society of Wisconsin at the 100th convention of the organization just concluded in Madison.

"The award went to Dr. Ludwig Hektoen, a son of a Wisconsin farmer at Coon Valley, Wisconsin.

"Dr. Hektoen is now professor emeritus at Rush medical college and at the University of Chicago.

"A great service has been given to the world by Dr. Hektoen, both as a practicing physician and as a teacher. Alumni of the institutions in which he has taught are giving better service in all parts of this globe because of intelligent instruction and guidance of Dr. Hektoen.

"The award was well placed. Few during their lifetime have been privileged to carry larger aid both directly and indirectly to their fellowmen than Dr. Hektoen."

1941

THE STATE MEDICAL SOCIETY OF WISCONSIN

*Centennial Award*

# *Ludvig Hektoen*

*DISTINGUISHED PHYSICIAN, SCIENTIST, SCHOLAR, AUTHOR AND BENEFACTOR ..*

*For his selfless services in behalf of the public weal, and in recognition of his scientific, research and historical contributions to the medical profession of the entire country - - -*

THE STATE MEDICAL SOCIETY OF WISCONSIN, *by virtue of the authority reposed in its officers and councilors, confers upon you its* CENTENNIAL ANNIVERSARY AWARD.

S. E. Gavin Thomas Anderson
Geo. Krahn S. J. Seeger
J. E. Butler H. T. Edwards W. A. Fiegi
Robert Bummel Jos. W. Lambert
Russell M. Forster Charles E. Riechers
James C. Sargent Robert E. Fitzgerald

Fred G. Johnson Charles Gregan
Joseph T. Smith T. B. Hoppin
W. D. Bower Charles Fuller
H. H. Christoffersen Ralph P. Sproule
P. J. Cannon M. J. Healy
Dan R. Brisk Albert H. Heidner

LUDVIG HEKTOEN, M. D.
Chicago

# In Commemoration of J. George Crownhart

A SUMMARIZATION of the proceedings of the Centennial Anniversary Meeting of the Society would be incomplete without the inclusion of the commemorative address by Dr. S. E. Gavin, chairman of the Council, in tribute to J. George Crownhart, which was entitled "George Crownhart,—His Vision of the Future."

---

At this place in the program, the assignment has been given to me, as chairman of the Council, to speak in commemoration of George Crownhart.

All the words that I know, or that are available, have long since been exhausted in more or less futile attempts to express the deep and growing sense of our great loss and to tell, in more than the most inadequate way, of the admiration, the love, and the esteem, that we who knew him shall always have for him.

This is the first time at this meeting that there have been any scheduled remarks in regard to this sad happening, but there has not been one minute during the entire meeting that we have not been conscious of his absence. Everywhere one goes, to the general assembly, to the House of Delegates meeting, the Council meeting, the committee meetings, or to any other activity of the Society, there is an emptiness, a vacancy, a feeling that some vital factor is missing; George isn't there. His spirit and influence are there; the imprints of his work and character are there, as they are everywhere else at this meeting and everywhere in the state where medicine and public health are concerned.

The method of approach to, and the development of, these remarks has been very difficult for me, but after seeking counsel from those who knew him best, it was decided that, rather than a futile attempt to eulogize, I would, in what I believe would be almost his own words, give his concept of the development of medicine and health during his time with us, and also his ideals and objectives, and vision of the future of medicine.

### "He Wished to Play a Part . . ."

Soon after he came to the Society, he felt that the future of medicine would be as grand and glorious as its past. In that future he wished to play a part,—a part in which he should be cast as among those to make known the generosity of the profession, its keen awareness of its social obligations and professional responsibilities, its love of mankind, its determination to continue that steady progress that people may live longer and live more happily. He wished to serve the profession of medicine with that same spirit of devotion to a cause that the physician possesses in serving his patients and the public health. In that spirit he wanted to be among those who brought the word to the people so that the public might be fortified against the effect of untried and unproven panaceas, and be continually assured that the medical profession has but one goal,—that of the advancement of the public good. In the accomplishment of this objective,—he felt that there could be no room for envy or jealousy, nor should the profession be faced with the necessity of devising strategy or being the object of political opportunism. Yet, he felt that the State Medical Society of Wisconsin should never be afraid to stand on its own feet, often and publicly, never fearing the demagogue, the quack, or the cultist.

In finding a way to that goal, he early saw what others had seen before him, and that was the necessity of a well-knit, thoroughly informed and energetic organization. In that, he knew, lay the keystone of the future success of the Society in promoting the public health.

The affairs and problems of the State Medical Society of Wisconsin were continually of paramount importance to him and he gave virtually every waking moment to the consideration of how the future welfare of the public health might be assured. He knew

time was of the essence in the more perfect organization of the Society, for in the not-too-distant future he saw the enemies of the medical profession, however well intentioned they might be, proposing radical departures from those procedures that the physician found proper and essential to the good of mankind. In that policy, then, of developing and promoting the organization of the State Medical Society of Wisconsin, he traveled the highways and byways of the state, meeting physician after physician,—those in urban practice and those so beloved as the country doctors. He not only met them,—he came to know them and to know them intimately. And in that knowledge he came to understand their problems and professional needs, their thoughts of what the Society should mean to them as physicians and to the public at large. I need not remind you of the things accomplished. Nor would he give you the impression that he alone or in any great part was responsible for them. Rather, he always stated that the inspiration came from the individual member of the Society, and it came from him with an accompanying willingness to "pitch in" which he happily and proudly stated he believed exists in no comparable organization in the country.

### "The State Medical Society Grew . . ."

Thus the State Medical Society of Wisconsin grew,—not as an impersonal third-party entity, but an organization which virtually every physician in the State of Wisconsin felt was a part of himself,—so much so that he was willing to give a part of himself to those endeavors and efforts in the field of the public welfare. The basic science law, the lye-labeling act, the restraints placed upon the quack, the development of health projects,—all of these and others followed, one after another, step by step, in our many-sided effort to promote the public good. And to the members themselves came a Society, increasingly equipped to serve their needs, to promote the public welfare against the impositions of the quack and the theorist through an increasing awareness on the part of the public that scientific medicine could not be, and must not be, divorced and held apart from the entire field of the delivery of medical service.

I will not attempt to recount in any detail the efforts, guided by him, of the State Medical Society of Wisconsin in the time of depression, when every facility of medicine and medical organization was at the disposal of a people discouraged and financially and physically sick from a scourge not of their own making. Here in Wisconsin, as elsewhere, the part medicine played was "a grand story."

### "A Spirit of Cooperative Endeavor . . ."

In recent years other pressing problems have developed. There are those who feel that progress demands change and they are not aware that change is not synonymous with progress. It has been the purpose of the Society,—and when I use the term "Society" I mean each individual physician within it,—that the medical profession continue its authoritative position in affairs of medical economics. The work done by the State Medical Society of Wisconsin in studying the various proposals that have come from reformers and theorists, in being acquainted with the needs of the people, and in the problems that those needs present, is outstanding in the country. And yet, in all of this, there has been a spirit of cooperative endeavor, of abiding faith, and of confidence in the future that has reassured those of us who are often appalled and sometimes discouraged by the position in which government officials and others seek to place the profession,—the time honored profession of medicine.

Now with a pride of accomplishment that must be shared by every physician in the State of Wisconsin, with a feeling of satisfaction that comes only from knowledge that the course has been true, he would continue to look, as he always had, at the problems of public health as they may present themselves in the years to come.

Ever challenging to the medical profession lie the possibilities in the scientific progress of medicine. There is no physician who can deny that he continually attempts to peer beyond the limits of the immediate

horizon. In that curiosity, in that continued effort to push ahead, there lies the way to a more perfect state of a health millenium. Each physician must encourage his brother in the profession, for medical research is of equal importance to the application of medicine. And in the experience of each lies the possibility of improvement for the future. For him to express hope, or trust, or confidence, in the future of medical research seemed banal, but it was sincere and heartfelt. He knew that the future,—the future of the public good,—depends upon a brotherhood of physicians in the years to come as it has in the years that have passed.

As still another objective, he visualized that if medicine is to continue to stand high on the hill, with a vision for the future that cannot be matched by others because of their own inherent inability to secure a proper prospective,—if that is to continue, then medicine must never be at the crossroads. The profession, as it is represented in Wisconsin by the State Medical Society, and throughout the country by those organizations of physicians in the city, the county, the state and the nation, must continue to be currently informed and adequately articulate so that it may express its opinion and know that opinion will be honored and respected in the public mind. Never once can the medical profession lose sight of that consideration so basic to the development of the public health.

Years ago the medical profession put on its armor and never once has it been removed, nor can it ever be removed if the good that has been done for the people of the country is to be protected, and if the good that must be done in the future is to be accomplished. That, he knew, is inevitable, because not once in the many years that he had been so intimately acquainted with the medical profession did he ever sense discouragement of more than a moment, or a feeling of frustration.

### "He Visualized . . ."

And now, finally, he visualized that in the days to come, the entire medical profession of the country will be concerned with the human misery that is the only harvest of war. It is the order of things that out of widespread misery will come further progress in the sciences. And among those groups to advance the furthest will be medicine. For medicine ever has acquitted itself well in a national emergency and from a national emergency. The creative force of the professional man becomes the greater with necessity. Yet, in the first flush of accomplishment, never once has he known the medical man to lose sight of his immediate responsibility, or the profession its responsibility to the future. He took courage in the knowledge that medicine will determine its duty in the years to come as it has in the decades that have passed,—to give light that "the people may find the way."

A change in the spelling of the name "*Petrolagar*" to "*Petrogalar*" has been announced by the *Petrolagar Laboratories*. The change is being made in both the product name and corporate name.

Company officials, while pointing out that the adoption of the new spelling does not affect the formula or quality of the product in any way, said that they considered the change advisable to avoid any possible misconception as to the nature of the product. "Because it has never been the intention of the company to imply that agar-agar was used for any other purpose than as an emulsifying agent, the last syllable of the former name has been altered in favor of the new spelling," officials said.

The new corporate name is: *Petrogalar Laboratories, Inc.*, and the address remains, 8134 McCormick Boulevard, Chicago, Illinois.

# Scientific and Technical Exhibits Win Universal Acclaim

## Centennial Dinner and Theater Hour Draw Large Attendance

MEMBER after member who visited the scientific exhibit hall at the Centennial Meeting stated, "This is the best group of scientific exhibits we have ever had at our state meeting." Guests physicians from out of the state remarked, "I have never seen a finer group of exhibits at any state meeting it has been my pleasure to attend."

The Council on Scientific Work, which has for several years arranged the scientific program and the scientific exhibits, this year provided unusually long and frequent recess periods in order to give members attending the meeting an opportunity to visit both the scientific and the technical exhibits. The members of the Council on Scientific Work recognize the increasing importance of the technical and scientific exhibits, and as a service to members have expanded the space available for both features. The special announcements concerning the exhibits which were made before each recess period stimulated the interest of members.

Outstanding among the scientific exhibits in attracting attention were those on wringer injuries by the Milwaukee Children's Hospital; orthodiascopy by Dr. J. E. Habbe, Milwaukee; applied anatomy by Marquette University School of Medicine and the University of Wisconsin Medical School; consultations in obstetrics, with manikin demonstrations, by Dr. C. S. Harper, Madison; and drivers' safety tests by the Motor Vehicle Department, Madison. At all times these exhibits were crowded with observers.

At frequent intervals throughout the meeting members were urged to visit the technical exhibitors who made possible the presentation of the meeting without a registration fee. Members of the Society visited extensively with the attendants at these exhibits, and a large number of sales were reported.

### Centennial Dinner

Anticipating that the outstanding Centennial Dinner program would attract a larger attendance than any previous annual dinner, arrangements were made in advance at Hotel Loraine to accommodate in the Pompeian Room the dinner guests who could not be seated in the Crystal Ballroom.

Dr. R. P. Sproule, president of the Society, presided at the speakers' table and at the outset ably developed a spirit of joviality and conviviality. First to be called upon by Dr. Sproule was Dr. C. A. Armstrong of Prairie du Chien who had been honored by the House of Delegates the previous evening for his long service to the Crawford County Medical Society and as the senior member of the House of Delegates in both years and service. When asked to make a few brief remarks, Dr. Armstrong stated, "I am very pleased to have lived long enough to be here." Dr. Sproule asked Dr. Armstrong if he cared to make any further comments, to which he replied, "Only to ask your permission to be seated."

The Centennial Dinner, arranged under the direction of Dr. C. O. Vingom of Madison, featured Dr. Nathan B. Van Etten, past-president of the American Medical Association, who discussed "The Triumphs of Optimism." This presentation will appear in a later issue of *The Wisconsin Medical Journal*. Before entering upon his topic, Dr. Van Etten commented upon the exhibit in the lobby of Hotel Loraine representing "The Horse and Buggy Doctor" and consisting of a life-size wooden horse and an old buggy. Dr. Van Etten reminisced concerning his early practice of medicine when he owned a white horse and buggy strikingly similar in appearance to the one used for exhibit purposes.

Other features of the Centennial Dinner program were the presentation of the Centennial Award to Dr. Ludvig Hektoen for his distinguished services to the public and the profession. The Award, which is reproduced on page 958, was presented by Dr. S. E. Gavin, chairman of the Council, who cited Dr. Hektoen for his outstanding service. Following this, Dr. Gunnar Gundersen,

# Dragonette Artistry and Personality Enthralls

By STERLING SORENSEN
*Music Editor, Capital Times, Madison*

Jessica Dragonette, the golden-haired crown princess of radio, in her Madison debut Thursday night, held a near-capacity audience willingly enthralled under the spell of her musical artistry and warm, persuasive personality at her triumphant concert appearance at the Wisconsin Union theater before the State Medical Society of Wisconsin.

The celebrated soprano appeared as guest artist with the Wisconsin Symphony orchestra, an admirably cohesive, well-disciplined organization, heard under the accomplished, sure direction of Jerzy Bojanowski, resident conductor of the Milwaukee symphony.

### Felicity and Variation

In her pre-season concert Thursday night, Miss Dragonette sang with felicity, with rich variation of tone coloring, excellent diction and luster, and her phrasing was such as one hears seldom in many months of concert-going. She sang with true regard to the demands of each song or aria, and there was quietness as well as heroism in the purity of her inflection and pulse of interpretation.

In addition to the wizardry of her voice and her engaging friendliness, which she projected across the footlights, Miss Dragonette gained added enthusiasms by the striking beauty of her appearance. Well sun-tanned and appearing with a minimum of make-up, the soprano wore a net-like Alice Blue gown encircled by ostrich feathers of the same color. There was an orchid in her golden hair, a simple strand of pearls about her neck while brilliants sparkled from her wrists. Against the somber background provided by the formal attire of the orchestra, Miss Dragonette made a picture worthy of the best technicolor arts of Hollywood.

She was heard first in Bellini's aria, "O Quante Volte, O Quante," a love song, and for an encore sang the well-known "Maid of Cadiz," by Delibes. Schubert's "Ave Maria," scheduled on the program as her second song was transferred to her second bracket. She was heard, after the intermission, in Turina's "Cantares;" Rimsky–Korsakoff's hauntingly beautiful "The Nightingale and the Rose," and next in Chaminade's "L'Ete," which was one of the high lights of an evening of progressive triumphs.

### Bow to Audience

Dedicated by the singer to the doctors in her audience, Miss Dragonette sang, as one of her encores, the jolly little rhythmic novelty, Arthur Guiterman's poem, "Strictly Germ Proof," orchestrated by John Sacco. This merry jingle about the hygienic pup and prophylactic cat met with the enthusiastic responses of the physicians in particular.

One of the most popular of her encores was Foster's "Jeanie With the Light Brown Hair," and before she was permitted to leave the stage, she was called back to sing an Italian serenade and a Neapolitan love song. In continental tradition, Miss Dragonette acknowledged the applause in full, sweeping bows reaching to the floor.

Beginning with the overture to Mozart's increasingly popular "The Marriage of Figaro," and concluding with the playing of the national anthem, the Wisconsin Symphony orchestra showed great strength, unity and perfection of tonal quality.

The orchestra won its major applause following its rewarding interpretation of Liszt's "Les Preludes," and there were other warm responses to the introduction of the third act of Wagner's "Lohengrin."

Brahms' "Hungarian Dances No. 5 and 6," scheduled on the program was replaced by the second or largo movement of Anton Dvorak's "New World Symphony." This was played, Conductor Bojanowski explained, in tribute to the great Czech composer, whose 100th anniversary the musical world is celebrating this month.

"It is fitting that at this centennial of the State Medical Society, the centenary of this great musician be recognized," the director pointed out.

Others in the symphony's program included Debussy's fetes from "Les Nocturnes," and the lilting, rousing "Vienna Life," by Johann Strauss.

president-elect, was inducted into the presidency of the Society.

Distinguished guests participating in the Centennial Dinner were Dr. Morris Fishbein, editor of *The Journal of the American Medical Association*, and Mrs. R. E. Mosiman, president of the Woman's Auxiliary to the American Medical Association.

The Swiss Family Fraunfelder, well-known yodelers, presented a series of native

PAST-PRESIDENTS' LUNCHEON

From left to right: Drs. S. J. Seeger, Milwaukee; C. A. Harper, Madison; J. M. Dodd, Ashland; J. F. Smith, Wausau; R. P. Sproule, Milwaukee; S. E. Gavin, Fond du Lac; Nathan B. Van Etten, New York (past-president of American Medical Association); F. Gregory Connell, Oshkosh; J. C. Sargent, Milwaukee; Rock Sleyster, Wauwatosa (past-president of American Medical Association); R. G. Arveson, Frederic; B. J. Branton, Wilmar, Minnesota (president, Minnesota State Medical Association); Gunnar Gundersen, La Crosse; O. A. Fiedler, Sheboygan; A. E. Rector, Appleton; T. J. O'Leary, Superior; A. J. Patek, Milwaukee.

Swiss songs. Enthusiastic applause was followed by encore after encore. This native Swiss family has been featured in motion pictures, radio, and stage attractions.

### Theater Hour

At the Memorial Union on Thursday evening the Society presented a Theater Hour for the joint entertainment of the members of the Society and their wives. Featured on this occasion were Jessica Dragonette and the Wisconsin Symphony Orchestra conducted by Mr. Jerzy Bojanowski.

Overheard in the lobby during the intermission were such comments as:

"This program is a natural."
"I have never spent such an enjoyable evening at an annual meeting."
"Doesn't she have a lovely voice?"
"What a superbly trained symphony orchestra!"
"I have never heard Mozart's 'Marriage of Figaro' more ably presented."
"Isn't she vivacious?"

These comments were continued in the Rathskeller to which physicians, their wives, and guests adjourned for a social hour. In keeping with the atmosphere of this replica of the famous social centers of Germany, a German band contributed to the enjoyment of those reminiscing over their food and beverages. The spirit of friendliness so evident at this after-theater party made it outstanding as one of the most pleasant occasions of the meeting.

### Past-Presidents' Luncheon

The Past-Presidents' Luncheon, which has become a feature of the anniversary meetings of the Society, was attended this year by Dr. Nathan B. Van Etten, past-president of the American Medical Association, and by Dr. Rock Sleyster, Wisconsin's only past-president of the American Medical Association.

Dr. Van Etten addressed the past-presidents of the Society, reminiscing about his experiences during his period of presidency in the American Medical Association. He recalled several instances of misquotation, which he felt are probably common to all past-presidents who, because of their

office, are called upon to speak before public audiences.

Dr. Van Etten commended the Committee on Health and Public Instruction on the film strip entitled "Health Achievements in Wisconsin," which he had seen at the State Medical Society's scientific booth at the Memorial Union. He also complimented the profession in Wisconsin, as represented by the past-presidents of the Society, for having played a part in making Wisconsin one of the three leading states in health achievements.

Those attending the Past-Presidents' Luncheon are shown in the accompanying photograph.

## The Wisconsin Centennial*

We congratulate the State Medical society of Wisconsin on the occasion of the 100th anniversary meeting to be held at Madison, September 10, 11, and 12. This society was organized under the provisions of a bill enacted by the Wisconsin Territorial Legislature in 1841. It is a notable fact that the first session of the Wisconsin society preceded that of the American Medical Association by eight years.

Two men stand out in the annals of the State Medical society of Wisconsin for their long period of service. If our memory serves us rightly, Charles S. Sheldon of Madison held the office of secretary of the society for a greater number of years than any other man, and everyone must recognize the value of secretarial continuity in a growing organization of this kind. Sidney S. Hall of Ripon served contemporaneously as treasurer. Dr. Hall lived in Minneapolis with a daughter during the last few years of his life, and he was a regular and welcome attendant at the weekly meetings of the Hennepin County Medical society, showing his continued interest in organized medicine to the very last.

Naturally, there may have been greater service in the aggregate rendered by members from the larger centers of population like Milwaukee and Madison, but the whole state has had a part in the building of the society and in promoting its success. We must not forget Evans of La Crosse, Oviatt of Oshkosh, J. V. R. Lyman of Eau Claire, and John M. Dodd of Ashland. Frank W. Epley of New Richmond presided at the semi-centennial meeting featuring a unique public health and disease prevention program. Dr. Arveson of Frederic was chairman of a committee that made a comprehensive study of state medicine a few years ago, and the voluminous report has been regarded as one of the best in the nation. He served as president of the society last year.

Wisconsin has not only produced talent for the home state but has contributed to adjacent regions. Frank Billings used to delight in telling how he had to break the ice on the bucket in the attic of his Wisconsin farm home before washing on wintry mornings. He headed the department of medicine at Rush for many years as an outstanding teacher. Nicholas Senn, although a native of Switzerland, practiced first in Wisconsin and contributed to its medical history before he moved to Chicago to become the dramatic professor of surgery at Rush.

The State Medical society of Wisconsin has rounded out a century of great activity. Best wishes for another century of progress. A. E. H.

* Editorial, *Journal Lancet*, September, 1941.

## 54 DOCTORS BRAVE COLD, RAIN FOR GOLF TOURNEY*

Tuesday was a raw, chilly day, the kind when you might expect people to be wary of exposure. So what did 54 doctors here for the centennial convention do?

Why they engaged in a golf tournament over the well soaked course of the Maple Bluff Country club, and at the conclusion of the meet the highest score registered was 108.

Great are the wonders of medical science!

It was one of those days when the air was like pea soup and the ground was super-saturated. It was also one of those days when rain fell more than once and never gently.

The low score of the day was 80, and Dr. G. R. Love, Oconomowoc, and Dr. S. E. Zawodney, Milwaukee, each shot that, the latter winning in a playoff.

* *Wisconsin State Journal*, September 10, 1941.

Editor's Note.—The "Dr. E. W. Miller" low gross trophy went to Dr. Zawodney, and the secretary's cup to Dr. Love.

## STATE MEDICAL MEETING*

The meeting of the Wisconsin State Medical Society, held last week at Madison, was the Centennial Anniversary of the organization of that society. An exceptionally complete scientific program was presented. More than one thousand physicians were registered. While these meetings are arranged for study and extension of information to the doctors of the state, it is recognized that the primary purpose of those meetings is that the welfare of the individual patient may be served to better advantage. This has been the purpose of the medical society for a hundred years in all of its sessions and in all of its promotion of legislation for public welfare.

* *Chetek Alert*, September 19, 1941.

# Day-by-Day List of Members Registered at Centennial Meeting in Madison, September, 1941

### Wednesday, September 10

Aageson, C. W. ----------Madison
Abelmann, T. C. H. ----Watertown
Adams, R. W. ----------Chetek
Adamski, A. W. ----------Racine
Adrians, W. A. -------Hortonville
Amundson, K. K. ------Cambridge
Andersen, H. A. ----------Verona
Andrew, C. H. ---------Platteville
Andrews, M. P. --------Manitowoc
Armstrong, C. A.-Prairie du Chien
Arveson, R. G. ----------Frederic

Bachhuber, Hugo M. ------Athens
Bancroft, H. V. ------Blue Mounds
Batty, A. J. ----------Portage
Bauer, Frederick --------Shawano
Baumgart, C. H. ------Milwaukee
Baumgartner, M. M. ----Janesville
Bear, N. E. ----------Monroe
Beck, A. A. ----------Wautoma
Beebe, Chauncy D. --------Sparta
Beebe, D. C. ----------Sparta
Beebe, S. D. ----------Sparta
Beeson, H. B. ----------Racine
Behnke, Edgar J. ------Milwaukee
Belting, G. W. --------Orfordville
Bertolaet, Elmer E. ------Palmyra
Bickler, E. P. ----------Milwaukee
Binnewies, F. C. -------Janesville
Birge, E. A. ----------Madison
Birk, B. J. ----------Milwaukee
Blom, Julius ----------Woodville
Blount, W. P. ----------Milwaukee
Blumenthal, Robert W.-Milwaukee
Boner, A. J. ----------Madison
Booher, J. A. ----------LaValle
Bowen, H. P. ----------Watertown
Boyce, S. R. ----------Gays Mills
Brady, Charles J. ----Lake Geneva
Brehm, Henry J. ----------Racine
Brewer, G. W. ----------Hartland
Briggs, S. J. ----------Madison
Brindley, B. I. ----------Madison
Brumbaugh, E. V. ----Beaver Dam
Bryan, A. W. ----------Madison
Brzezinski, E. A. ------Milwaukee
Bump, Warner S. ----Rhinelander
Burke, Mead ----------Madison
Burke, Myra E. ----------Madison
Burns, R. E. ----------Madison
Busse, A. A. ----------Jefferson
Butler, F. E. ----------Menomonie

Cairns, Rolla ----------River Falls
Caldwell, H. C. ----St. Croix Falls
Calvert, Charlotte -------Madison
Cameron, Eugenia S. -----Madison
Campbell, Paul E. -----Waukesha
Campbell, Ralph E. ------Madison
Cantwell, A. A. ----------Shawano
Carey, Eben J. ----------Milwaukee
Carey, H. W. ----------Lancaster
Carney, C. M. ----------Beloit
Carns, M. L. ----------Madison
Carroll, G. E. ----------Laona
Carson, Wm. J. --------Milwaukee
Carter, H. M. ----------Madison
Champney, R. D. ------Milwaukee
Chase, S., D.D.S. (Hon.)---Madison
Chorlog, J. K. ----------Madison
Christofferson, A. M. ----Waupaca
Christofferson, H. H. -------Colby
Clark, Owen C. ------Oconomowoc
Clark, W. T. ----------Janesville
Cleveland, David ------Milwaukee
Cline, Frances A. ----Rhinelander
Cole, D. F. ----------Ripon
Cole, L. R. ----------Madison
Coluccy, M. J. J. ---------Madison
Comstock, Elizabeth ------Arcadia
Connell, F. Gregory ------Oshkosh
Constantine, Chas. Ezra ---Racine
Conway, J. P. ---------Milwaukee
Coon, H. M. ----------Madison
Cooper, Garrett A. -------Madison
Costello, W. H. -------Beaver Dam
Creswell, C. M. ----------Kenosha
Cummings, E. F. ---------Oshkosh
Cunningham, H. A. ----Milwaukee
Curran, Wm. P. ----------Antigo
Curreri, A. R. ----------Madison
Curtin, D. W. --------Little Chute

Dana, D. B. ----------Kewaunee
Dana, R. L. ----------Fond du Lac
Davies, R. E. ----------Waukesha
Davis, Helen P. ----------Madison
Davis, L. C. ------Richland Center
Dawson, C. A. --------River Falls
Dawson, D. L. ---------Rice Lake
Dean, Frank K. ----------Madison
Dean, Joseph C. ----------Madison
Deicher, H. F. ----------Plymouth
de Neveu, A. V. --------Milwaukee
Dennis, J. F. ----------Waterloo
Derse, F. R. ----------Milwaukee
Devine, J. C. --------Fond du Lac
Dierker, O. F. ---------Watertown
Dieterle, J. O. ---------Milwaukee
Dodd, J. M. ----------Ashland
Doege, Karl H. --------Marshfield
Dollard, J. E. ----------Madison
Donlin, Wm. ----------Belleville
Douglas, F. A. ----------La Crosse
Drozewski, Max F. ----Milwaukee
Dvorak, H. J. ----------Milwaukee

Eagan, R. L. ----------La Crosse
Eberbach, C. W. --------Milwaukee
Echols, C. M. ----------Milwaukee
Eck, G. E. ----------Lake Mills
Egloff, L. W. ----------Pewaukee
Ellis, Ivan G. ----------Madison
Ennis, S. A. J. ---------Shullsburg
Epley, O. H. --------New Richmond
Evenson, E. E. --------Wittenberg
Ewell, G. H. ----------Madison

Farnsworth, Richard W.-Janesville
Farrell, H. J. ----------Milwaukee
Fauerbach, Louis --------Madison
Fazen, Louis Edward ------Racine
Fechter, F. J. ---------Milwaukee
Feldt, R. H. ----------Milwaukee
Fidler, Charles --------Milwaukee
Fiedler, Otho ----------Sheboygan
Finney, W. H. --------Clintonville
Fitzgerald, R. E. ------Milwaukee
Folsom, W. H. -------Fond du Lac
Fons, Jerome W. ------Milwaukee
Forman, Judson --------Mt. Horeb
Fosmark, C. A. ----------Madison
Francois, S. J. A. -----New Glarus
Frawley, W. J. ----------Appleton
Frechette, F. M. --------Janesville
Frederick, R. H. -------West Allis
Freitag, S. A. ----------Janesville
Friske, O. W. ----------Beloit
Froggatt, W. E. L. ---Cross Plains

Galasinski, R. E. ------Milwaukee
Gale, J. W. ----------Madison
Gallagher, J. T. F. -------Madison
Garland, James G. -----Milwaukee
Garvey, John L. ------Milwaukee
Gavin, S. E. ---------Fond du Lac
Gebhard, Urban E. ----Milwaukee
Geist, F. D. ----------Madison
Gertenbach, E. O. -----Milwaukee
Giffin, J. S. ----------Oconomowoc
Gilbertsen, C. R. --------Janesville
Gillett, George N. ---------Racine
Gillette, H. E. --------Pardeeville
Glenn, E. C. ----------Pittsville
Glynn, James D. --------Lancaster
Goggins, J. W. ----------Chilton
Gonce, J. E. ----------Madison
Grab, J. A. ----------Madison
Gramling, H. J. --------Milwaukee
Gray, R. J. ----------Evansville
Greeley, H. P. ----------Madison
Greene, H. L. ----------Madison
Greiber, M. F. ----------Madison
Griffith, J. C. ----------Milwaukee
Grossmann, L. L. ------Milwaukee
Grotjan, W. F. --------Milwaukee
Grumke, E. H. ----------Madison
Gudex, V. A. --------Fond du Lac
Guilford, H. M. ----------Madison
Gundersen, Gunnar -----La Crosse
Gundersen, Alf. --------La Crosse
Gundersen, S. B. -------La Crosse
Gundersen, T. E. -------La Crosse
Gute, E. B. ----------Milwaukee

Haag, A. F. ----------Eau Claire
Habbe, J. E. ----------Milwaukee
Hagerup, T. A. --------Dodgeville
Hanson, O. H. ------Fort Atkinson
Hardgrove, Maurice ---Milwaukee
Hargarten, L. J. -------Milwaukee
Harper, C. A. ----------Madison
Harper, C. S. ----------Madison
Harrington, T. L. ---Stevens Point
Harris, J. W. ----------Madison
Hartman, E. C. ---------Janesville
Harvey, J. R. ----------Footville
Hatfield, Margaret E. ---Janesville
Hatleberg, C. N. B.-Chippewa Falls
Hawkins, H. M. -------Milwaukee
Heidner, A. H. --------West Bend
Helmbrecht, Milan G. ----Elkhorn
Hemmingsen, T. C. --------Racine
Henke, S. L. ----------Eau Claire
Henken, Jacob F. ---------Racine

Heraty, J. E. ----------La Crosse
Herner, W. L. ----------Milwaukee
Hicks, E. V. ----------New Glarus
Hildebrand, G. J. ------Sheboygan
Hill, N. A. ----------Madison
Hirsh, L. H. ----------West Allis
Hoel, K. P. ----------Pewaukee
Hougen, E. T. ----------Oostburg
Hough, A. G. --------Beaver Dam
Housley, H. W. --------Neillsville
Howard, T. J. ---------Milwaukee
Hughes, J. R. ---------Milwaukee
Hull, H. H. ----------Brandon
Hunter, Amy Louise -----Madison
Hurlbut, J. A. ----------Madison
Hurth, O. J. ----------Cedarburg

Ingersoll, R. P. ---------Plainfield
Ingwell, C. L. ----------Deerfield
Irwin, Geo. H. ----------Lodi

Jackson, Arnold S. -------Madison
Jackson, J. A. ----------Madison
Jackson, R. H. ----------Madison
Jacobson, E. B. --------Milwaukee
Jaeschke, W. H. ----------Madison
Jamieson, Raymond Delos--Racine
Jeffers, Dean --------Lake Geneva
Jegi, H. A. ----------Galesville
Jenner, J. A. ----------Milwaukee
Jensen, F. G. ----------Menasha
Jermain, W. M. --------Milwaukee
Johnson, E. S. ----------Oregon
Johnson, F. G. --------Iron River
Johnson, K. F. ----------Frederic
Jones, W. J. ----------La Crosse
Jorris, E. H. ----------Madison

Kasten, H. E. ----------Beloit
Kauth, C. P. ------Pt. Washington
Kay, H. M. ----------Madison
Keenan, H. A. ----------Stoughton
Keettel, W. C., Jr. --------Madison
Keland, Harold Berg ------Racine
Kelley, J. F. ----------Janesville
Kidder, E. E. -------Stevens Point
King, J. M. ----------Milwaukee
Kleinpell, H. H.--Prairie du Chien
Klepfer, J. F. ----------Waupun
Knauf, A. J. ----------Sheboygan
Knauf, N. J. ----------Chilton
Koch, H. C. ----------Berlin
Koch, V. W. ----------Janesville
Koehler, A. G. ----------Oshkosh
Kosanke, F. E. --------Watertown
Krahn, G. W. --------Oconto Falls
Krehl, W. H. ----------Madison
Kreul, R. W. ----------Racine
Krohn, Robert--Black River Falls
Kuegle, F. H. ----------Janesville
Kunny, B. ----------Baldwin
Kurten, R. M. ----------Racine
Kurtz, C. M. ----------Madison
Kustermann, A. F. -----Milwaukee

La Breck, F. A. --------Eau Claire
Lambert, J. W. ----------Antigo
Lane, Francis C. ----------Merrill
Lappley, W. F. ----------Madison
Lavine, I. H. ----------Melrose
Leahy, J. D. ----------Park Falls
Lee, J. H. ----------Madison
Lemmer, Kenneth E. -----Madison
Leonard, T. A. ----------Madison
Lifschutz, Leo M. ----------Racine
Lindner, A. M. ----------Racine
Lindsay, W. T. ----------Madison

Littig, L. V. ----------Madison
Lockhart, C. W. ----------Mellen
Lokvam, Leif H. --------Kenosha
Lorenz, W. F. ----------Madison
Lotz, Oscar ----------Milwaukee
Lueck, G. W. ----------La Crosse
Lund, S. O. ----------Cumberland

MacCornack, R. L. -----Whitehall
MacLaren, J. B. ---------Appleton
Malloy, Thomas E.--Random Lake
Maloof, G. J. ----------Madison
Marek, F. B. ----------Racine
Margoles, Milton ------Milwaukee
Markson, S. M. --------Milwaukee
Marsh, H. E. ----------Madison
Marshall, Fred S. ----Black Earth
Marshall, S. B. --------Hollandale
Marshall, V. F. ---------Appleton
Marshall, W. S. ---------Appleton
Mason, E. W. ----------Milwaukee
Mason, R. W. ----------Marshfield
Masten, M. G. ----------Madison
May, J. V. ----------Marinette
Mayfield, A. L. ----------Kenosha
McCabe, James M. ----Sun Prairie
McCarter, J. C. ----------Madison
McCormick, D. W.--Ft. Custer, Mich.
McCormick, S. A. ---------Madison
McDonald, R. E. -------Milwaukee
McGarty, M. A. ---------La Crosse
McIntosh, R. L. ----------Madison
McMahon, A. E. -------Menomonie
Meanwell, W. E. ---------Madison
Meek, Walter J., Ph. D. (Hon.)
--------Madison
Meusel, H. H. ----------Oshkosh
Meyer, M. W. ----------Ashland
Meyer, O. O. ----------Madison
Meyn, A. W. ----------Park Falls
Middleton, W. S. ---------Madison
Midelfart, C. F. -------Eau Claire
Midelfart, Peter -------Eau Claire
Miller, H. C. ----------Racine
Minahan, P. R. --------Green Bay
Mohs, F. E. ----------Madison
Moon, J. F. ----------Baraboo
Morgan, James E. -----Milwaukee
Morrison, R. C. -------Winnebago
Morton, H. H. ---------Dodgeville
Moss, J. G. ----------Westfield
Mowry, W. A. ----------Madison
Munn, W. A. ----------Janesville
Murphy, J. H. --------Clintonville

Nammacher, T. H.-----Oconomowoc
Nause, F. A. ----------Sheboygan
Neidhold, Carl ----------Appleton
Nelson, Wallace L. ---Wis. Rapids
Neupert, C. N. ----------Madison
Newcomb, C. J. --------Milwaukee
Niland, P. J. ----------Milwaukee
Noyes, G. B. ----------Centuria

Oberbreckling, P. E. ---Milwaukee
O'Donovan, T. W. ------Milwaukee
Ohlsen, M. P. ----------Monticello
O'Leary, T. J. ----------Superior
O'Neal, Orvil ----------Ripon
Orchard, H. J. ----------Superior

Parke, George ----------Viola
Parke, Geo., Jr.---Richland Center
Patek, A. J. ----------Milwaukee
Patterson, L. G. ---------Waupaca
Paul, L. W. ----------Madison
Pawlisch, O. V. --------Reedsburg
Pechous, C. E. ----------Kenosha

Pessin, Joseph ----------Madison
Pessin, S. B. ----------Madison
Pfeffer, T. J. ----------Racine
Piaskoski, Ray --------Milwaukee
Pierce, D. F. -------Hales Corners
Pink, J. J. ----------Milwaukee
Pippin, B. I. ------Richland Center
Pirsch, Margaret V. ------Kenosha
Pleyte, A. A. ---------Milwaukee
Pomainville, F. X.-----Wis. Rapids
Pomainville, H. G. --------Nekoosa
Pope, C. B. ----------Baraboo
Pope, F. W. ----------Racine
Popp, Albert ----------Milwaukee
Prentice, J. W. ----------Ashland
Puestow, K. L. ----------Madison
Purtell, R. F. ---------Milwaukee
Puttler, O. L. ----------Mauston

Quisling, A. A. ----------Madison
Quisling, Gunnar D. -----Madison
Quisling, Rolf A. --------Madison
Quisling, Sverre ---------Madison

Radloff, A. C. ----------Plymouth
Randolph, T. G. -------Milwaukee
Raube, H. A. ----------Beloit
Rauch, A. M. ----------Kenosha
Rawlins, J. A. ----------Elkhorn
Raymond, R. G. ------Brownsville
Rector, A. E. ----------Appleton
Regan, James R. ------Wauwatosa
Reineking, W. C. ---------Madison
Reuter, R. J. ----------Milwaukee
Reznichek, C. G. ---------Madison
Richter, Joseph Rhode--Waunakee
Rikkers, D. F. --------Milwaukee
Ritchie, G. A. ----------Appleton
Ritchie, Gorton ----------Racine
Robbins, J. H. ----------Madison
Robbins, James M. ----Milwaukee
Rosekrans, M. C. -------Neillsville
Rosenheimer, A. M.---Beaver Dam
Rothenmaier, G. L. --------Racine
Rouse, John J. ----------Hillsboro
Ruffolo, A. F. ----------Kenosha
Russell, J. A. --------Random Lake
Ryan, William A. ------Milwaukee

Salan, Sam ----------Waupaca
Sargent, James C. -----Milwaukee
Satter, O. E. -----Prairie du Chien
Sauthoff, Aug. ----------Mendota
Sazama, F. B. -----Chippewa Falls
Schacht, E. W. ----------Racine
Schacht, R. J. ----------Racine
Schaefer, Carl O. ----------Racine
Schelble, E. J. ---------Milwaukee
Schlomovitz, H. H. --------Barron
Schmidt, Erwin R. --------Madison
Schneiders, E. F. ---------Madison
Schneller, E. J. ----------Racine
Schroeder, E. L. ---------Shawano
Schuldt, C. M. ---------Platteville
Schulte, Geo. C. ---------Kenosha
Schultz, Isadore -------Mazomanie
Schumm, H. C. --------Milwaukee
Schulz, Gordon J. ----Union Grove
Schulz, Irwin ---------Milwaukee
Schwittay, A. M. ---------Madison
Seeger, S. J. ----------Milwaukee
Sevringhaus, E. L. --------Madison
Shapiro, Harry ----------Adams
Shapiro, Herman Harvey--Madison
Shaw, Robert W. --------Marinette
Sieker, A. W. ----------Plymouth
Simenstad, L. O. ---------Osceola
Simonson, L. M. --------Sheboygan

Sisk, Ira ----------Madison
Sisk, J. N. ----------Madison
Sleyster, Rock ---------Wauwatosa
Slocum, H. C. ----------Madison
Smedal, A. T. ----------Stoughton
Smith, Joseph F. ----------Wausau
Smith, J. W. ----------Milwaukee
Smith, S. M. B. ----------Wausau
Smith, T. D. ----------Neenah
Snodgrass, T. J. ---------Janesville
Soles, Fred A. ---------Platteville
Somers, A. J. -----Chippewa Falls
Sorkin, S. S. ----------Evansville
Spiegelberg, E. H. -------Boscobel
Sprague, J. T. ----------Madison
Sprague, L. V. ----------Madison
Springer, V. G. ----------Omro
Sproule, Ralph P. ------Milwaukee
Stadel, E. V. ----------Reedsburg
Stebbins, G. G. ----------Madison
Stebbins, W. W. ----------Madison
Stemper, I. T. -------Oconomowoc
Stewart, W. C. ----------Kenosha
Stiehm, R. H. ----------Madison
Stiennon, O. A. ---------Green Bay
Stovall, W. D. ----------Madison
Stricker, M. F. ----------Middleton
Stuessy, M. W. ----------Brodhead
Sullivan, E. S. ----------Madison
Sullivan, W. E., Ph. D. (Hon.)
----------Madison
Sumner, W. C. ----------Edgerton
Supernaw, J. S. ----------Madison
Swanton, M. E. ----------Appleton

Taylor, A. C. ----------Appleton
Taylor, F. B. ----------Madison
Teitgen, A. ----------Manitowoc
Tenney, H. K. ----------Madison
Thomas, G. L. ----------Janesville
Thompson, A. S. -------Mt. Horeb
Tierney, E. F. ----------Portage
Tormey, A. R. ----------Madison
Tormey, T. W. ----------Madison
Trautmann, M. ----------Madison
Trowbridge, W. M. -------Viroqua
Tucker, W. J. ----------Ashland
Turner, V. C. ----------Milwaukee
Twohig, D. J. ---------Fond du Lac

Ulrich, C. F. ----------Kenosha

Van Hecke, L. J. ------Milwaukee
Van Kirk, F. W. -------Janesville
Van Zanten, Wesley W.-Sheboygan
Vedder, J. B. ----------Marshfield
Venning, J. R. ------Ft. Atkinson
Vingom, C. O. ----------Madison
Vogel, C. A. ----------Elroy

Waffle, R. L. ----Ft. Sheridan, Ill.
Walker, H. M. ---------Dodgeville
Wall, C. E. ----------Manitowoc
Walter, G. W. ----------Racine
Waufle, G. C. ----------Janesville
Weber, C. J. ----------Sheboygan
Weiland, H. P. ---------Madison
Welke, E. G. ----------Madison
Werrell, W. A. ----------Madison
Weston, F. L. ----------Madison
White, A. S. ----------Rice Lake
Wilker, Wm. F. ----------Iola
Williams, David L. ------Madison
Williams, W. B. ----------Argyle
Wilson, Russell F. ---------Beloit
Winn, H. N. ----------Madison
Winter, A. E. ----------Tomah
Wirka, H. W. ----------Madison
Wiswell, C. Y. ------Williams Bay
Witcpalek, W. W. ---------Algoma
Witte, Dexter H. ------Milwaukee
Wochos, F. J. ----------Kewaunee
Wolf, F. H. ----------La Crosse
Wolf, R. C. ---------Hales Corners
Wyant, M. E. ---------Sun Prairie

Yaffe, Aaron ----------Milwaukee

Zellmer, C. E. ----------Antigo
Zeratsky, J. D. ---------Marinette

## Thursday, September 11

Ackerman, E. T. -------Gays Mills
Allen, S. C. ----------Waterloo
Allen, W. J. ----------Beloit
Altenhofen, A. R. -----Wauwatosa
Alvarez, R. L. ----------Galesville
Anderson, Henry A. ----Janesville

Bach, E. C. ----------Milwaukee
Bach, Mark J. ---------Milwaukee
Bachhuber, A. M. ------Kaukauna
Bachhuber, F. G. --------Mayville
Bailey, M. A. ----------Fennimore
Baldwin, F. H. ------Bloomington
Bargholtz, W. E. ------Reeseville
Barnes, H. T. ----------Delafield
Barnet, E. G. ---Wisconsin Rapids
Barr, Arnold H.---Pt. Washington
Barrock, James J. -----Milwaukee
Bartels, Geo. W. ---------Janesville
Bauer, K. T. ----------West Bend
Baxter, H. L. ----------Neenah
Bayley, W. E. ----------La Crosse
Becker, W. C. ---------Watertown
Benn, H. P. --------Stevens Point
Benn, V. A. ----------Rosholt
Bennett, L. J.---Wisconsin Rapids
Benson, Gideon H.-Richland Center
Benton, J. L. ----------Appleton
Biller, S. E. ----------Milwaukee
Bilstad, G. E. ----------Cambridge
Binnie, Helen ----------Kenosha
Blanchard, Porter B. ---Cedarburg
Boersma, J. J. ---------Sheboygan
Bolger, J. Victor ------Milwaukee
Bongiorno, Felix J.---------Albany
Bonner, N. A. ---------Manitowoc
Borman, M. C. ---------Milwaukee
Borsack, K. K. ------Fond du Lac
Boudry, M. O. ----------Waupaca
Bourne, N. Warren ----Milwaukee
Bowen, E. W. ---------Watertown
Boyer, H. N. ----------Racine
Brickbauer, A. J. -------Plymouth
Brook, J. J. ----------Milwaukee
Brooks, E. H. ----------Appleton
Brunckhorst, F. O. ---------Neenah
Buckley, Wm. Ezard ------Racine
Buckner, H. M. ---------Dodgeville
Burgardt, G. F. ---------Milwaukee
Burke, Chas. F. ----------Madison
Burkhardt, E. W.-Menomonee Falls
Burzynski, E. E. ------Watertown

Canavan, J. P. ----------Neenah
Caples, B. M. ----------Waukesha
Caswell, H. O. -------Ft. Atkinson
Charles, J. D. ----------Milwaukee
Chojnacki, S. L. -----S. Milwaukee
Christensen, F. C. ---------Racine
Christensen, H. H. -------Wausau
Christiansen, James ---Waukesha
Clauson, C. T. ----------Bloomer
Cleary, J. H. ----------Kenosha
Cook, H. E. ----------Milwaukee
Cooksey, R. T. ----------Madison
Copps, L. A. ----------Marshfield
Cordes, V. J. ---------Wauwatosa
Couch, Timothy T. -----West Allis
Cowan, Irving I. ------Milwaukee
Creasy, L. E. ----------Monroe
Cron, Roland S. -------Milwaukee
Crosby, E. P. -------Stevens Point
Cunningham, Wilson ---Platteville
Cupery, D. P. ----------Markesan
Currer, P. M. ----------Milwaukee

Dallwig, E. L. --------Wauwatosa
Dalrymple, Richard R.-Fond du Lac
Damp, O. E. ---------Birnamwood
Danforth, Q. H. ----------Oshkosh
Darby, R. C. ----------Red Granite
Davin, C. C. ----------Kenosha
Davis, F. A. ----------Madison
Davis, Milton D. ----------Milton
Dean, James P. ----------Madison
Demeter, N. D. --------Milwaukee
Dettmann, Norbert F.--Wauwatosa
Dimond, W. B. ----------Madison
Doersch, E. A. ----------Portage
Dorchester, D. E. ---Sturgeon Bay
Dougherty, J. S. ----------Suring
Doyle, T. J. ----------Superior
Drew, F. E. ----------Milwaukee
Duehr, P. A. ----------Madison
Dull, C. F. -------Richland Center
Dunker, Geo. O. -------Milwaukee
Dunn, A. G. --------Stevens Point

Ebert, R. O. ----------Oshkosh
Edwards, A. C. ----------Baraboo
Edwards, W. C.---Richland Center
Eisenberg, Ed. ---------Milwaukee
Eisenberg, P. J. -------Milwaukee
Elliott, E. S. ----------Fox Lake
Engel, A. C. ---------New Holstein
Erdmann, N. C. ---------Manitowoc
Erickson, M. T. ---------Highland
Eurit, D. H. ----------Argyle
Evans, C. A. ----------Milwaukee
Evans, S. M. ----------Milwaukee

Farrell, T. F. ----Prairie du Chien
Feasler, C. H. ---------Winnebago
Federman, E. H. ---------Randolph
Feld, David D. ---------Wauwatosa
Fillbach, H. E. ---------Cuba City
Flanagan, G. J. ---------Kaukauna
Flynn, R. E. ----------La Crosse
Foerster, H. R. --------Milwaukee
Ford, W. B. ----------Milwaukee
Forkin, G. E. ----------Menasha
Foshion, H. V. ----------Algoma
Fox, J. C. ----------La Crosse
Fox, Meyer S. ---------Milwaukee
Franklin, I. ----------Milwaukee
Frawley, D. D. ---------Milwaukee
Freeman, J. M. ----------Wausau
Frey, F. H. ----------Wausau
Friedbacher, Karl -----West Allis
Friend, L. J. ----------Beloit
Fromin, A. H. ---------Milwaukee

Ganser, W. J. ----------Madison
Garding, C. J. ----------Jefferson
Garrison, R. E.--Wisconsin Rapids
Gascoigne, C. C. ----------Kohler
Gates, A. J. ----------Tigerton
Gatterdam, Paul C. -----La Crosse
Gilchrist, R. T. ---------Milwaukee
Goedecke, R. H. ------West Salem

Goldberg, Nat. ---------Milwaukee
Gramling, E. H. -------Milwaukee
Gramling, J. J., Jr. ----Milwaukee
Gratiot, M. P. ---------Shullsburg
Greenthal, R. M. -------Milwaukee
Gregory, L. W. ---------Manitowoc
Grimstad, Frances H. ----Madison
Grove, W. E. ----------Milwaukee
Gruesen, Frank A.----Ft. Atkinson
Guenther, O. F. ----Campbellsport

Haessler, F. H. ---------Milwaukee
Hafemeister, E. F. ------Waupaca
Hamilton, W. P. -------Dodgeville
Hammes, G. R. ----------Seneca
Hammond, F. W. ------Manitowoc
Hansen, Horace J.--Sheboygan Falls
Hardgrove, J. H. ----------Eden
Harrington, Wm. J. -----Appleton
Harris, A. J. ----------Adams
Harter, A. F. ---------Rhinelander
Hassall, James C. ----Oconomowoc
Hayman, C. S. ----------Boscobel
Heath, H. J. ----------Juneau
Hebenstreit, A. J. ---------Juneau
Hefke, Hans W. -------Milwaukee
Heller, T. A. ----------Milwaukee
Helmes, L. O. ----------Oshkosh
Herzog, J. V. ----------Milwaukee
Higgins, S. G. ---------Milwaukee
Hilker, H. C. ----------Racine
Hitz, John B. ----------Milwaukee
Hoffmann, J. G. ---------Hartford
Hoffmann, L. A. ----Campbellsport
Holmgren, L. E. ----------Madison
Housner, R. E.----Richland Center
Hoyer, Geo. H. C.-----Beaver Dam
Huff, F. C. ---------Sturgeon Bay
Hughes, Byron J. -----Winnebago
Hunt, T. D. ----------Madison
Huth, M. F. ------Camp Grant, Ill.

Irwin, H. J. ----------Baraboo
Irwin, Robert ---------Milwaukee

Janney, Francis R. ----Wauwatosa
John, Geo. W. ----------Beloit
Johnson, Frances -----Milwaukee
Johnson, J. M. ----------Ripon
Johnson, W. L. ---------Janesville
Johnston, R. C. ---------La Crosse
Jones, Griffith S. ---Genesee Depot
Jones, M. L. ----------Wausau
Jorgenson, H. L. --------Marinette
Joyner, T. H. ----------Mt. Horeb
Juckem, G. J. ---------Sheboygan
Juers, R. H. ----------Wausau

Karsten, John H. ---------Horicon
Kassowitz, K. E. ------Wauwatosa
Kaufman, A. R. ----------Mauston
Kearns, W. M. ---------Milwaukee
Keenan, L. J. ---------Fond du Lac
Kilkenny, Geo. S. ------Milwaukee
Kindschi, L. G. ----------Monroe
Kishpaugh, H. W. ----------Beloit
Kleinpell, W. C. ---------Kenosha
Klockow, W. E. ----------Muscoda
Knauf, F. P. ----------Kiel
Knauf, J. A. ---------Stockbridge
Kriz-Hettwer, R. A.-----Milwaukee
Kundert, F. W. ----------Monroe
Kwapy, Clemens R. ---------Oconto

La Croix, G. M. ----------Shiocton
Lechtenberg, E. H.
----------Prairie du Chien
Lee, H. J. ----------Oshkosh
Lee, Paul A. ----------Milwaukee
Levitas, I. E. ----------Green Bay
Lieberman, Benjamin---Milwaukee
Liefert, W. C. ---------Milwaukee
Loughlin, T. F. ----------Hartford
Lowe, Roy C. ----------Neenah
Ludden, H. D. ------Mineral Point
Ludden, R. H. ----------Viroqua

MacDonald, Wm. H.--Lake Geneva
MacGregor, James W. ----Portage
MacKenzie, J. Grant ------Madison
Mackoy, F. W. ---------Milwaukee
Madison, F. W. ---------Milwaukee
Mallow, H. G. E. ------Watertown
Malnekoff, B. J. ---------Milwaukee
Malone, J. Y. ----------Milwaukee
Mannis, Harry ----------Sparta
Manz, K. F.-----Black River Falls
Margoles, F. C. ---------Milwaukee
Marrs, F. A. ---------Stevens Point
Martens, E. W. ---------Milwaukee
Mastalir, L. O. ---------Burlington
Mauermann, W. J. ----------Beloit
McCabe, J. M. ---------Sun Prairie
McCann, Edith ---------Milwaukee
McCarty, R. T. ----------Appleton
McCormick, G. L. ------Marshfield
McDonough, K. B. ---------Madison
McGary, Lester ----------Madison
McLaughlin, H. J. ---Bloomington
McMahon, H. O. ---------Milwaukee
McNair, E. R. ---------Orfordville
Meany, S. G. ----------East Troy
Meier, Wm. G. Jr. ------Sheboygan
Merten, A. N. E. -------Milwaukee
Mielke, E. F. ----------Appleton
Miller, E. W. ----------Milwaukee
Miller, J. F. ----------Mt. Calvary
Milson, Louis ----------Green Bay
Minahan, J. J. ----------Chilton
Mitchell, E. J. ----------Brodhead
Mokrohajsky, S. M.
----------Camp Grant, Ill.
Molsberry, J. M. -------Milwaukee
Monroe, Maurice ---------Hartford
Monsted, J. W. --------New London
Montgomery, R. P. ----Milwaukee
Moriarty, Leo J. ------Two Rivers
Morrison, D. A. R.----Oconomowoc
Morton, S. A. ----------Milwaukee
Mudroch, J. A. ----------Columbus
Muehlhauser, J. O.---Sturgeon Bay
Murphy, F. D. ---------Milwaukee
Murphy, J. A. ---------Milwaukee

Nadeau, E. G. ----------Green Bay
Nauth, D. F. ----------Kiel
Nee, Frank ---------Spring Green
Neff, E. E. ----------Madison
Nereim, T. J. ----------Shullsburg
Nesbit, M. E. ----------Madison
Nesbit, W. M. ----------Madison
Nichols, Charles H. ----Milwaukee
Nystrum, L. E. ----------Medford

Oberfeld, Harold H. ----Milwaukee
O'Brien, Paul T. ---------Menasha
O'Connor, W. F. -------Ladysmith
Olson, Alfred L. --------Stoughton
Olson, H. J. ----------Milwaukee
Olson, L. C. J. ----------Delafield
Osgood, C. W. ---------Wauwatosa
Overgard, A. W. ----------Stanley
Owen, J. D. ----------Milwaukee
Ozanne, Bryce K. ---------Neenah

Panetti, H. E. ---------Milwaukee
Pawsat, E. H. -------Fond du Lac
Pearson, Carlyle Roberts--Baraboo
Pease, W. A. ----------Rio
Pegram, J. W. ---------Milwaukee
Pember, A. H. ---------Janesville
Peterman, M. G. -------Milwaukee
Petersen, G. W. ----------Neenah
Peterson, M. G. ---------Lake Mills
Pfefferkorn, E. B. -------Oshkosh
Pitz, M. N. ----------Neenah
Pohle, E. A. ----------Madison
Pomainville, L. C.----Wis. Rapids
Poser, E. M. ----------Columbus
Post, C. C. ----------Barron
Potter, R. P. ----------Marshfield
Prehn, Fred C. ----------Wausau

Quackenbush, Earl C.--Iron Ridge
Quigley, L. D. ---------Green Bay

Randall, M. W. ---------Blue River
Rauch, W. A. ----------Manitowoc
Reese, William --------Dodgeville
Reinardy, A. L. ------Union Grove
Remley, A. R. ----------Waupun
Reslock, C. P. ----------Waupun
Reuter, M. J. ----------Milwaukee
Richards, C. G. ----------Kenosha
Richards, R. R. ----------Durand
Ries, M. F. ----------Brownsville
Robb, J. J. ----------Green Bay
Roberts, Rob Roy-----Beaver Dam
Rodgers, R. S.-----Chippewa Falls
Rosenthal, Samuel -----Milwaukee
Ross, M. E. ----------Beloit
Russell, S. B. ----------Eau Claire
Ryan, Edward R. ------Milwaukee

Sanders, R. F. ------Williams Bay
Savage, G. T. ----------Milwaukee
Schaefer, Arthur A. ----Milwaukee
Schenkenberg, Grace E.----Racine
Scherping, W. H. ------Manitowoc
Schindler, John A. ---------Monroe
Schlomovitz, B. H. -----Milwaukee
Schlomovitz, E. H. -----Milwaukee
Schmallenberg, H. C.--New London
Schmidt, A. C. ----------Milwaukee
Schmidt, E. S. ----------Green Bay
Schmidt, H. G. ----------Milwaukee
Schneider, C. C. ---------Milwaukee
Schoenbeck, R. F. ------Stoughton
Schoenecker, E. A. -----Lake Mills
Schott, E. G. ----------Sheboygan
Schroeder, J. C. -------Milwaukee
Schubert, C. K. ----------Madison
Schumacher, H. S. -----Milwaukee
Schutte, A. G. ---------Milwaukee
Seedorf, Everett E. -----La Crosse
Seevers, M. H. ----------Madison
Sexton, W. G. ----------Marshfield
Shapiro, Alvin M. ------Milwaukee
Sharpe, H. R. -------Fond du Lac
Shearer, H. A. ----------Beloit
Sherwood, M. W. ------Milwaukee
Sholtes, C. A. ----Richland Center
Simenson, R. S., Lieut.
----------Camp Grant, Ill.
Simon, L. J. ----------Fond du Lac
Skemp, A. A. ----------La Crosse
Slutzky, Nathan -------Milwaukee
Smiles, C. J. ----------Ashland
Smith, C. E. ----------Beloit
Smullen, J. J.---Wisconsin Rapids
Sorenson, E. D. ----------Elkhorn
Spelbring, P. G. ---------Eau Claire
Spooner, A. D. ---------Milwaukee
Springberg, J. C. ----------Beloit
Squier, T. L. ----------Milwaukee

Stahmer, A. H. ----------Wausau
Steen, Marvin H. --------Oshkosh
Stehr, Arthur C. ---------Madison
Stone, Mildred M. ---------Berlin
Strand, Robert C. ------Eau Claire
Straus, G. D. ----------Milwaukee
Strong, Russell G. -----Manitowoc
Stubenvoll, C. E. -------Shawano
Sullivan, A. G. ----------Madison
Swartz, K. A. ----------Waupun

Taylor, W. A. ----------Portage
Tessier, A. F. ----------Milwaukee
Theisen, S. A. -------Fond du Lac
Thomas, Norman ---------Madison
Thompson, I. F. ----------Racine
Thornton, M. J. ----------Madison
Tormey, T. W., Jr. -------Madison
Treskow, Frank G. ----Milwaukee
Trowbridge, C. H. --------Viroqua
Truitt, J. W. ----------Milwaukee
Trumbo, James K. --------Wausau
Tufts, Millard ---------Milwaukee

Urben, W. J. ----------Mendota

Van Schaick, R. E. --------Marion
Vivian, Robt. S. ----------Beloit
Voellings, W. J. ------Mukwonago
Vogel, Thorn L.---Milton Junction
von Neupert, C.-------Stevens Point

Wahl, C. M. ---------Spring Green
Waite, W. S. ----------Watertown
Walsh, Thomas W. -----Sauk City
Walters, D. N. -------Fond du Lac
Walters, Perry T. ------La Crosse
Warner, R. C. ---------Milwaukee
Warrick, J. D. ----------Sharon
Waters, Don ----Wisconsin Rapids
Watson, E. L. ----------Ripon
Wear, John B. ----------Madison
Wegmann, Geo. H. -----Milwaukee
Welsch, J. M. --------Beaver Dam
Wendt, Floyd A. ---Johnson Creek
Wickham, J. M. --------Marshfield
Wier, F. A. ----------Racine
Wiesender, A. J. ----------Berlin
Wild, Joseph P. --------Milwaukee
Wilets, Jack Charles ---Milwaukee
Wilkinson, D. C. -----Oconomowoc
Wilson, Otis M. ----------Wausau
Wisiol, Erich -------Stevens Point
Wold, L. E. ----------Wonewoc
Woodhead, F. J. -------Waukesha
Wright, Hobart H. ----Milwaukee
Wright, P. E. ---Wisconsin Rapids
Wright, R. S. ----------Racine

Yockey, John C. -----Fond du Lac
Yoran, C. M. ----------Plymouth
Younker, F. T. ---------Galesville

Zeiss, E. J. ----------Appleton
Ziegler, Lloyd H. -----Wauwatosa
Zimmermann, F. H.----Watertown

### Friday, September 12

Armbruster, J. L. ------Milwaukee

Bachhuber, H. A. -------Sauk City
Baird, J. C. ----------Eau Claire
Baumle, C. E. ----------Monroe
Bear, W. G. ----------Monroe
Beatty, S. R. ----------Oshkosh
Beebe, G. W. ----------Eau Claire
Bolton, E. L. ----------Appleton
Brewer, J. C. ----------Jefferson

Carlson, Guy W. --------Appleton
Clark, P. J. ----------Fond du Lac
Cowan, W. F. ------Stevens Point

Daniels, E. R. --------Wauwatosa
Dryer, R. B. ----------Poynette

Edmondson, C. C. ------Waukesha

Fowler, J. H. ----------Lancaster

Gallaher, D. M. ----------Appleton
Gnagi, William B. --------Monroe
Green, M. K. ----------Mendota
Gulbrandsen, Halbert -----Viroqua

Haines, M. C. ----------Oshkosh
Hammond, Reginald ---Manitowoc
Hartman, R. C. ---------Janesville
Henney, C. W. ----------Portage

Ingersoll, R. S. ----------Oxford

Karnopp, G. L. ----------Wautoma
Krumbiegel, E. R. -----Milwaukee

Langenfeld, P. F. --------Theresa
Leonard, C. W. ------Fond du Lac
Lettenberger, J. -------Milwaukee
Linn, W. N. ----------Oshkosh

Maas, W. C. ----------Rio
Macaulay, E. M. ----------Wausau
McQuillin, Edw. D.-----New Glarus
Miller, Edward Allen---Watertown
Moore, L. A. ----------Monroe

Neville, Mary E. --------Milwaukee

O'Donnell, S. P. ----------Kiel

Park, C. F. ----------Milwaukee
Peterson, Lyndle --------Shawano
Pohle, H. W. ----------Milwaukee

Radl, C. J. ----------Wis. Dells

Sander, O. A. ----------Milwaukee
Schiek, I. E., Jr. ------Rhinelander
Schneiders, E. F. ---------Madison
Scholter, E. A. W. -----Milwaukee
Shutkin, Michael ------Milwaukee
Sivyer, A. W. ----------Milwaukee
Skemp, G. E. ----------La Crosse

Thompson, R. C. ------Cumberland
Trier, P. J. ----------Fond du Lac

Vander Kamp, Harry ----Baraboo
von Jarchow, B. L. --------Racine

Wagner, R. F. ----------Oshkosh
Werra, M. J. ----------Waukesha
Wetzler, S. H. ---------Milwaukee
Wheeler, R. M. ----------Madison
Wirig, M. H. ----------Madison
Witcpalek, E. W. ------Kewaunee
Wyman, John F. -------Milwaukee

## ANNOUNCEMENT OF VAN METER PRIZE AWARD

The American Association for the Study of Goiter again offers the Van Meter Prize Award of $300 and two honorable mentions for the best essays submitted concerning original work on problems related to the thyroid gland. The Award will be made at the annual meeting of the Association which will be held at Atlanta, Georgia, June 1, 2, and 3, providing essays of sufficient merit are presented in competition.

The competing essays may cover either clinical or research investigations; should not exceed 3,000 words in length; must be presented in English; and a typewritten, double-spaced copy sent to the corresponding secretary, Dr. T. C. Davison, 478 Peachtree Street, Atlanta, Georgia, not later than April 1.

# New Workmen's Compensation Panels to Be Prepared in October

EVERY employer in Wisconsin who is subject to the Workmen's Compensation Act will receive again next year a panel of physicians for his county. This year over 40,000 employers received panels prepared by the Society, and a large number requested additional copies for posting in their plants, offices and branches. Employers were enthusiastic over the availability of this service and commended the Society for this forward step to assure employes a wider choice of attending physician. It is impossible to reproduce the letters from all the employers who received a panel, but the following comment was selected at random from among the many received.

> "These 'panels' solve a problem for us, as in the past we have not had a list of approved physicians for our men to choose from. We have been used to sending most cases to one man that we knew to be excellent in accident cases, but when he is out of town or not available we hesitate to make recommendations to our employes. With this list they are free to make their choice, and if any complications might set in later as an indirect result of an accident, we cannot be blamed by our employes for sending them to our choice of doctors."

Each member of the Society has by this time received his application for panel listing and the majority of members wishing to be listed have returned their application blanks. The preparation of the panels requires exactitude and accuracy, but the compilation, printing, and distribution will proceed as rapidly as possible.

If you wish to have your name included in the new panels, return your application for panel listing immediately. All application blanks must be returned by October 20.

## Workmen's Compensation Cases, Specialist Consultation

UNDER the Open Panel Agreement injured employes who are eligible for benefits under the Workmen's Compensation Act may select their attending physician from among those listed on the panels distributed by the Society and posted in virtually every plant and office in Wisconsin. The physician, in applying for panel listing, agrees to subscribe to certain provisions, among which is the following:

> "When consultation is desirable, I shall obtain consent of the insurance company, when possible, prior to calling in consultation, and whether consultation is requested by me, the patient, or the insurance company, every effort will be made to secure a consultant mutually acceptable."

Attention is called to the fact that the intent of this agreement on the part of the applicant for panel listing is to make certain of the sanction of all parties *before* the consultant is obtained. The insured employe, the attending physician and the insurance carrier should agree upon the consultant to be secured before the consultation takes place. From the beginning of the operation of the open panel agreement, it was recognized that in certain instances this would be impossible if the best interests of the injured employe were to be served; however, in most cases time will permit obtaining this mutual consent. Each member of the Society who has indicated his willingness to serve in Workmen's Compensation cases and has forwarded his application to the Society office is urged to communicate with the insurance carrier in advance of engaging a consultant.

# Sex Education of Children*

By ELMER L. SEVRINGHAUS
*Madison*

OUR children are being educated about sex. The questions worth discussing are "when," "how," and "by whom." In this field, as in other aspects of child training, the information and development of attitudes should be timed to coincide with the growing inquiry of the maturing mind. At once this leads to the conclusion that instruction should be timed and otherwise planned to fit the individual. It is uncommon to find private tutors or parents who can or will give extensive, yet graded, instruction in this field. Therefore most children must learn from books, school programs, or the ancient and unsatisfactory method of gossip.

As might be expected, the book material reflects varying points of view. Those appearing earlier in the twentieth century tended to seek rational grounds for the support of moral codes. Factual information was often colored by points of view. The changes which have followed rapidly may be attributed in part to increasing candor, in part to the development of scientific method in teaching, but also to an amazingly rapid growth in the factual basis of sex instruction. Anatomy, physiology, and especially endocrinology have contributed so much knowledge in the twentieth century that an entirely new type of book has become necessary and possible.

These books are now available in a fashion which is graded to fit age and maturity of children. The widely known "Growing Up" by Dr. DeSchweinitz has been helpful for young school children, or for parents who find in it helpful suggestions for talking with preschool children. More recently Mrs. B. Strain has added to her writings a very suitable volume, "Being Born." A prominent anatomist, Dr. George Corner, has written two pocket-size volumes, "Attaining Manhood" and "Attaining Womanhood." These present in formal fashion what he did for his own children and their associates at about the onset of adolescence. At just this age the questions "when," "how," and "by whom" become increasingly urgent.

The presentation of sex knowledge implies selection of sufficient facts to explain the phenomena in the experience of the child, but omission of the larger mass of detail which is of importance to professional students only. These facts must be organized into an understandable body of knowledge, as is true for teaching any other phase of physiology. A successful selection and organization require an orienting point of view. Avoidance of venereal disease, intelligent control of fertility, maintaining any given ethical code, or facilitating physical and psychic satisfactions of married life—none of these is in itself an adequate directing viewpoint even though all are desirable ends. More in keeping with the rest of our program of child training is a systematic preparation for self control. For such an end there must be adequate knowledge of facts and also a healthy ideal of what constitutes a happy life.

Modern endocrine research has aided the presentation of a sound and comprehensive ideal. The hormones produced by the pituitary, ovaries, and testes are now known to be the indispensable stimulants for production of typical parental character. Here the biologist finds the mechanism which is needed for the development of personality, involving the entire body from bones to brain. This concept is easily caught by adolescents and serves to add a new dignity to all matters of sex. Reproductive physiology thereby comes to be understood as of value to the individual, his family, and also vitally important to the human race.

* Mr. J. Ged Crownhart, former secretary of the State Medical Society of Wisconsin, was much interested in the problem presented in this paper, and on several occasions during the year previous to his death discussed with the author the publication of material in *The Journal* on this subject.

Although such facts and concepts can be presented in written form there is a large advantage to the association of such instruction with a vitally interested person. It is not to be expected that a lay parent could master the subject so recently elaborated by scientists. The number of well trained teachers of biology and physiology in Wisconsin schools is still lamentably small. Here is an opportunity for the physician to make a significant contribution to his community. This may be in the latter weeks of a course of study of physiology, the most natural place in the curriculum. It may have to be arranged in physical education programs. Sometimes it has been used with scouting or similar voluntary groups. Although the writer has had experience with presentation of such subject matter in all these circumstances, he feels that superior results follow the plan as a part of high school instruction in physiology.

Not every physician will be adapted easily to such instruction. The younger medical man who keeps abreast of recent discoveries will find it easiest. But sufficient maturity to provide personal and clinical experience in the business of living is essential. An interest and confidence in young people are required. Frank truthfulness, willingness to answer questions, combined with a reserve about items which may properly wait for more mature years are important. Probably it will always be easier for a physician to meet these requirements, than to train any biology, physiology, or physical education teacher for the work.

Graphic presentation of anatomy aids in such work with people of any age. Excellent diagrams for adults have been provided by Dr. R. L. Dickinson and associates, and may be secured from the Birth Control Federation, 501 Madison Avenue, New York City. The use of the photographs and diagrams from anatomy laboratory equipment can be achieved by reproductions on a very few lantern slides. If these are desired they can be readily provided at a nominal cost.

The teachers of a number of high schools in Wisconsin are manifesting a marked interest in such sex education. They are reluctant to attempt anything but the best, and they often feel inadequately prepared for this task. When they look to the members of the medical profession in Wisconsin for cooperation in this service to youth, they should not be disappointed. How many of us will be willing to give time and thought to such pioneer activity?

---

## KEARNS—TESTOSTERONE IN THE TREATMENT OF TESTICULAR DEFICIENCY AND PROSTATIC ENLARGEMENT

*(Continued from page 930)*

If the cost of manufacture of methyl testosterone in large quantities is not excessive, oral administration may become the most acceptable and replace in large measure the other methods.

It is interesting to note that the frequent occurrence of undesirable side effects observed with the oral use of stilbestrol are not observed with the use of methyl testosterone. No other undesirable reaction was noted except in a few instances, administration of slight gastric irritation which was readily controlled with administration of an alkaline mixture.

The choice of method of administration in the treatment of testicular deficiency depends on:

(1) the attitude of the patient toward, and his cooperation in, the particular method of treatment;

(2) the availability of the different forms of testosterone as influenced by the patient's location and economic status, and

(3) the physiological response in the individual patient to the various forms of treatment.

### Acknowledgment

Dr. Max Gilbert, of the research department of the Schering Corporation, supplied the oreton-M tablets, oreton ampules, and oreton ointment used in this study. Dr. Ernst Simonson performed the tests of fatigue. Dr. Joseph Bock and Mr. Charles Neterval, of the department of biochemistry, Marquette University School of Medicine, assisted in the work.

# The Wisconsin Athletic Accident Benefit Plan

P. F. NEVERMAN
*Secretary, Wisconsin Interscholastic Athletic Association*
*Marinette*

THE Wisconsin Athletic Accident Benefit Plan was initiated in September, 1930. New York, the second state, adopted the plan in 1933. Since this time more than twenty other states have adopted plans based on the Wisconsin set-up. At the present time this includes the following:

| | | |
|---|---|---|
| California | Maine | North Dakota |
| Colorado | Massachusetts | Ohio |
| Connecticut | Michigan | Oregon |
| Florida | Minnesota | Pennsylvania |
| Georgia | Montana | Rhode Island |
| Idaho | Nebraska | South Dakota |
| Iowa | New Hampshire | Texas |
| Kansas | New York | Vermont |
| Kentucky | | |

The Wisconsin Plan has developed from year to year. The whole-hearted cooperation of Wisconsin physicians and dentists has materially contributed to this development. The Plan has been financed from Association surplus and profit derived from basketball tournaments and from a registration fee maintained at a point possible of payment by the average high school student. A total of $124,588.31 has been paid in direct benefits, while the total cost of administration including printing, postage and clerical work has been $15,935.95. Dr. M. D. Bird, medical advisor, and Dr. E. F. Peterson, dental advisor, both of Marinette, have rendered excellent service to the Association at no financial benefit to themselves. Without the active assistance and sound advice of these men the development of the Plan would have been seriously handicapped. Information developed through the administration of the Plan in Wisconsin and other states has been utilized to make athletics, especially football, safer for the contestants without making the game less interesting for the spectators. The established football injury ratio previous to 1933 was 92 per thousand. Since the information developed has been utilized the national ratio for high schools has been reduced to less than 50. Wisconsin has actually reduced comparable injuries from 72 to 27 per thousand.

The purpose of this article is to present to the physicians of the state the details of the Plan for 1941–1942. It never has been the intent to set a fixed fee for a certain injury. The benefit schedule has been based on the amount the W.I.A.A. was in a position to pay and the schedule limited on the same basis.

The Benefit Plan is a negative health program. It promotes health by setting up certain requirements and denying benefit if certain regulations are not complied with. The W.I.A.A. feels that a positive health program should be an essential part of education. The organization has no legal authority to undertake, develop or promote a positive health program but will, as far as possible, utilize the Plan for a vehicle through which better health can be encouraged and then protected.

The following is a reprint from the leaflet furnished parents in connection with the Benefit Plan. A careful reading by the physicians of the state, it is felt, will bring about still fuller cooperation:

## 1941-1942 W.I.A.A. ATHLETIC ACCIDENT BENEFIT PLAN

The principal changes in the Athletic Accident Benefit Plan for 1941–42 are in the restrictions made for return to competition by boys after injury. The requirements in this direction have received the studied attention of the State Medical Society, the Wisconsin State Dental Society as well as the Wisconsin Osteopathic Association. The purpose of the Benefit Plan, was, from the beginning and continues to be, (1) to assist boys hurt in athletic activity to meet expenses incurred in connection with such injury; (2) to safeguard the welfare of all participants, and (3) to discover the reasons for injury and apply remedial measures. Substantial progress has been made in all three directions. A detailed study of the major injuries indicates that positive restrictions should be developed before boys injured in athletic activity are permitted to resume participation. The restrictions for 1941–42 have been made

a part of the plan in order to promote the best future interest of high school boys.

Principals and coaches are urged to study the entire plan in detail in order that there may be no misunderstanding. It is the duty of the Board of Control to administer the Benefit Plan according to the regulations. The Board has no authority to deviate from the regulations or to make exceptions.

Principals are urged to supply each parent as well as the physicians and dentists of the community with a copy of the leaflet, "Information for Parents and Others." The proper dissemination of information on the Plan will eliminate misunderstandings and disappointments.

The Registration Fee remains the same as for the past year. Seventh and eighth grade coverage will be continued as will the transportation and hospital benefits. The Schedule, on the whole, remains substantially as it was. One item, namely, "Removal of injured portion of bone or bones" is eliminated from Schedule "B". The Medical Benefit has been increased to $12.00 but very definite restrictions have been developed in connection with this item.

In order to assist all in better understanding of the Plan for 1941–42 the changes are grouped. In addition, they appear in the Plan in proper order.

## 1941-1942 Changes

1. Requires the use of a blank for recording the physical examination.

2. Requires that the examination for physical fitness be made by the family physician except in cases where the Board of Education or the City employ a **FULL TIME** physician for that purpose.

3. Increases the Medical Attendance Benefit from $6.00 to $12.00 except in cases of infection directly traceable to athletic injury where the maximum will be $6.00. The following, however, are requirements in connection with this Benefit: No Medical Attendance benefit will be paid for any cause unless a certified statement is filed with the request stating that the boy did not participate in any form of activity —practice, scrimmage or contest—for a period of 5 full days from time of injury. There will be no radiograph benefit made in addition to Medical Attendance.

4. In order to be eligible for benefit for broken fingers, foot or nose, boys will be required to remain out of athletic participation for a minimum of 14 days from time of injury.

5. Coverage will be cancelled for the balance of the season, not school year, for all boys qualifying for benefit for a broken arm, leg, collar bone, shoulder, vertebrae, sternum, skull, knee cap, pelvis as well as serious internal injury. This means that no boy can participate in athletic activity for the balance of the season and be eligible for benefit.

6. All other fractures as well as concussions eliminate the boy from athletic competition for at least 30 days.

7. No re-examination for dental injuries will be required but a statement from the dentist that the work, on which benefit has been requested, has been completed must be filed.

8. The benefit for the removal of injured portion of bone or bones has been eliminated.

9. A boy requesting benefit for a Suture of Laceration will not qualify unless a certified statement is filed stating he has not participated in any form of activity including practice for a period of 5 days after injury. This will substantially reduce the danger of infection.

10. Dislocations of shoulder, knee, ankle or elbow bar a boy from all athletic competition for a period of not less than 30 days from date of injury.

Serious consideration has been given to a requirement for second physical examination—one before the first practice and the second immediately before the first inter-school contest—but no action was taken for the coming year.

Schedule A

| | |
|---|---|
| All sports including football | $ .75 |
| All sports except football | .25 |
| Hospitalization Benefit | .25 |
| Transportation Benefit | .10 |

(The Transportation and Hospitalization benefits are available only to those otherwise covered under the plan.)

Schedule B

| | |
|---|---|
| All sports including football | 1.50 |
| All sports except football | .50 |
| Hospitalization Benefit | .25 |
| Transportation Benefit | .10 |

(The Transportation and Hospitalization benefits are available only to those otherwise covered under the plan.)

The Registration Fee definitely recognizes the fact that football is far more hazardous to the competitor than the other sports and at the same time provides a reasonable fee for the schools not maintaining football teams as well as for the boys not participating in the sport.

The registration fee should be paid by the boy. A boy will be covered when his Examination and Permit Card and Registration Fee have been received by the W.I.A.A. Schools are urged not to allow any boy to participate in practice until after he has been examined and his card and fee placed in registered mail addressed to the Secretary.

The Plan has now developed to the point where injury figures are sufficiently complete to show how, when, where and why accidents happen. This information has made possible the application of remedial measures, rule changes, safety equipment, etc., which should make high school athletics safer and of more benefit to the participants. High school athletics are moving forward because progress is now possible on the basis of established facts. The W.I.A.A. Athletic Accident Benefit Plan has and will continue to make an important contribution to high school athletics nationally.

The Athletic Accident Benefit Plan has established itself and continued effort will be made to make it

more inclusive and direct its findings to the definite benefit of high school boys.

A substantial increase in enrollment, especially among the 7th and 8th graders and from those participating only in interclass athletics and physical education would assist in financing the plan. Registrations for 1940–41 set a new record. Continued increases will materially strengthen the plan. To date the larger percentage of those registered has been that of interschool competitors. These boys represent the greatest hazard. While they should be covered it, nevertheless, places a burden on the Plan when this type of risk composes a large portion of those participating. A wider coverage would make for a better distribution and materially assist in building the plan as well as providing more substantial benefits to those injured.

In order to avoid mistakes and misunderstandings, two distinctly separate cards will be used. Plan "A" participants will use a white card while those desiring to be covered under "B" will use a blue card. Each of the two cards will provide space on which to indicate coverage under Transportation and Hospitalization. Money remitted must always cover the totals for the registrations checked.

The Athletic Accident Benefit Plan adopted by the W.I.A.A. eleven years ago and amended as experience suggested will be continued during the coming year under the following rules and regulations:

I. Dues. The dues for 1941–42 will be as follows:

| | |
|---|---|
| Class A—Schools of more than 1,000 | $50.00 |
| Class B—Schools of from 600 to 1,000 | 40.00 |
| Class C—Schools of from 250 to 600 | 20.00 |
| Class D—Schools of from 100 to 250 | 15.00 |
| Class E—Schools of less than 100 | 7.50 |

II. The 1941–42 Schedule:

## Benefit Plan "A"

Registration Fee:

| | |
|---|---|
| All Sports | 75¢ |
| All Sports except Football | 25¢ |
| Hospitalization Benefit | 25¢ |

| | |
|---|---|
| Entire sight of one eye if irrevocably lost | $200.00 |
| Fractured pelvis | 80.00 |
| Both bones of either leg fractured between ankle and knee | 75.00 |
| Both bones of either arm fractured between wrist and elbow | 60.00 |
| Cerebral hemorrhage | 50.00 |
| Either leg fractured above the knee and in cast | 50.00 |
| Either arm fractured above the elbow | 40.00 |
| Fractured vertebra | 40.00 |
| Fractured knee cap | 35.00 |
| Either bone of either leg fractured between ankle and knee | 30.00 |
| Either bone of either arm fractured between wrist and elbow | 25.00 |
| Fractured collar bone | 20.00 |
| Fractured scapula | 20.00 |
| Fractured cheek bone | 20.00 |
| Fractured jaw | 20.00 |
| Fractured nose | 10.00 |
| Fractured bone in hand—radiograph required | 10.00 |
| Fractured bone in hand—no radiograph | 7.50 |
| Fractured bone in foot—radiograph required | 10.00 |
| Fractured bone in foot—no radiograph | 7.50 |
| Fractured ribs—two or more (One rib only—$5.00) | 10.00 |
| Complete dislocation of joints, if injury keeps participant out of competition for a period of at least 15 days: | |
| Knee | 15.00 |
| Shoulder | 12.50 |
| Ankle | 10.00 |
| Arm—elbow or wrist | 7.50 |
| Note—This benefit will be paid only when evidence is presented that the boy was actually out of practice for 15 days. | |
| X-ray examination to determine fracture | 5.00 |
| Fluoroscope examination to determine fracture (This will only be allowed in cases where request for fracture is filed and X-ray or Fluoroscope is negative to fracture.) | 2.00 |
| Hospitalization Benefit (Actual care in recognized hospital.—See Requirement No. 21.) | 75.00 |

## Medical Regulations

1. Benefits on green stick fractures will be limited to half the amount listed on the Schedule.

2. A radiograph may be required on all injuries scheduled at $20.00 or more. If a radiograph is requested on other scheduled injuries, an allowance of $2.00 for each picture will be made in addition to the scheduled benefit.

3. The amount actually allowed will not exceed the itemized statement filed by the physician which must accompany every request for benefit. The listed amount is the maximum in each case.

4. In case of multiple injury at one time, the maximum benefit allowance shall be the scheduled benefit for the most serious injury plus one half of the other injury benefits. In cases where more than one bone is broken in the hand or foot, full allowance will be made for the first bone with a maximum of $15.00 for more than one bone in hand or foot.

5. Examination for physical fitness must be made by the family physician except in cases where the Board of Education or the City employ a full time physician for that purpose.

6. In order to be eligible for benefit for broken fingers, foot or nose, boys are required to remain out of athletic participation for a minimum of 14 days from time of injury.

7. Coverage will be cancelled for the balance of the season, not school year, for all boys qualifying for benefit for a broken arm, leg, collar bone, shoulder, vertebrae, knee cap, skull, pelvis, sternum as well as serious internal injury. This means that no boy can participate in athletic activity for the balance of the season and be eligible for benefit.

8. All other fractures as well as concussions eliminate the boy from athletic competition for at least 30 days.

9. Dislocations of shoulder, knee, ankle or elbow bar a boy from all athletic competition for a period of not less than 30 days from date of injury.

## Benefit Plan "B"

Registration Fee:

| | |
|---|---|
| All Sports | $1.50 |
| All Sports except Football | .50 |
| Hospitalization Benefit | .25 |
| Entire sight of one eye if irrevocably lost | $200.00 |
| Fractured pelvis | 100.00 |
| Both bones of either leg fractured between ankle and knee | 100.00 |
| Both bones of either arm fractured between wrist and elbow | 85.00 |
| Fractured skull with cerebral hemorrhage | 80.00 |
| Cerebral hemorrhage | 75.00 |
| Either leg fractured above the knee and in cast | 75.00 |
| Either arm fractured above the elbow | 60.00 |
| Fractured vertebra | 60.00 |
| Fractured skull | 50.00 |
| Ruptured kidney—positive blood in urine | 50.00 |
| Fractured knee cap | 50.00 |
| Either bone of either leg fractured between ankle and knee | 45.00 |
| Either bone of either arm fractured between wrist and elbow | 35.00 |
| Fractured jaw | 35.00 |
| Fractured collar bone | 30.00 |
| Fractured scapula | 30.00 |
| Fractured cheek bone | 30.00 |
| Fractured sternum | 25.00 |
| Operation for ligating of artery | 25.00 |
| Fractured nose | 15.00 |
| Fractured ribs—two or more | 15.00 |
| (One rib only—7.50) | |
| Fractured bone in hand—radiograph required | 12.50 |
| Fractured bone in hand—no radiograph | 10.00 |
| Fractured bone in foot—radiograph required | 12.50 |
| Fractured bone in foot—no radiograph | 10.00 |
| Complete dislocation of joints, if injury keeps participant out of competition for a period of at least 15 days: | |
| Knee | 25.00 |
| Shoulder | 17.50 |
| Ankle | 15.00 |
| Arm—elbow or wrist | 10.00 |
| Note—This benefit will be paid only when evidence is presented that the boy was actually out of practice for 15 days. | |
| X-ray examination to determine fracture | 7.50 |
| Fluoroscope examination to determine fracture | 2.00 |
| (This will only be allowed in cases where request for fracture is filed and X-ray or Fluoroscope is negative to fracture.) | |
| Separation of tendon from bone | 5.00 |
| Suture of laceration | 3.00 |
| Hospitalization Benefit | 75.00 |
| (Actual care in recognized hospital—See Requirement No. 21.) | |

Medical Attendance: If an injury does not come under the above Schedule of Benefits but requires treatment by a legally qualified physician or surgeon, not including treatment on the field at the time of play or practice, an allowance of $2.00 for the first treatment and $1.00 for each subsequent treatment will be made. The maximum benefit for this type of injury will be $12.00 with the maximum for infection $6.00. (See 3 under 1941–42 changes.)

## Medical Regulations

1. Benefits on green stick fractures, will be limited to half the amount listed on the Schedule.

2. A radiograph may be required on all injuries scheduled at $20.00 or more. If a radiograph is requested on other scheduled injuries, an allowance of $3.00 for each picture will be made in addition to the scheduled benefit.

3. The amount actually allowed will not exceed the itemized statement filed by the physician which must accompany every request for benefit. The listed amount is the maximum in each case.

4. In case of multiple injury at one time, the maximum benefit allowance shall be the scheduled benefit for the most serious injury plus one half of the other injury benefits. In cases where more than one bone is broken in the hand or foot, full allowance will be made for the first bone with a maximum of $18.75 for more than one bone in hand or foot.

5. Examination for physical fitness must be made by the family physician except in cases where the Board of Education or the City employ a full time physician for that purpose.

6. No Medical Attendance benefit will be paid for any cause unless a certified statement is filed with the request stating that the boy did not participate in any form of activity—practice, scrimmage or contest—for a period of 5 full days from time of injury. There will be no radiograph benefit made in addition to Medical Attendance.

7. In order to be eligible for benefit for broken fingers, foot or nose, boys are required to remain out of athletic participation for a minimum of 14 days from time of injury.

8. Coverage will be cancelled for the balance of the season for all boys qualifying for benefit for a broken arm, leg, collar bone, shoulder, vertebrae, sternum, skull, knee cap, pelvis as well as serious internal injury. This means that no boy can participate in athletic activity for the balance of the season and be eligible for benefit.

9. All other fractures as well as concussions eliminate the boy from athletic competition for at least 30 days.

10. A boy requesting benefit for a Suture of Laceration will not qualify unless a certified statement is filed stating he has not participated in any form of activity including practice for a period of 5 days after injury. This will substantially reduce the danger of infection.

11. Dislocations of shoulder, knee, ankle or elbow bar a boy from all athletic competition for a period of not less than 30 days from date of injury.

### Transportation Benefit

The Transportation Schedule initiated for the 1938–39 season will again be a part of the Benefit Plan. The rate of 10¢ per individual will be continued. No change is made in either the schedule or requirements for participation. In order to participate in Transportation Benefits the individual must first be covered under either Plan "A" or Plan "B".

While the schedule is not extensive, it does promise to be comprehensive. The cost of coverage is so reasonable that every student should include this benefit at the time of registration. The charge of 10¢ per boy for the year is one which may require revision after experience.

### Transportation Schedule

| | |
|---|---|
| Principal Sum | $300.00 |
| Maximum Hospital Benefit | 100.00 |
| Maximum Medical Care | 60.00 |
| Maximum Dental Care | 30.00 |

### Transportation Regulations

1. The benefit will be paid provided the trip on which injury occurs was to or from a regularly scheduled event and under conditions and in a conveyance approved by the principal and under the supervision of the school. The benefit will be paid even though the injury is compensated for through coverage supplied by regularly licensed, bonded carriers, or otherwise insured carriers.

2. The Principal Sum shall constitute the maximum benefit in any individual case.

3. The maximum benefit for any one accident shall be $1,500. Individual benefits will be pro-rated in this case.

4. All rules applying to the Athletic Accident Benefit Plan apply also to participation in the Transportation Schedule.

III. Requirements for Participation in the Athletic Accident Benefit Plan—Schedules "A", "B", Transportation and Hospitalization.

1. Member of the W.I.A.A. in good standing.

2. Dues for current year must be paid in accordance with regulations.

3. No boy will be protected until his Examination and Permit Card and Registration Fee are in the office of the Secretary of the W.I.A.A. Examination and Permit Cards may be secured from the Secretary before the Close of school in the spring.

No boy should be allowed to participate in athletics unless the principal has satisfied himself that the Examination and Permit Card is in the office of the Secretary of the W.I.A.A. The only exception to the above will be in cases of registered mail when the date and hour of mailing the Examination and Permit Cards will be accepted as the actual beginning of protection.

4. In addition to the regular Examination and Permit Cards, each principal must send in two lists containing the names on the individual cards. After checking these lists with the cards, the Secretary will sign one list and return it to the Principal so that the latter may know exactly what cards have been received by the Secretary and may keep this information for future reference. The time of the receipt of the cards will also be indicated on the duplicate returned. The W.I.A.A. will provide a special blank, known as the W.I.A.A. Examination and Permit Summary and Registration Sheet, for this purpose. THIS IS IMPORTANT. It is the only check that the principal has on the cards actually received by the W.I.A.A.

5. The approved Examination and Permit Card of the W.I.A.A. must be used.

6. Boys will be protected only when an injury occurs in sports approved by the W.I.A.A. and found printed and approved on the Examination and Permit Card. Protection will be effective for competition —interclass, intramural and interscholastic—as well as for actual directed practice in approved sports. Protection will also be given boys participating in physical training classes under the direction of instructors provided that the Registration Fees have been paid and the regular Examination and Permit Cards have been received. Protection is also provided for injuries occurring in transportation to and from regularly scheduled athletic events provided the additional fee required for this protection has been paid and desire to participate in this benefit has been shown on the Examination and Permit Card. Protection will be according to the Plan for which the proper Registration Fee has been paid, either Plan "A" or Plan "B" as indicated by the Examination and Permit Card.

7. Boys will be covered only in those sports not crossed off on the Examination and Permit Cards and approved by Medical or Osteopathic physician or surgeon, Dentist and parent or guardian.

8. It is clearly indicated in all blank forms used in the Benefit Plan that medical and surgical aid given to claimants for injuries must be rendered by a regular physician; that is, the doctor must be a legal practitioner of medicine and surgery or osteopathy and surgery. This requirement also applies in the physical examinations for student's registration in the plan. A simple blank covering heart, blood pressure, physical deformities will be provided for individual examination. Claims will be paid only when the above requirements have been observed.

9. In order to be eligible for Athletic Accident Benefits a boy must be regularly enrolled in grades 9 to 12 in a public high school.

10. Boys regularly enrolled in a 7th and 8th grade of a school system maintaining a member high school are eligible to register for benefit. A special 7th and 8th grade Examination and Permit Card is required.

11. No boy will be eligible for more than one benefit of $20.00 or more during one sport's season unless a re-examination report by a physician approving participation after recovery is on file in the office of the Secretary before a second injury occurs. No registration fee is required with re-examination. No re-examination for dental injuries will be required but a statement from the dentist that the work, on which benefit has been requested, has been completed must be filed.

12. The Board of Control reserves the right to ask for additional evidence beyond that originally submitted should the Medical or Dental Advisor or the Board of Control deem such additional evidence desirable or necessary to establish the validity of a request.

13. All checks will be made payable jointly to the principal as the agent of the boy and the physician or dentist rendering the service. This is done so as to enable the principal to establish the fact that the account for which the check was issued is paid.

14. THE W.I.A.A. WILL NOT PAY A BENEFIT UNLESS THE PRELIMINARY REPORT OF ACCIDENT IS RECEIVED IN THE OFFICE OF THE SECRETARY WITHIN TWELVE (12) DAYS IMMEDIATELY FOLLOWING THE DAY OF AN INJURY. PRELIMINARY REPORT CARDS SUPPLIED BY THE W.I.A.A. SHOULD BE USED. FAILURE TO HAVE A REPORT OF INJURY IN THE OFFICE OF THE SECRETARY WITHIN TWELVE (12) DAYS AFTER AN ACCIDENT ELIMINATES THE BENEFIT. A FEW PRELIMINARY REPORT CARDS WILL BE MAILED WITH EACH SUPPLY OF EXAMINATION AND PERMIT CARDS.

15. The injury for which the benefit is requested must occur in a regular practice or a regularly scheduled contest or in a class exercise conducted by the regular gymnasium instructor. Physical education under the Benefit plan will cover all school supervised activities.

16. Requests not completed within sixty days from date of receipt of proof blanks by the principal will be considered withdrawn and will not be allowed.

17. Examination and Permit Cards must contain the original signature of parent or guardian, physician and dentist.

18. Examination and Permit Cards must be filed yearly.

19. Benefits will be paid only if injury is sustained as in (6) above or in games played under the playing rules approved by the W.I.A.A. If games are played in states where rules other than those approved by the W.I.A.A. are in use, the boys will be eligible for benefit provided the rules used have been adopted by the State Association within whose jurisdiction the contest takes place.

20. If injury occurs in an interschool game, benefit will only be paid if the officials in charge of the contests qualify according to the Requirements for Officials' Registration as printed in Section 2 of the February, 1941, Bulletin.

21. A hospitalization benefit will be paid provided it is in connection with concussion, broken vertebrae, fracture of leg or serious internal injury and the additional fee has been paid and the Examination and Permit Card so marked. Hospitalization resulting from infection is not covered. The Hospitalization benefit will be limited to $4.00 per day and makes no provision for special services such as nursing, radiographs, bandages, dressings or medicines.

22. A case once settled by payment of a request will not be reopened if check sent has been presented for payment.

## Recommended Medical-Dental Cooperation

During the past several years meetings have been held with groups representing the State Medical, Osteopathic and Dental Societies in an effort to develop a plan of cooperation between these professions and the W.I.A.A. in the administration of the Athletic Accident Benefit Plan. Considerable progress has been made but, as yet, no mutually satisfactory state wide plan of cooperation has been approved. The effort in connection with these Associations has been to develop a plan under which all boys would be examined by a physician and dentist of their choice; that local physicians delegate one of their number to be in attendance at all football and basketball games as well as boxing and wrestling matches; that after emergency treatment has been given by the physician in attendance the boy be assigned to the physician or dentist making the examination for attention and treatment. A further effort is being made to arrive at some financial understanding. The suggestion has been made that the physicians and dentists making the examination and giving the later treatments of boys injured accept as their compensation the scheduled benefits of the W.I.A.A.

The plan outlined is most desirable. It may take some time to secure full approval and have it in operation throughout the State. Until this is done, individual schools would do well to call meetings of their local medical and dental groups in an effort to interest them in the plan, as outlined. We hope a plan such as the foregoing will prove acceptable. If not, the matter should be fully explained and discussed in detail. The more information which can be given on the Athletic Accident Benefit Plan, the more progress will be made. If no plan of full cooperation can be agreed upon, the present plan, including the schedule and method of payment, should be fully explained.

# CENTENNIAL ANNIVERSARY SECTION

*In this section of The Journal in 1941 will appear special historical articles, and items relating to the 100th anniversary of the State Medical Society of Wisconsin, which was organized under the provisions of a bill enacted by the Wisconsin Territorial Legislature in 1841.*

As a result of the historical project of the Woman's Auxiliary to the State Medical Society, hundreds of histories of pioneer physicians and numerous relics have been made a part of the collection at the State Historical Library. The following history was contributed by the Rock County Auxiliary.

## Henry Palmer, M. D.

Henry Palmer was born in New Hartford, Oneida County, New York, on July 30, 1827. He was of English and Scotch descent, a son of Ephriam and Abigail (Brown) Palmer, who came from a long line of New England ancestry. Walter Palmer, the progenitor of the family, a Puritan, came to New England in 1629.

He received his primary education at the district schools in the vicinity of his father's farm at Walesville, New York, working on the farm in his spare time, even having to superintend it at the age of eleven, during his father's illness. In 1846, at the age of nineteen, he entered Whitestone Academy, New York, and later became a student at Cazenovia Academy, New York.

He taught school for some time at Sturbridge, Massachusetts, laying aside what money he could, with which to begin his medical studies. His father was opposed to a medical career for him because he thought too many of his relatives were of that profession. In the meantime, his health much impaired by overwork and study, he took passage on a vessel which accompanied the Grinnel Arctic Expedition, touching at various points in Greenland and on Hudson Bay. This six months' voyage restored his health, and in 1851, he took up the study of medicine with Drs. Marsh and Armsby of Troy, New York, at that time professors in the Albany Medical College and eminent physicians.

At Oriskany Falls, New York, on November 4, 1852, he married Miss Edna A. Hoyt, a daughter of Noah Rogers Hoyt and Almira Butler Hoyt. His wife, who had been teaching up to the time of their marriage, was a real helpmate to him. She read medical books to him while working the farm summers, earned extra money so that they both might exist while he was completing his work at Albany Medical College, and later gave room and board to several of the twelve or more students who studied under him. She also assisted him by preparing bandages, padding braces and making splints.

### Medical Career

In 1854, he was graduated from Albany Medical College and at once accepted the appointment as resident surgeon at the Marshall Infirmary at Troy, New York, which position he held until he responded to an urgent request from his father to come west. His father had previously settled at Edgerton, Wisconsin. Henry and his wife came to Janesville, Wisconsin in 1856, to establish a permanent home. To them were born eight children (six daughters and two sons), three of whom were living at the time this material was compiled for the Historical Library (1938).

Dr. Palmer first entered into a partnership with Dr. R. B. Treat. His son, William Henry Palmer, who was graduated from Chicago College of Physicians and Surgeons in 1880 (before he was of age) and then took a postgraduate course at Columbia University, New York, became his father's partner and able assistant in 1882. That relationship continued until the death of Dr. Palmer.

The following quotation is taken from *The Biographical Dictionary and Portrait Gallery*, 1895: "Dr. Palmer's zeal, energy and superior ability at once placed him in the van of his profession, and he was constantly adding to his triumph of skill and learning. As a surgeon he was the acknowledged leader of the profession in the state, possessing cool nerve, a quick eye, dexterity of hand, supported by a strong will and great powers of endurance. He had the reputation of having performed some of the most difficult and dangerous surgical operations known to the profession."

One of many such operations was an early trepan operation on the skull of Burr Robbins, the circus owner, after an accident which laid bare his brain. In a *Janesville Gazette* article (May 7, 1930), Burr Robbins was quoted as saying "It was the best thing that ever happened to me. It knocked enough brains out of me to give me balance, and make me a good business man." *The Biographical Dictionary and Portrait Gallery* continues with the statement that "As a physician he was equally distinguished, having a large and extensive practice, which in its extent would tax the energies of a man of ordinary capacity beyond endurance."

At the time Dr. and Mrs. Palmer came to Janesville they joined the Baptist Church, having been members of that denomination in the East. In politics Dr. Palmer was a Republican.

### A Wisconsin Volunteer

Of his military record, the following extract is taken from a local work published in Janesville in 1889:

> "Shortly after the outbreak of the Civil War, 1861, he was commissioned surgeon of the 7th Regiment of Wisconsin Volunteers, which was assigned to the Army of the Potomac.
>
> "Without seeking preferment, on the 4th day of April, 1862, he was appointed by President Lincoln to the position of brigade surgeon and assigned to the famous 'Iron Brigade.'
>
> "Subsequently he was stationed at York, Pennsylvania, where the construction and superintendency of the largest hospital in the United States was placed in his hands.
>
> "Mrs. Dorothy Dix, a distinguished hospital nurse, who was appointed superintendent of hospital nurses by a special act of Congress in 1861, pronounced the York Hospital as conducted by Dr. Palmer, the best in the country.
>
> "When the confederate General Early made his bold raid into Pennsylvania in the summer of 1863 with a force of several thousand men, he made an attack upon York, with the expectation of capturing the Government stores and taking the convalescents prisoners. Dr. Palmer, who was in command of the post, quickly armed his convalescent patients, several hundred in number, and offered such a gallant resistance, that the Government stores and hospital supplies were safely removed before the Confederates gained possession.
>
> "It was at this time that Dr. was taken prisoner, but during the battle of Gettysburg, which occurred a few days later, he succeeded in making his escape, and at once resumed command of York post, and the charge of the hospital, where he was soon busily employed in caring for the wounded from the Gettysburg battlefield.
>
> "In 1864 the Rebel General Gilmore made a devastating raid into Maryland and Pennsylvania, threatening to inflict considerable damage in and about York. Appreciating the necessity of prompt action and the importance of protecting the railways, Dr. Palmer once more armed his convalescents, organized a force of several hundred citizens, with which, together with a few regular troops, he proceeded into Maryland to protect the roads and hold the rebels in check.
>
> "This movement proved eminently successful, for, by the wisdom of his judgment, and promptness of his action, and by his energy and courage, he saved a large amount of property from being destroyed, besides securing to the Government important military advantages.
>
> "The valuable services rendered by the doctor in the instance were the subject of a well-deserved and congratulatory letter from Major General D. W. Couch, then in command of the department of the Susquehanna, to Surgeon General Barnes of the United States Army.
>
> "In August, 1864, his health having become impaired by overwork, Dr. Palmer tendered his resignation, but received instead of its acceptance, only a leave of absence. The General in command, in forwarding the resignation to the War Department, indorsed it with the request that leave of absence of sufficient length of time to recruit his health be granted, as the interests of the service demanded that officers of his ability and disposition should be retained.
>
> "In the fall of the same year, the doctor was appointed medical inspector of the eighth Army Corps, with headquarters at Baltimore, which position he held until June, 1865, when he was ordered to take charge of Camp Douglas, at Chicago, Illinois, and close up the affairs of that hospital.
>
> "Having performed that duty he was mustered out on the 7th day of October, 1865, and for faithful and meritorious services, which were frequently brought to the notice of the War Department, he was appointed lieutenant colonel by brevet, by President Johnson, on the 13th day of March, 1866, the rank to date from March 13, 1865."

While Dr. Palmer was in charge of the Union Army Hospital at York over 16,000 patients were cared for, with a death rate of less than 2 per cent.

### Civilian Life

On his return from the army, Dr. Palmer resumed the practice of his profession at Janesville, which he pursued without interruption until 1877 when he gratified a long cherished desire, and spent four months in Europe. The war between the Russian and Turkish powers, which was in progress at that time, afforded him a favorable opportunity of inspecting the system of Russian hospitals. He was with the Russian army at Bucharest, through Rumania and across the Danube, and witnessed the

engagement at Nicopolis, and the ever memorable battle that resulted in the downfall of Plevna. He also visited Liverpool, London, Paris, Berlin, Munich, Vienna, Leipsig, Dresden, Antwerp, Brussels and many other points of interest.

While in Europe he wrote for the columns of the *Gazette*. On his return, in response to many requests, he prepared a lecture describing his travels, which he delivered at numerous places in Wisconsin and adjoining states without compensation other than the good will of a large number of appreciative listeners.

In addition to the labors of an extensive practice, being public-spirited, Dr. Palmer found time to interest himself in various local enterprises of importance, and in the encouragement of all efforts to develop the business and prosperity of his community. He was mayor of the city for two terms, president of the Business Men's Association, organizer and president of the Janesville Cotton Mills, president of the Merchants & Mechanics Savings Bank, and organizer and incorporator of Janesville Electric Association. He installed the first telephone in the state between his residence and his office. He was closely associated with the Janesville Pickling Factory and Chair Factory. He was founder and president of Oakwood Retreat at Geneva, Wisconsin, a hospital for the insane. He was promoter of Oak Lawn Hospital, made possible through private contributions, and organizer of the City Hospital. He purchased a residence and converted it into a hospital, which upon his death became Palmer Memorial Hospital. In 1907, this property was acquired by the Sisters of Mercy and greatly enlarged; it is now Mercy Hospital.

Dr. Palmer was surgeon for the Chicago & Northwestern Railway up to the time of his death, when he was succeeded by his son.

He was a member of the State Medical Society of Wisconsin, American Medical Association, and the National Association of Railway Surgeons. From the time of organization of the College of Physicians and Surgeons of Chicago, Illinois, he was professor of operative surgery, clinical surgery and surgical pathology, which position he held, giving weekly lectures, until shortly before his death. His original investigations and library contributions were largely in the direction of brain and abdominal surgery.

Dr. Palmer was a member of the Loyal Legion of W. H. Sargent Post, No. 20, G. A. R. of Wisconsin, and was the Past Department Surgeon and Post Surgeon. He was appointed surgeon general of Wisconsin by Governor Smith, in January, 1880, reappointed to that position by Governor Rusk in 1882 and by Governor Hoard in 1889.

On June 15, 1895, death came suddenly. He frequently had said, "I want to die in the harness." His life was completed as he wished, since he had performed an operation on the day of his passing.

# Epitomized Record of Progress of Medicine, 1840-1940

EDITOR'S NOTE.—The years 1840–1883 were covered in previous installments of the "Epitomized Record" in the March, June, and August issues of *The Journal*.

Chamberland invents porcelain bacterial filter.
Wilhelm Ebstein produces urinary calculi experimentally.
Bang and Stein cultivate bacilli of bovine tuberculosis.
Bernheim publishes treatise on suggestive-therapy.
Mergenthaler introduces linotyping.
Bauer (St. Louis) operates for epilepsy, removing portion of skull.
Metchnikoff discovers the protective power of phagocytes.
Woelfer introduces gastro-enterostomy.
Archaeologic Museum at Epidaurus.
International Health Exhibit (London).
German Workmen's Compensation Law for industrial accidents.
United States Bureau of Labor established June 27; in effect July 1, 1885.
Carl Koller employs cocaine in eye surgery.

**1884–88**—Hamburg-Eppendorf Hospital constructed.

**1884–1919**—Emil Fischer investigates carbohydrates and ferments.

**1885**—O'Dwyer improves intubation of the larynx.
Golgi discovers glia cells.
Yamanashi isolates ephedrine (Nagai, 1887).
Hermann Cohn introduces examination of schoolchildren for visual acuity.
Bunge introduces hematogen.
Oscar Loewi discovers bactericidal property of formaldehyde (formalin).
Kossel isolates adenine.
Fraser introduces strophanthus.
H. Kümmel performs choledochotomy.
Bumm obtains pure cultures of gonococcus.
Hermann Rietschel appointed professor of heating (Technical High School, Charlottenburg).
Weismann publishes memoir on continuity of the germ plasm.
Ewald and Boas introduce test-breakfasts.
Halsted introduces conduction anesthesia.
Reilly (United States Army) constructs first incinerator.
Weigert introduces hematoxylin staining of nerve-fibres.
Princess Helena Pavlovna founds Clinical Institute (St. Petersburg).
Medical Society at Omsk (Siberia).
Medical Association of Montana (Billings) founded.
L. Leonard Corning discovers spinal anesthesia and local medication of the cord.
Institute of Military Hygiene at Madrid.
Trudeau Sanitarium at Saranac Lake, New York.

**1885–86**—Cholera survey in England.

**1885–87**—Auer von Welsbach patents and improves incandescent lamp mantle (Welsbach burner).

**1885–93**—New Croton Aqueduct (New York City water supply), constructed (31 miles).

**1886**—Nuttall notes bactericidal power of blood-serum.
Von Bergmann introduces steam sterilization in surgery.
Filatow describes glandular fever and fourth disease.
Hirschsprung describes megacolon.
Escherich investigates bacteria of intestines in infants.
Fitz describes pathology of appendicitis.
Marie connects acromegaly with the pituitary body.
Weir Mitchell and Reichert investigate serpent venom.
Marcel von Nencki introduces salol.
Soxhlet introduces sterilized milk for nutrition of infants.
Kopps, Cahn, and Hepp introduce acetanilide as antifebrin (Gerhardt, 1843).
Lehman investigates effect of industrial poisons.
Association of American Physicians (Boston) organized.
R. W. Felkin lectures on tropical medicine at Edinburg.
New York Cancer Hospital founded.
Chicago Polyclinic opened (July 26).
D. J. Price and associates improve technique of extraperitoneal method of treating the stump by which intraligamentous tumors and those deep in the pelvis can be removed.
Sulfonal prepared by Baumann.
Strophanthus c recommended as a substitute for digitalis by Fraser.
Conseil de Santé (Quebec) founded.
Royal Institute of Public Health (London) founded.
Liverpool Biological Society founded.
Bruce isolates the bacteria of Brucella.

**1887**—Clark University founded (Worchester, Massachusetts).
Bruce discovers coccus of Malta fever.
Weichselbaum discovers meningococcus.
Salkowski discovers phytosterin (nucleus of vegetable fats).
Wagner von Jauregg proposes treatment of infection by counter-infection.
Fell introduces intratracheal anesthesia.
Harvey Reed sutures pericardium.
Sir John Simon publishes Public Health Reports.
D'Arsonval introduces high-frequency currents.
Howard Kelly performs hysterorrhaphy.
Gowers and Horsley operate on the spinal cord.
Gram introduces diuretin.
Sewall immunizes pigeons against rattlesnake venom.
Kast and Hinsberg introduce phenacetin.
Sloane Maternity Hospital (New York) opened.
Poor law medical officers abolished (England).
American Orthopedic Association founded.
Institute of Legal Medicine at Tokyo.
Psychological Association (Berlin) founded.
Newberry Library (Chicago) founded.
Amanda Dixon Jones performs vaginal hysterectomy of cancerous uterus.
Moses Gunn died.

**1887–89**—Hertz investigates electric waves.

**1888**—Medical Department, University of Tomsk (1880) opened.
Institut Pasteur founded.
Roux and Yersin isolate toxin of diphtheria.
Chantemesse and Widal introduce vaccines against typhoid fever.
Weil describes infectious jaundice (Botkin, 1889).
Victor Babes discovers piroplasm of carciag (Babesia).
Ducrey isolates bacillus of chancroid.
Nencki and Sieber isolate hematoporphyrin.
Zuntz and Geppert construct respiration calorimeter.
Celli demonstrates fly transmission of typhoid fever.
Gee describes coeliac disease (intestinal infantalism, Herter, 1918).
Parkes Museum merged into Sanitary Institute (Great Britain).
Baumann and Kast introduce trinal.
Local Government Act (England).
Baumann and Kast introduce trional.
Providence, Rhode Island.
Experiment Station at Lawrence, Massachusetts.
Public Health (Bacteriological) Laboratory at Rome (Italy).
Alfieri Institute of Social Sciences at Florence (1874).
Marine Biological Laboratory at Woods Hole (Massachusetts).
Société française d'ophthalmologie (Paris) founded.
Museo pedagógico at Montevideo (Uruguay).
École de service de santé militaire (Lyons) founded.
American Association of Anatomists (Baltimore) organized.
American Association of Railway Surgeons (Chicago) founded.
Australasian Association for the Advancement of Science (Sydney) organized.
McEwen of Glasgow performs laminectomy for spinal paralysis.
Methods for making the stump intraabdominal but extraperitoneal, Polk; 1890 Kelly; 1890 Byford; 1892 Baer.
Total Abdominal extirpation of myomatous uterus by use of clamp, by Lewis.
Prehistoric Museum at Weimar.

**1888–92**—Dercum describes painful obesity.

**1886–1906**—Carlsberg Glyptothek (Copenhagen) constructed.

**1889**—Johns Hopkins Hospital (Baltimore) and Hamburg-Eppendorf Hospital opened.
University of Fribourg (Switzerland) opened (November 4).
Hofmeister investigates proteins (crystallized egg-albumen).
Buchner discovers alexins.
Von Mering and Minkowski produce experimental pancreatic diabetes.
Von Behring discovers antitoxins.
Max Einhorn illuminates the stomach (gastrodiaphany).
Von Jaksch describes pseudoleukemic anemia.
Kitosato obtains pure cultures of tetanus bacillus.
Pfeiffer describes glandular fever and discovers influenza bacillus.
Pasteur, Chamberland, and Roux employ attenuated cultures in preventive inoculation.
Salkowski investigates autodigestion of organs.
Henry Head investigates mechanism of respiration.
Conn (United States) investigates bacteriology of milk.
Infant milk depots at Hamburg and New York (Henry Koplik).
Roux and Yersin point out danger of diphtheria convalescents as carriers.
Oscar Lassat introduces public baths (Berlin).
University of Madras qualifies public health officers.
Kocher performs hepaticostomy.
Vaughan and Novy teach bacteriology in Michigan.
Von Bergmann publishes treatise on brain surgery.
Queen Victoria's Jubilee Institute for Nurses chartered.
Society of Scientists and Physicians at Tomsk (Siberia).

Missouri Botanical Garden at St. Louis.
Laboratory of Vegetable Biology at Fountainebleau.
Brown-Sequard laid the cornerstone of endocrinology.
Gueniot suggests the section of skull for idiocy.
Operation performed by Lannelongue in Paris, Keen of Philadelphia, and Wyeth of New York.
Sanitary District of Chicago established.
Polk does total abdominal extirpation fastening stump of vagina to abdominal incision, for prolapse.
First separate ligation of uterine arteries in their continuity and total extirpation of this method, Stimson.
Introduction of cystoscope of Nitze.

**1889–90**—Pandemic influenza.

**1889–91**—Brown-Sequard establishes organotherapy.

**1869–93**—Denver Aqueduct (16½ miles, from Platte River) constructed.

**1890**—University of Lausanne founded (Académie, 1536).
Imperial Institute of Experimental Medicine (St. Petersburg) founded.
Koch introduces tuberculin and notes that tuberculous animals resist reinoculation.
Behring treats diphtheria with antitoxin.
Maffuci isolates avian tubercle bacillus. (B. gallinaceus).
Bowditch demonstrates non-fatigability of nerve.
W. D. Miller elucidates bacteriology of dental caries.
Pic standardizes treatment of tubercular peritonitis.
Loeb develops theory of tropisms.
Poehl isolates spermine from testis.
Tarchanoff introduces psychogalvanic reflex in diagnosis.
Emil Fischer investigates synthetic sugars.
Schleich introduces infiltration-anesthesia.
Head and Campbell investigate pathology of herpes zoster.
A. M. Babcock develops method of estimating fats in milk.
Czech Academy of Sciences and Arts at Prague founded.
Institute Pasteur at Saigon (Cochin, China).
Biological Laboratory at Cold Springs Harbor, Long Island.
Dermatological Society at Vienna founded.
Botanical Garden at Tiflis (Siberia).
Volta Bureau (Washington) founded by Alexander Graham Bell.
German Pharmaceutical Society (Berlin) founded.
State Institute for Experimental Medicine at St. Petersburg.
Royal College of Physicians of Ireland (1867) revived.
Écoles annexées de médecine navale at Brest, Rochefort, and Toulon.
Archival Repository of Medical Literature at Berlin.

**1890–93**—Behring and Kitasato develop antitoxin treatment of diphtheria.
Pandemic influenza.

**1890–1909**—Haberlandt investigates sensation in plants.

**1891**—Institute for Infectious Diseases (Berlin) opened under Koch.
Lister Institute for Preventive Medicine (London) opened.
Weldeyer formulates the Neuron Theory (Ramón y Cajal, 1891).
Quincke introduces lumbar puncture.
Walter Snow urges recirculation of factory-air.
Witzel performs gastrostomy (Kader, 1896).
Halsted introduces rubber gloves in operative surgery.
Michelson invents the interferometer.
Bier introduces artificial hyperemia.
Von Bergmann standardizes general aseptic ritual in surgery (Koch, 1881; G. Neuber, 1882–5).
Peter Dettweiler builds first sanatorium for phthisical patients at Ruppertshain.
Gabriel Lippmann introduces color photography.
S. G. Hadin invents hematocrit.
S. M. Copeman introduces glycerinated lymph for smallpox vaccination.
Biological station at Gluboke Lake (Russia).
Instituto de oftalmologia at Lisbon.
Stanford University (California) founded.
Association of American Medical Colleges (Chicago) founded.
Department of Medicine, University of Texas (Galveston) founded.
Charles Theodore Parkes died.
United States meat inspection law passed.
Michel's clamp and other devices for the closure of operation wounds.

**1891–93**—S. P. Langley experiments with aeroplanes.

**1891–1902**—Manson investigates filariasis.

**1892**—State Hygienic Institute at Hamburg.
Forlanini employs artificial pneumothorax in treatment of pulmonary tuberculosis, which was first suggested, 1822, on experimental basis, by James Carson.
Smith and Kilbourne demonstrate tick transmission of bovine piroplasmosis (Texas fever).
Welch and Nuttall identify gas bacillus (Bacillus aerogenes).
Halsted successfully ligates subclavian artery (first portion).
Kossel and Neumann discover pentose in vegetable substances.
Ivanovski describes mosaic tobacco disease.
Calmette investigates serum therapy of cobra-poisoning.
Francis Galton introduces identification by fingerprints (dactyloscopy).
Von Jaksch signalizes value of leucocytosis in diagnosis.
Salkowski and Jastrowitz describe pentosuria.
Sedgewick emphasizes necessity of fly-control in prevention of typhoid fever.
Bokay notes relation between varicella and herpes.
Frank Hartley resects Gasserian ganglion for trigeminal neuralgia.
Hans Buchner shows effect of sunlight on self-purification of streams.
Medical inspection of schools in New York City.
Laboratory of Hygiene (University of Pennsylvania) opened in Philadelphia.
Instituto Bacteriologio de Camara Pestana at Lisbon.
H. L. Coit organizes Medical Milk Commission (certified milk).
Royal Japanese Institute for Infectious Diseases at Chirokane (Tokyo).
American Psychological Association (New York) founded.
Wistar Institute of Anatomy and Biology (1808) incorporated (Philadelphia).
Public Health Act (Manitoba).
Pfeiffer finds the organism of influenza.
V. Noorden studies metabolism.
Invention and use of Murphy Button (Medical Record, 1892, vol. 42, page 665).
Cholera epidemic in Hamburg.
National Medical Society (Norsk Medcinske Selskab) at Christiana (Oslo).
Bibliographical Society (London) founded.
Bioligical station at Bergen (Norway).
Musée greco-romaine at Alexandria (Egypt).

**1892–1900**—New Chicago Drainage Canal (28½ miles) constructed.

**1892–1907**—Illinois and Mississippi (Hennepin) Canal (Chicago sewerage) constructed (opened October 24, 1907).

**1892–1913**—Sherrington investigates reciprocal innervation of antagonistic muscles.

**1892–1918**—Haldane invents standard apparatus for estimating respiratory exchange (gastometry of the blood).

**1893**—Finsen treats smallpox pustules by exclusion of ultraviolet light.
Gilbert discovers paracolon and parathyroid bacilli.
G. R. Fowler performs pulmonary decortication.
Brunton and Cash investigate relation of pharmacological action to chemical structure.
Emil Fischer investigates the synthesis of glucosides.
Feodor Krause excises Gasserian ganglion for trigeminal neuralgia.
Anderson describes first mechanical water-filter.
First open (slow sand) filtration of water supply at Lawrence, Massachusetts.
Herman M. Biggs establishes Diagnostic Laboratory in New York City.
Nathan Straus establishes milk stations in New York City (1893–1919).
Isolation Hospital Act (England).
Nurses' Settlement on East Side (New York City) founded by Lillian Wald and Miss Brewster.
Institut international de sociologie, Paris.
International Cholera Congress at Dresden.
Society of Anesthetists (London) England.
Total abdominal extirpation of the uterus with suppurating appendages, as a matter of election (Baldy, Krug, Polk).
Gilchrist describes blastomycosis.
Edgar L. and Elmer Apperson and Charles B. Duryca build the first American made commercially successful motor vehicle.
Frederich G. Banting and Dr. Best isolate insulin.
Bruce designates the bacteria brucella as micrococcus melitensis.
Library, Medical Society of Denver, established.

**1893–99**—Consolidation (storage and interconnection of conduits) of London water supply.

**1893–97**—Erwin Smith investigates bacterial diseases of plants.

**1893–1928**—Freud, describes sexual (anxiety) neuroses and develops psychoanalysis.

**1894**—Kitasato and Yersin discover plague bacillus.
Kirstein devises direct laryngoscopy.
Yersin demonstrates identity of human and rat plague.
Dukes describes "fourth disease."
Paltauf (Vienna) takes over mass-production of diphtheria (antitoxic) serum.
Wölfer performs gastrogastrostomy.
Bruce discovers Trypanosome of nagana (T. Brucei).
Rouget discovers Trypanosoma of dourine (T. equiperdum).
Banti describes splenic anemia.
Baumann discovers threoiodin.
Medical inspection of schools begun in United States.
Workmen's Compensation Act in Norway.
American Society of Heating and Ventilating Engineers founded.
New York Herald antitoxin fund turned over to Health Department.
Pasteur Institute in Tunis.
Cleveland (Ohio) Medical Library Association founded.
Local Government Act (England).
International Loan Library for the Blind (Deutsche Zentralbücherei) at Leipzig.
Child Study Society (London) founded.
State Hydrophobia Vaccine Institute at Vienna.
Psychiatric Clinic at Rio de Janeiro.
Wellcome Physiological Research Laboratory (London) founded.
Institute Solvay (de physiologie) founded at Brussels.
Field Museum of Natural History (Chicago) founded.
University Biological Station at Dröbak, near Oslo (Norway).
David Bruce found that sleeping sickness is spread by the tsetse fly.
Finlay's theory of the relation of the mosquito to the spread of yellow fever.
Schleich introduces infiltration anesthesia.
Sauerbach's Pneumatic Cabinet and underpressure contrivance introduced.
Eastman does eucleation of the stump as well as the myoma by use of serrated gouge, without severing the uterine arteries.
Krug—total extirpation of uterus in cases of extrauterine pregnancy, where the tube which is not pregnant is diseased.

**1894–1924**—J. N. Langley finances Journal of Physiology (founded 1878).

**1895**—Röntgen discovers X-rays.
Pfeiffer discovers bacteriolysis (Pfeiffer's phenomenon).
Finsen treats lupus by concentration of ultraviolet light.
Ronald Ross demonstrates development of malarial parasite in mosquito.
Calmette introduces serum against snake venom.
Kocher investigates gunshot wounds from small-calibre bullets.
Zwaardemaker investigates smell and odors with olfactometer.
Wilhelm His reforms anatomical nomenclature.
Marconi introduces wireless telegraphy.
Cameron introduces septic tanks for purifying sewage sludge.
Herbert Haviland Field establishes Concilium Bibliographicum at Zürich.
Nobel Prize Foundation at Stockholm.
Proctor Marble Company (Vermont) employs nurses for sick employees.
Frederick Wilhelms Institut (Berlin) becomes Kaiser-Wilhelms Akademie.
New York Public Library founded.
German Museum for Deaf-Mute Instruction at Leipzig.
Bureau of Laboratories (New York Health Department) established.
Imperial Institute of Veterinary Research at Muktesar (India).
Pasteur Institute for Indo-China at Uha-Trang (Annam).
State Serotherapeutic Institute at Vienna.
German Central Committee for Prevention of Tuberculosis at Berlin.
Pasteur Institute at Lille.
Institute of Sanitary Engineers (London) founded.
Instituto Médico at Sacre (Bolivia).
Universidad Central (Quito, Ecuador) reorganized, with Medical Faculty.
First diphtheria antitoxin issued by the Chicago Health Department (October 5).
Louis Pasteur died.
Buny demonstrates the Bacillus abortus.
École d'application des médecins et pharmaciens stagiaires (Toulon) founded (July 26).
Lane Medical Library (San Francisco) founded.

**1895–1901**—Jules and Augusta Dejerine publish treatise on anatomy of the nerve-centers.

**1896**—Max Gruber discovers bacterial agglutination.
Murphy performs successful circular anastomosis of blood-vessels.
Joboulay performs sympathectomy for exophthalmic goitre.
Wright, Pfeiffer and Kolle vaccinate against typhoid fever.
Leo Arons (Berlin) invents mercury vapor lamp (elimination of red or orange rays).
Freidrich Bezold devises tuning-fork method of testing and training deaf-mutes.
Bourquelot and Bertrand discover tyrosinase.
W. J. Dibdin and Schweder invent method for bacteriological putrifaction of sewage.
Casper employs ureteral cystoscopy and catherization in diagnosis of renal diseases.
Leopold Freund treats hypertrichosis with Röntgen rays.
Hammarsten discovers pentose in the pancreas.
Merling introduces eucaine.
Farina and Rhn operate on the heart.
Leichtenstern describes essential (three-day) influenza.
University of Lyons founded (July 10).
University of Caen (Calvados) revived.
First Congress of German Heating and Ventilating Engineers (Berlin).
Hermann Rietschel starts Testing Institute for heating and ventilating appliances at Charlottenburg (new buildings, 1906).
Steinbeck opens Röntgen Institute at Stockholm.
Welch founds Journal of Experimental Medicine.
Institute for Infectious Diseases at Bern (Switzerland).
Association française d'urologie (Paris) organized.
Institut Pasteur de la Loire-Inférieure (Nancy) founded (opened 1898).
Duehrssen's methods of vaginal Cesarean section.
Hughes names undulant fever.
Physicians' Temperance Society (Verein Abstinenter Aerzte) at Berlin.
Bacteriological Institute at Kiev (Ukraine).
Finsen's Phototherapeutic Institute (Medicinske Lysinstitut) at Copenhagen.
Bacteriological Laboratory at Bombay.
National Union of Hungarian Physicians at Budapest.
Botanical Garden at New York.

**1896–99**—Schenk describes sporotrichosis.

**1897**—Shiga discovers dysentery bacillus.
Bordet discovers bacterial hemolysis.
Emil Fischer synthesizes caffeine, theobromine, xanthin, guanin, and adenin.
Flugge states theory of droplet infection.
Jonnesco performs sympathectomy for glaucoma.
Ogata finds plague bacillus in fleas of plague-ridden rats.
Nuttall demonstrates fly-transmission of plague bacilli.
Ehrlich states side-chain theory of immunity.
E. Van Ermengem discovers Bacillus botulinus.
E. Schigg and H. Kümmel treat lupus successfully with Röntgen rays.
J. V. Laborde introduces artificial respiration.
Horton Smith shows danger of chronic (urinary) typhoid carriers.
Stroganoff introduces sedative (preventive) treatment of puerperal eclampsia.
Nathan Brill describes mild endemic typhus in New York.
Germano shows that dryness is fatal to bacteria.
Apostoli introduces high-frequency electrotherapy (arsonvalisation) in gynecology.
Kyoto Imperial University (Japan) founded.
Röntgen Society (London) founded.
Marine Biological Station at Westport (Scotland).
Institut national d'hygiéne et de bacteriologie (Luxemburg) founded.
Sir Ronald Ross discovers that malarial fever is transmitted by the bite of Anopheles mosquito and not bad air, miasma, or infested water.
Recognition of action of precipitin and agglutinin in seroanalysis.
Haffkine's serum used successfully against the bubonic plague in India.
Rehn first successfully sewed a wound of the heart.
G. W. Crile's experimental research into surgical shock.
American Medical Association incorporated in Illinois (September 25).
Chicago Medical Society incorporated.
G. C. Whipple establishes Mount Prospect Laboratory (Brooklyn Water Works).
New York (State) adopts compulsory notification of tuberculosis (H. M. Biggs).
Municipal Milk Station at Rochester, New York.

**1897–98**—MacCallum demonstrates sexual conjugation of parasite of avian malaria.

**1897–1902**—Cannon investigates movements of stomach and intestines by Röntgenoscopy.

**1897–1904**—Ramón y Cajal publishes treatise of the nervous system.

**1898**—P. and S. Curie discover radium.
Loeffler and Frosch investigate filtrable viruses.
Looss demonstrates mechanism of hook-worm infection.
Theobald Smith isolates and cultivates bovine tubercle bacilli.
Emil Fischer isolates the purine nucleus of uric acid transformation.
Dreser introduces heroin.
Simonds demonstrates transmission of bubonic plague by fleas.
Bordet and Tsistovich demonstrate agglutinins, hemolysins and precipitins in blood-serum treated with alien blood-corpuscles.
Killian introduces direct bronchoscopy.
Vincent describes spirillo-bacillary angina.
Tschirch explains chemical mechanism of common purgatives.
L. O. Howard publishes Bulletin on mosquito-eradication.
Arloing and Courmont introduce sero-agglutinations of tubercle bacilli in diagnosis.
Davis and Varnier employ X-rays in obstetric diagnosis.
Affiliation of Rush Medical College with University of Chicago (January 5).
Cornell University Medical College (New York City) founded.
Pabloff investigates digestive action of glands.
London College of Physiology founded.
Faculty of Medicine at Porto Alegre (Brazil) organized.
Philippine Health Service (Manila) organized (Board of Health, 1901).
Bavarian Hydrologic Station at Munich.
Prehistoric Museum at Ventimiglia (Italy).
Institute for the Study of Malignant Disease (New York) founded.
Mechanical water-filter installed at Elmira, New York.
Experiments on chlorine purification of sewage at Hamburg.
Samuel W. Abbott publishes second Massachusetts Life-table.
State Sanitarium for Tuberculosis in Massachusetts.
Marchoux founds Bacteriological Laboratory for East Africa at St. Louis (Senegal).
German Pathological Society (Dresden) organized.

Washington Academy of Sciences organized.
Biological Experiment Station (Harvard University) at Cienfuegos, Cuba.

**1898–1908**—Zeppelin experiments with dirigible airships.

**1898–1915**—Sherrington investigates decerebrate rigidity.

W. T. Porter finances American Journal of Physiology.

**1898–99**—Walter Reed and others demonstrate that typhoid fever may be transmitted by contact, by flies, by water and food pollution, by unclean hands, by polluted water or milk.

**1898–1920**—Langley investigates autonomic system.

**1899**—Reed, Carroll, Lazear, and Agromonte demonstrate mosquito transmission of yellow fever.
Jacques Loeb produces chemical acrivation of sea-urchin egg.
Ramón y Cajal describes histology of cerebral cortex.
Weichselbaum and Jeager isolate meningococcus.
Grassi and Bignami prove that Anapholes is sole transmitter of malaria.
Nuttall summarizes role of insects as vectors of communicable diseases.
Spiller introduces chordotomy of neuralgia.
Kossel states theory of protamin nucleus in protein transformations.
H. Dreser introduces aspirin.
Dewar liquefies air, oxygen, and hydrogen.
Beijerinck isolates filterable virus of mosaic tobacco disease.
Albert Hazen constructs slow sand water-filter for Albany, New York.
National University at Peking (China) founded.
London School of Hygiene and Tropical Medicine founded.
Liverpool School of Tropical Medicine founded.
Edinburg School of Tropical Medicine founded.
Instituto Nacional de higiene de Alfonso XIII (Madrid) founded.
Medical Library Association (United States) founded.
Ehrlich's Institute for Experimental Medicine (Frankfurt) founded.
Children's Court at Chicago.
Moscow Odontological Society founded (disbanded 1919; revived 1922).
New York Zoological Park (Bronx) opened.
Societies of Neurology and of Pediatrics founded at Paris.
Royal Hygienic Institute at Posen.
Hackett Medical College (Canton, China) founded.
Cancer Commission of Harvard University founded.
American Anthropological Association (Washington, D. C.) founded.
Parliament authorized Derwent Aqueduct (60 miles) for water supply of Derby, Leicester, Sheffield and Nottingham.
Vital Brazil founds Instituteo Butantan (Sao Paulo, Brazil) for manufacture of serum against snake-venom.

**1899–1900**—Reed completes demonstration of mosquito transmission of yellow fever.
Steinbeck treats cancer with Röntgen rays.

**1899–1906**—Emil Fischer investigates amino-acid constituents of protein molecule.

**1900**—Gärtner invents ronometer for measuring blood pressure.
Bier introduces spinal (cocaine) anesthesia (Corning) into general surgery.
Widal and Ravaut introduce cytodiagnosis.
Gersung introduces prothetic (paraffin) injections.
Wertheim devises radical operation for uterine cancer.
Kastle and Loevenhart demonstrate reversibility of enzymes (lipase).
Sjögren and Stenbeck treat superficial epithelioma with X-rays.
A. Walkhoff shows destructive effect of radium on the tissues.
Willstätter and Rode produce synthetic cocaine.
Park recommends control of milk (New York City) by bacterial tests.
Woodhead disinfects water supply of Maidstone (England) with chlorine after typhoid epidemic.
Danysz starts experimental epidemiology.
Mechanical water-filter installed at Lorraine (Ohio).
University of Odessa founded.
Hartmann-Bund (Verband der Aerzte Deutschlands) founded at Leipzig.
Institute for Medical Research at Kaulu Lampur (Federated Malay States).
American Association of Pathologists and Bacteriologists (Boston) founded.
American Röntgen Ray Society founded.
Yale Botanical Garden at New Haven.
Institut général psychologique (Paris) founded.
College of Physicians and Surgeons (Chicago) becomes College of Medicine, University of Illinois (May 1).
German Central Cancer Committee (Berlin) founded.
Royal Hygienic Institute at Beuthen (Upper Silesia).
Volga Biological Station at Saratov (Russia).
Philippine Library and Museum (Manila) established.
Baylor University College of Medicine (Dallas, Texas) founded.
Charles J. Whalen discovers specific action of guaiacol in malaria.
Sir Almroth Wright prepares vaccination against typhoid fever.

**1900–1903**—Leischman and Donovan discover protozoon of kalaazar.

**1900–1904**—Pschoor and Vongerichten demonstrate phenanthrene nucleus of morphine and codeine.

**1900–1906**—Mills and Spiller describe unilateral type of spastic spinal paralysis.

**1900–1922**—Sixteen Indian cholera epidemics radiate from Kimbh Hardwar fair.

**1901**—De Vries states mutation theory.
Dutton and Ford discover trypanosome of sleeping sickness (Trypanosoma gambiense).
Bordet and Gengou demonstrate complement-fixation.
Aschkinazi and Caspari show that radium checks growth of bacteria.
Dantes and Bloch treat lupus with radium.
Sjögren treats lupus with X-rays.
Landsteiner discovers blood grouping (iso-agglutination).
Ayerza describes cyanotic sclerosis of pulmonary artery (cardios negros).
Emil Fischer devises ester method of isolation of amino acids.
Gowland, Hopkins and Cole isolate tryptophan (Stadelmann, 1890).
Felix Marchand investigates wound-healing.
Takamine isolates adrenalin.
Payloff isolates enterokinase.
Otto Conheim discovers erepsin.
Nencki and Macklevski show relationship of hemoglobin and chlorophyll (hemopyrrol).
Uhlenhuth introduces precipitin test for blood-stains (Bordet, 1898).
Suddeck investigates ether intoxication.
Planck announces quanta theory of emission of radiant energy (verified by Einstein, 1905).

Temper and Pfutzner constructs central-heating plant at Dresden.
Elmassian discovers Trypanosoma of mal de caderas (T. Elmassiani).
Lister Institute of Preventive Medicine (London) founded.
Rockefeller Institute for Medical Research (New York) opened.
Instituto Oswaldo Cruz (Rio de Janeiro) opened.
Biometrika founded by Galton, Pearson, and Weldon.
Hygienic Laboratory, United States Public Health Service, opened.
State Institution for Investigation of Food Substances at Berlin.
German Orthopedic Society (Berlin) founded.
German Society for School Hygiene (Berlin) founded.
German Society of History of Medicine and Science (Leipzig) founded.
State Serum Institute at Copenhagen.
Medico-Legal Society (London) founded.
Award of Nobel Prizes begun.
Museum of History of Medicine in Hôtel Dieu at Rouen.
Philippine Health Service (Manila) established (September 29).
Philippine Bureau of Science (Manila) established.
Nuttall founds Journal of Hygiene.

**1901–05**—Sanitary Institute (London) gives lectures to teachers on applied hygiene.

**1901–26**—Frazier introduces section of posterior (Sensory) trigeminal roots for neuralgia.

**1902**—Carrel introduces new methods of vascular anastomosis and transplantation of tissues.
G. Kelling introduces exploration of peritoneal cavity by inflation.
Albers-Schönberg invents compression-diaphragm for Röntgenography.
Emil Fischer, Leuchs, and Weigert synthetize serin, gloucosamin, and lysin.
R. Herzog discovers site of Asclepieion at Cos.
Helzknecht devises method of sodimetry for X-rays.
Robert Weir performs appendicostomy.
P. C. Hewit perfects quartz mercury vapor lamp.
McClung isolates sex-chromosomes.
Von Pirquet postulates formation of antibodies as termination of incubation period.
Ravenel isolates bovine tubercle bacillus from a tuberculous child.
Preston Kyes shows lecithin to be the complement of cobrahemolysin.
Rutherford and Soddy demonstrate radio-activity of thorium and its emanation.
Schild introduces atoxyl.
H. von Tappeiner investigates photodynamic substances.
Steinbuchel introduces morphine-scopolamine anesthesia in obstetrics.
Finney performs gastro-duodenostomy.
Theiler discovers trypanosome of galziekte (T. Theileri).
J. R. Ewald investigates end-organs of octavus (auditory) nerve.
John McCormick Institute for Infectious Diseases (Chicago) founded.
General Education Board (Rockefeller Foundation) New York.
Carnegie Institution of Washington founded.
Imperial Cancer Research Fund (England) founded.
Royal Academy Medical College (London) founded.
Society of Bavarian Psychiatrists (Munich) founded.
Institute for Biological Experimentation at Vienna.
Société française d'historie de médicine (Paris) founded.
School of Tropical Medicine (Lisbon) founded.
Institut supérieur de vaccine (Vaccine Service of the Academy of Medicine) at Paris.
Society of German Food Chemists (Berlin) founded.
German Society for Prevention of Venereal Diseases (Berlin) founded.
National Serotherapeutic Institute at Vienna (new building, 1907).
American Anthropological Society (Andover, Massachusetts) organized.
Société de médecine physique (Antwerp) organized.
Metropolis Water Act (England).
Christian Fenger died.

**1902–03**—Jensen propagates cancer through several generations of mice.

**1902–06**—Bayliss and Starling investigate hormones.

**1903**—Metchnikoff inoculates higher apes with syphilis.
Von Pirquet and Schick identify serum-sickness with anaphylaxis.
Rollier treats surgical tuberculosis with ultraviolet light at Leysin.
Koch stresses danger of healthy typhoid carriers as agents of infection.
Emil Fischer and von Mehring introduce veronal.
Arthus produces local anaphylaxis.
Johannsen investigates pure line inheritance.
Danysz shows selective action of radium on malignant tumors.
Einthoven invents string galvanometer.
Albers-Schönberg notes sterilizing effect of X-rays on gonads.
Bruce demonstrates transmission of sleeping sickness by tsetse fly.
Benno Crédé introduces collargol.
Dunbar discovers toxin and antitoxin (pollantin) of hay fever.
Emil Fischer devises method of synthetizing polypeptides.
Josué produces experimental arteriosclerosis by adrenalin injections.
Mosetig-Moorhof devises of plumbing bony cavities.
Posternac isolates phytin.
J. W. Wright discovers Leishmania bodies in endemic ulcers.
Riva Rocci invents sphygmomanometer.
Ramsay and Soddy demonstrate transmutation of radium into helium.
Schaudinn differentiates Entamoeba histolytica from E. coli.
Siedentopf and Zsigmondy invent ultramicroscope.
Buchner and Meisenheimer discover enzymes of lactic acid and vinegar fermentation.
Almroth, Wright and Douglass investigate opsonins.
Castelloni discovers Trypanosoma Ugandae.
Senn treats leukemia with Röntgen rays.
Dejerine describes thalmus opticus syndrome.
Janet describes psychasthenia.
Vaccination obligatory in Spain.
Henry Phipps Institute for Tuberculosis (Baltimore) opened.
American Society of Tropical Medicine (Philadelphia) founded.
Wellcome Tropical Research Laboratories at Khartoum (Soudan).
American Genetic Association (Washington) founded.
Société de médecine physique (Paris) founded.
Berlin Museum of Safety founded.
Germanic Museum (Munich) founded.

Permanent Exhibit for Industrial Welfare (Berlin) opened.
German Society for Prevention of Quackery (Berlin) founded.
Illinois Medical Society incorporated.
Control of hookworm disease in Porto Rico by Ashford.

**1903–04**—Frosch, Drigalski and Donitz establish theory of typhoid (bacillus) carriers.
Bacteriological Institute at Zagreb (Jugoslavia).

**1904**—Atwater invents respiration calorimeter.
Sauerbruch introduces pneumatic cabinet for thoracic surgery.
Chittenden investigates minimum food requirements.
Max Coletta introduces digalen.
Fourneau introduces stovaine (anesthesia).
Giemsa introduces modification of Romanovsky stain (1890) for protozoa (plasmodium and Spirochaetae).
Schmittenhelm isolates oxydase.
F. Stolz determines composition of adrenalin.
Weichardt investigates toxins of fatigue.
Arneth employs blood-picture in diagnosis.
Helene Stöcker founds Die Neue Generation.
Gradenigo describes sixth nerve syndrome.
Foveau de Courmelles treats uterine myonata by X-rays.
University of Sofia (Bulgaria) founded (Medical Faculty, 1918).
Deutsche physiologische Gesellschaft (Leipzig) founded.
Physiological Society (Philadelphia) founded.
Ethnological Society (London) founded.
National Tuberculosis Association (New York) founded.
Society for Experimental Psychology (Berlin) founded.
Academia Nacional de Medicina (Caracas) founded.
Tortugas Laboratory (Carnegie Biological Station) at Key West (Florida).
Association internationale des médecins mécanothérapeutes (Brussels) founded.
Pineles publishes clinical and experimental contributions to the physiology of the thyroid and parathyroid.
Todd and Dutton discover cause of relapsing fever—a spirillum conveyed to the human by the bite of lice and ticks.

**1905**—Schaudinn discovers parasite of syphilis. (Treponema pallidum).
Bordet and Gengou isolate bacillus of whooping-cough.
Vassale employs parathyroid extract in tetany.
Chaput employs stovaine in spinal anesthesia.
Konig describes osteochondritis dissecans.
Winter resuscitates the heart by adrenalin injections.
Flügge and pupils show effects of vitiated air to be due to heat and humidity.
Dutton and Koch demonstrate tick-transmission of African relapsing fever.
Alfred Einborn discovers novocain.
Ehrlich demonstrates change of experimental carcinoma transplants into sarcoma.
Koch maintains that sleeping sickness is transmitted by several species of Glossina.
Levaditi employs Ramón y Cajal's silver stain for spirochetes.
Chapin abandons terminal disinfection at Providence (Rhode Island).
Wright brothers make successful flight with aeroplane.
Kaiserin Augusta-Victoria Haus (for combating infantile mortality) at Berlin.
German Röntgen Society (Berlin) founded.
Société de pathologie exotique (Paris) founded.
King Edward VII College of Medicine (Singapore) founded.
American Society for Psychical Research founded.
Carnegie Laboratory for Plant Physiology at Tucson (Arizona).
Institute of Ophthalmic Opticians at London.
American Sociological Society (Chicago) founded.
Vajirañana National Library of Siam at Bangkok.
Schaudinn and Hoffman discover Spirochaeta pallida.

**1905–07**—F. E. Lee investigates fatigue.

**1906**—Wasserman introduces serum diagnosis of syphilis (modified by Noguchi, 1911).
Barany develops theory of vestibular nystagmus.
Einthoven obtains telecardiogram from the heart at a distance.
Von Pirquet states doctrine of allergy.
Ransohoff performs discussion of the pleura.
Voelcker and von Lichtenberg examine kidney with X-ray (pyelography).
Perseval flies air ship.
E. Beck introduces bismuth paste in Röntgenography.
MacDougal demonstrates heredity of experimentally acquired characteristics in plants.
Neisser demonstrates susceptibility of lower apes to syphilis.
Federal Food and Drug Act (United States) passed (June 30, 1907).
Provision of Children's Meals Act (England).
Compulsory medical inspection of schools in Massachusetts.
American Association for Labor Legislature founded (February 15).
National Committee on Child Labor (United States) founded.
Courses in public hygiene instituted at University of Pennsylvania.
Carnegie Nutrition Laboratory (Boston) opens.
Institute for Experimental Cancer Research at Heidelberg.
Institute for Experimental Pedagogics and Psychology at Leipzig.
Chicago Tuberculosis Institute Incorporated and opened.
American Society of Biological Chemists (Ann Arbor) founded.
Chemotherapeutic Institute (Georg Speyer Haus) at Frankfort-on-the-Main.
Institute for Applied Psychology at Berlin.
State School of Tropical Medicine (Brussels) founded.
Berlin Society for History of Medicine and Science founded.
Pathological Society of Great Britain and Ireland (Cambridge) founded.
Fernand Henrotin died.
First systematic bacterial inspection of Chicago milk from dairy farms.
Kaiserin Friedrich Haus (for Post-Graduate Medical Study) at Berlin.

**1906–13**—Willstätter investigates chlorophyll.

**1906–20**—Gowland Hopkins investigates accessory food-factors (vitamins).

**1906–25**—Blair Bell introduces use of pituitrin as oxytocic in lingering labor.

**1907**—Von Pirquet introduces cutaneous reaction in tuberculosis.
Calmette and Wolff-Eisner introduce conjunctival reactions in tuberculosis.
Theobald Smith suggests use of toxin-antitoxin in diphtheria (Behring, 1912).
Emmerich and Low obtain pyocyanase from Bacillus pyocyaneus.
Ricketts demonstrates tick-transmission of Rocky Mountain fever.

Emil Fischer obtains linkage of 18 amino acids (protein molecule).
Ramsay obtains lithum by transmutation (irradiation) of copper.
Willstätter and Hochader obtain phytol nucleus from chlorophyll molecule.
Adolph Schmidt employs functional test-meals in diagnosing intestinal disorders.
Zwirn performs keratoplasty for corneal opacity.
Fletcher and Hopkins demonstrate role of lactic acid formation in normal muscle contraction.
Benedict and Milner show that excess $CO_2$ is harmless in cool room.
Ramsay Hunt describes geniculate ganglion syndrome.
University of Saskatchewan (Saskatoon) founded (opened 1909).
Tokohu Imperial University at Sendai (Japan).
International Association of Medical Museums (Montreal) founded.
Royal Society of Tropical Medicine and Hygiene (London) founded.
Royal Medical and Chirurgical Society (1805) rechartered as Royal Society of Medicine (London).
Bureau international contre l'alcoolisme founded at Stockholm.
International Sleeping Sickness Congress in London.
Italian Society of Medical History (Florence) founded.
Notification of Births (Act) England.
Angelo Mosso founds Monte Rosa Institute (University of Turin) at Alagna Sefia.
Clyde Snook, Edwin W. Kelly and G. Herbert White (America) develop high tension transformer for X-ray tubes.
Sudhoff founds Archiv für Geschichte der Medizin (Leipzig).

**1907–08**—Marage invents vocal siren (test for deafness) and photographs the voice.

**1908**—Leonard Finlay produces experimental rickets by deficient diet.
Bernstein investigates temperature-coefficients of muscular energy.
Buerger describes thrombo-angiitis obliterans.
Kamerlingh Onnes liquefies helium.
Willstätter and Benz show crystallized chlorophyll to be a magnesium product.
Gabriel Lippman introduces relief-photography.
Zeppelin constructs improved air-ship.
Peking Union Medical College founded by Rockefeller Institute.
University of the Philippines (Manila) founded (College of Medicine, 1910).
Royal Army Medical College opened at Millbank.
Tropical Diseases Bureau (London) founded by Colonial Office.
Psycho-neurological Institute (St. Petersburg) founded.
Spanish Association for the Advancement of Sciences (Madrid) founded.
Institut für Radiumforschung at Vienna.
Clinic of Infantile Surgery at Montpellier.
Chicago adopts compulsory pasteurization of milk.
Bureau of Child Hygiene in New York City (Health Department).
American Public Health Association standardizes tests for milk.
Water supply of Union Stock Yards (Chicago) disinfected by chlorine gas.
German Society for Racial Hygiene (Berlin) founded.
250 special hospitals for tuberculosis in United States.
International Moral Education Congress in London.
Denver (Colorado) Medical Society founded.
Biological Station at Kosina (Russia).
Sulfanilamide first synthetized in the dye industry.

**1908–09**—Ante-natal hygiene started in New York and Boston.

**1908–10**—William Pasteur describes massive (post-operative) collapse of the lungs.

**1909**—Srensen investigates hydrogen-ion concentration.
F. F. Russell vaccinates United States Army against typhoid fever.
Förster operates for locomotor ataxia.
Much introduces cobra-venom reaction for insanity.
Sherrington investigates proprioceptive reflexes.
Metropolitan Life Insurance Company (New York) introduces home nursing for industrial policyholders.
University of Neuchâtel founded (May 18).
Society of Medical History (Chiego) founded.
University College (National University of Ireland) at Dublin.
German Central Committee for Dentistry in School Children (Berlin) organized.
State Dental Institute at Christiania (Oslo) founded.
Society of Medical Missionaries (Leipzig) founded.
German Medical School for Chinese at Woosung, Shanghai (now Fungchi Medical High School).
Illinois Society for Mental Hygiene (Chicago) founded.
Sanborn and Nicolle proved that typhus fever is conveyed by the bite of a louse.
Ehrlich announces side-curtain theory.

**1909–13**—Marine and Lenhart standardize iodine treatment of goiter.

**1909–25**—L. and M. Lapicque investigate chronaxia.

**1910**—R. G. Harrison demonstrates outgrowth of nerve-fiber in extravital culture (1906–10).
Flexner produces poliomyelitis experimentally.
Vedder demonstrates amebicidal action of emetine.
Rollier treats tuberculosis with ultraviolet light (heliotherapy) at Cergant (Ecole de Soliel).
Chapin, Winslow and Robinson emphasize danger of contact infection in communicable diseases.
Martin Fischer explains edema as effect of acids on swelling of proteins.
Hasselbalch devises formula for estimating hydrogen-ion concentration.
Ehrlich and Hata introduce salvarsan (606).

PRESCRIBE OR DISPENSE ZEMMER
Pharmaceuticals, Tablets, Lozenges, Ampules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled.
Write for general price list.
*Chemists to the Medical Profession* WI 10-41
Zemmer
THE ZEMMER COMPANY
OAKLAND STATION
PITTSBURGH, PA.

Prescribe Journal-advertised products and you prescribe the best.

# THE JOURNAL BOOKSHELF

## BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

**The March of Medicine.** By the New York Academy of Medicine, Committee on Lectures to the Laity, 1940. Cloth. Price, $2.00. Pp. 154. New York: Columbia University Press, 1941.

The New York Academy has again been successful in gathering a series of short descriptions which are aimed at the laity. It can be said to physicians that they might understand better and profit more in reading the book than laymen.

The subjects are of topical interest. They include the story of viruses, the use of the bronchoscope, our knowledge of the blood, the care of mentally deranged patients, and the use of chemicals in the modern defense against disease.

Sections on development of the sulfonamides, and on the progress from scourge to virus in the history of yellow fever, are worth the price of admission (which is small, as is the book size). The reviewer would like to own a copy. W. H. O., Jr.

**Introduction to Medical Science.** By William Boyd, M. D., M. R. C. P. (Edin.), F. R. C. P. (Lond.), Dipl. Psych., F. R. S. (Canada). Professor of pathology and bacteriology in the University of Toronto, Toronto; formerly professor of pathology in the University of Manitoba; pathologist to the Winnipeg General Hospital, Winnipeg, Canada. Ed. 2. Cloth. Price $3.50. Pp. 358. Illustrated with 124 engravings. Philadelphia: Lea & Febiger, 1941.

The author's aptness with medical language and insistence upon the correlation of diagnosis with an understanding of structure, function, and lesions has brought him wide recognition of his three books in the pathological field. The present volume is a revised second edition of the "Introduction" first published in 1937. In this edition there is an amplified chapter on disease-producing bacteria, new sections on clinical and laboratory methods, x-rays, vitamins, and the sulfonamide group of chemotherapeutic agents, as well as a new chapter on the history of medicine. Otherwise, the original three divisions of general principles of disease processes, the organs and their diseases, and practical applications in disease prevention and laboratory work are maintained. The book is a fine example of that most difficult type of exposition,—elementary and introductory,—yet authoritative.

The book is designed to give nurses, premedical students, and hospital technicians a survey and general understanding of disease processes. The author exhibits a lively appreciation of the general pathological information desired by these groups. The book should prove of value to any worker in medical science, and of more than general interest in the theoretical training of nurses. J. C. M.

**A Diabetic Manual.** By Elliott P. Joslin, M. D., Sc. D., clinical professor of medicine emeritus, Harvard Medical School; medical director, George F. Baker Clinic at the New England Deaconess Hospital; consulting physician, Boston City Hospital, Boston, Mass. Ed. 7, thoroughly revised. Cloth. Price, $2. Pp. 238, illustrated. Philadelphia: Lea & Febiger, 1941.

This small manual of 230 pages is written in layman's language for diabetic patients, but it is of equal interest to the physician of diabetic patients. It is written in the readable style so characteristic of its author and includes a great wealth of human interest material dealing with the history of the disease, the important individuals who have contributed in conquering it, and many suggestions for helping to regulate the daily lives of individuals who find themselves confronted with the necessity

*(Continued on page 994)*

Lepel

MODEL TC SHORT WAVE AND FJ ULTRA VIOLET

EQUIPMENT OF DISTINCTION

SHORT WAVE APPARATUS LOW VOLTAGE MACHINES
ULTRA VIOLET LAMPS

"Look At The Rest—And Buy The Best"

*For Complete Information or Demonstration See*

BARR X-RAY CO.

2540 West Wells St. Milwaukee, Wis.

*"Bricks, travertine marble, and apparatus cannot solve problems or make discoveries but may be tremendously useful at the command of knowledge and skill."*

## SECONAL

(Sodium Propyl-methyl-carbinyl Allyl Barbiturate, Lilly)

'Seconal' fulfills the requirements for a hypnotic in the majority of medical and surgical patients. Action is prompt, the period of sleep is restful, aftereffects are negligible. 'Seconal' has definite uses in insomnia, nervousness, extreme fatigue with restlessness, and similar conditions where only a brief sedative effect may be required to allow onset of natural sleep.

Supplied in 3/4-grain and 1 1/2-grain pulvules in bottles of 40 and 500.

*ELI LILLY AND COMPANY*

*Principal Offices and Laboratories, Indianapolis, Indiana, U. S. A.*

## BOOK REVIEWS—Continued

of living a well-ordered existence because of the presence of this disease. The book is fully illustrated with photographs, diagrams, charts, which abundantly emphasize all of the important points made by the author. Probably in no other book on this subject is such a readable, informal, attractive style of writing available to the diabetic patient. This style is well-known to be characteristic of this author, and this volume, therefore, stands properly as one of the standard books on this subject. It does not include any information for physicians, but it does include many valuable food charts that can be used by the patients. E. S. G.

**A Primer for Diabetic Patients.** By Russell M. Wilder, M. D., Ph. D., F. A. C. P., professor and chief of the Department of Medicine of the Mayo Foundation, University of Minnesota; head of Section on Metabolism Therapy, Division of Medicine, the Mayo Clinic. Ed. 7, reset. Cloth. Price $1.75. Pp. 184. Philadelphia and London: W. B. Saunders Co., 1941.

This well-known and widely used primer for diabetics has been brought out in a seventh edition, particularly in order to explain the details which the author and his associates now follow in using protamine zinc insulin plus soluble standard insulin in the same syringe for one injection daily. They consider this the best way to use insulin in the management of those severe cases of diabetes in which it is difficult to keep sugar-free on a maintenance diet with protamine zinc insulin alone. The diet used in this book is relatively simple and is presented in tabular form. It provides a variety of carbohydrates intake from a minimum of 95 grams for the smallest diet for children to the maximum of 167 grams, the largest diet for men. Fat is varied widely in order to shift the caloric intake from a minimum of 980 to a maximum of 3,000. The diet, therefore, belongs in the group described as moderate in carbohydrate rather than either low or high in carbohydrate. The volume is small and practically pocket-sized, making it very convenient for use. It is extremely readable and will be found helpful by the general practitioner who wants to follow this scheme of treating diabetes, as well as by the patient under his direction. E. L. S.

**Mental Hygiene in the Classroom.** Report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, with the cooperation of the National Committee for Mental Hygiene, Inc.

*(Continued on page 996)*


*For the local Treatment of Acute Anterior* **Urethritis**
(DUE TO NEISSERIA GONORRHEAE)

**SILVER PICRATE*** *Wyeth*

*A complete technique of treatment and literature will be sent upon request*

*Silver Picrate is a definite crystalline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

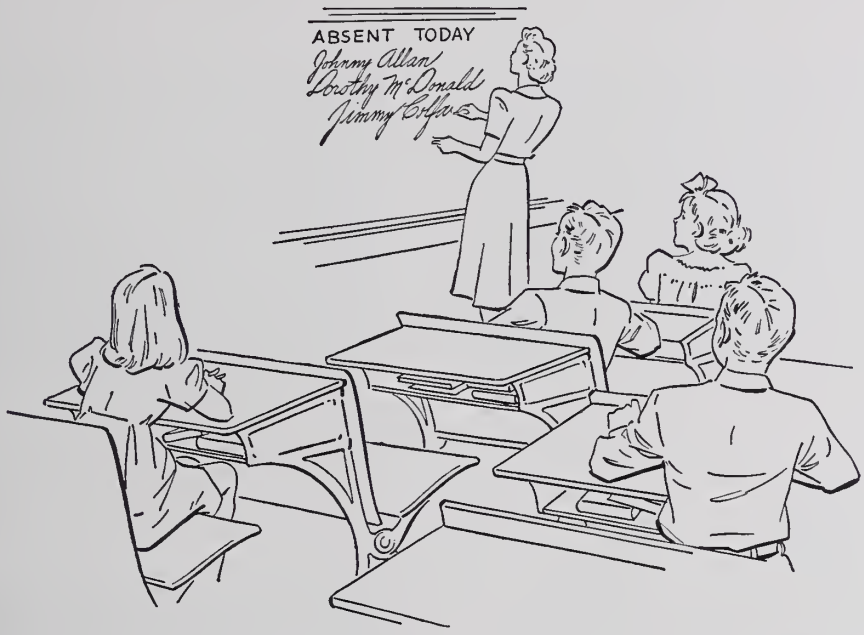
Silver Picrate, Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by Neisseria gonorrheae.[1] An aqueous solution (0.5 percent) of silver picrate or water-soluble jelly (0.5 percent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," Am. J. Syph., Gon. & Ven. Dis., 23, 201 (March), 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA

When writing advertisers please mention the Journal.

# Home with a head cold




When you prescribe Racĕphedrine Hydrochloride (Upjohn) for topical use in children, your small patients will find that it relieves nasal congestion without unpleasant smarting or burning. The reason is that the vehicle used in making the 1% solution is isotonic, and therefore relatively nonirritating.

RACĔPHEDRINE HYDROCHLORIDE
(UPJOHN)
is available as:

*Solution Racĕphedrine Hydrochloride (Upjohn) 1% in Modified Ringer's Solution, in one ounce dropper bottles for prescription purposes, and in pint bottles for office use*

*Capsules Racĕphedrine Hydrochloride (Upjohn), 3/8 grain, in bottles of 40 and 250 capsules*

*Powder Racĕphedrine Hydrochloride (Upjohn), in 1/4 ounce bottles*

If the patient reclines on the side with the head at an angle of about 45°, a decongestant solution applied to the lateral aspect of each nostril will reach the orifices of the nasal sinuses of both sides.

**Upjohn**
KALAMAZOO, MICHIGAN

*Fine Pharmaceuticals Since 1886*

## BOOK REVIEWS—Continued

and the American Orthopsychiatric Association, Inc. Paper cover. Price, 20 cents. Pp. 70. Chicago: American Medical Association, 1941.

This is an excellent pamphlet for those interested in educational work and the teacher-student relationship. The language is exceedingly clear and the explanations simple. That they are too simple in a number of instances is probably unavoidable in a work of this type. It is to be hoped that teachers and parents reading it will not believe that they have received complete information on many complex subjects. With these exceptions the pamphlet is highly recommended for anyone desirous of obtaining the A, B, C's of classroom difficulties. A. C. W.

**A Manual of Allergy for General Practitioners.** By Milton B. Cohen, M. D., director of The Asthma, Hay Fever and Allergy Foundation; visiting physician in allergy, St. Alexis Hospital, Cleveland, Ohio. Cloth. Price, $2.00. Pp. 156. New York: Paul B. Hoeber, Inc., 1941.

Several textbooks, dealing with allergy and most valuable to specialists in the field, have been presented to the profession within recent years; a somewhat larger number of manuals or handbooks written primarily for general practitioners, students and the laity are available. Under these circumstances a new Manual of Allergy might seem superfluous.

However, this small volume is important enough to be included in the library of the specialist, largely because of Chapters V, VI, and VII: Life History of Allergy; Diagnosis of Allergy; and History and Physical Examinations.

The Life History of Allergy stresses the characteristic manifestations of allergy so often occurring at distinct times in the life cycle and divides cases into three general age groups, plus a fourth group with clinical symptoms similar to those of true allergic inflammation but due to certain organic changes in the bronchi.

Under Diagnosis of Allergy valuable suggestions are offered regarding the routine, history and physical examination of allergic individuals.

Dr. Cohen has long been of the opinion that the state of nourishment, development and maturation of children is often a guide not only to whether or not an allergic condition exists but whether or not one is likely to manifest itself in later years. He has briefly incorporated in these chapters some observations made by Todd and his associates at the Health Inquiry of the Brush Foundation in Cleveland with anthropometric and psychometric examination of children whose health records have been carefully studied.

It is interesting to note that these seem to indicate delayed maturation in children suffering from

*(Continued on page 998)*

# How to Use S-M-A Powder

## EACH PACKAGE OF S-M-A* CONTAINS ONE MEASURING CUP

1 Empty one tightly packed measuring cup of S-M-A powder into bottle.

2 Add enough warm previously boiled water to make one ounce.

3 Cap bottle and shake powder into solution. Feed at body temperature.

4 Easy, isn't it?

## S-M-A READY TO FEED PROVIDES:

● 20 calories to the ounce, but more important, the nutritional value of S-M-A is that of a complete well-balanced food. When prepared as above, each quart provides:

10 mg. Iron and Ammonium Citrate
200 I. U. of vitamin $B_1$
400 I. U. of vitamin D
7500 I. U. of vitamin A

NORMAL INFANTS RELISH S-M-A—DIGEST IT EASILY AND THRIVE ON IT

*S-M-A, a trade mark of S-M-A Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

ACCEPTED AMERICAN MEDICAL ASSN.

**S. M. A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS**

Prescribe Journal-advertised products and you prescribe the best.

## BOOK REVIEWS—Continued

food allergies. The discussion of the various allergic conditions and their treatment, specific and nonspecific, is brief and to the point.

This is truly "A practical, concise guide book for the everyday use of the family physician." W. A. M.

**Oral Pathology.** By Kurt H. Thoma, D. M. D., professor of oral surgery and Charles A. Brackett, professor of oral pathology, Harvard University. Cloth. Price, $15. Pp. 1306, with 1,370 illustrations including 137 in color. St. Louis: C. V. Mosby Company, 1941.

This book is well organized, well written, and excellently illustrated in colors. It contains a mass of information on conditions of particular interest to the dental profession and to those of the medical profession who are interested in this particular field of medicine, especially to those practitioners who are curious about the whys and wherefores as to the development of various oral malformations and diseases. It is too voluminous for medical students' use except by special assignments. It is recommended to the general dental and general medical practitioners as an excellent diagnostic aid. V. B. H.

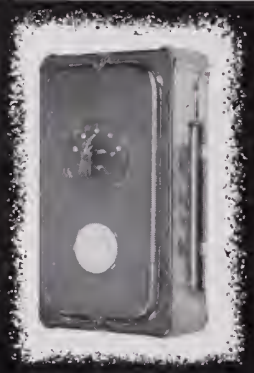
**Manual of Clinical Chemistry.** By Miriam Reiner, M. Sc., assistant chemist to Mt. Sinai Hospital, New York. Cloth. Price, $3. Pp. 296, with 18 illustrations. New York: Interscience Publishers, Inc., 1941.

This small volume of 282 pages presents in concise form the details of the clinical procedures used for every conceivable laboratory test used in a modern hospital. It represents a successful attempt to keep this rapidly changing aspect of clinical medicine up to date. The book is divided into sections on blood analysis, urinalysis, cerebrospinal fluid, feces and gastric analysis. It includes methods for all of the ordinary blood constituents including pigments, enzymes and gases and chemotherapeutic agents. A separate section deals with toxicological tests, another on function tests of kidneys and liver; and finally there are methods for determining various hormones and vitamins. In the last two sections mentioned, considerable disagreement could be cited which still exists in the literature concerning these analytical methods and their interpretations. For example, there is no uniform opinion at present as to the exact blood levels of vitamin C which indicate normal and deficiency states. Likewise, it seems unnecessary to include in a book of this sort determinations for gonadotropic hormones in blood and urine since this subject is at present in such a chaotic state. Nevertheless, with these few exceptions the book is well and clearly written and should be of very distinct value to any clinical laboratory. Errors of including extraneous material are infinitely less serious than errors of omission of important methods. This book certainly has not omitted anything of significance. It can definitely be recommended as a reference guide for laboratory analysis. E. S. G.

USEFUL IN EVERY FIELD OF PRACTICE

DERMATOLOGY
UROLOGY
E.E.N.&T.
GYNECOLOGY
PROCTOLOGY
GENERAL PRACTICE

ONLY $37.50 COMPLETE



The BIRTCHER-BUILT
HYFRECATOR

A compact and convenient high frequency unit for the treatment of a long list of common conditions benefited by electrodesiccation.

Write us for FREE BOOKLET outlining the uses of electrodesiccation in your practice.

ROEMER DRUG COMPANY
606 North Broadway Milwaukee, Wis.

Mental Encouragement
when you are ill or laid up

And A Check
when you recover

Is what we Guarantee under our Non-Cancellable Accident & Health Insurance.

When you are well we protect you.

When you are disabled we pay you.

THE MASSACHUSETTS PROTECTIVE ASSN. INC.
Worcester, Massachusetts

A. L. LYTTLE, State Manager
Wisconsin and Upper Peninsula of Michigan
5000–2–4 Plankinton Building
Milwaukee, Wisconsin
Marquette 0505

Branch offices at Green Bay and Wausau.
Capable, trustworthy representatives soliciting regularly throughout the State.

When writing advertisers please mention the Journal.

**Q.** I always use the syrup in which canned fruit comes. But has it any food value?

**A.** I am glad to learn you use it because it has excellent food values It contains sugar and other carbohydrates as well as valuable food components, such as vitamins and minerals. (1)

American Can Company, 230 Park Avenue, New York, N. Y.

(1)
1925. J. Home Econ. 17, 377.
1930. J. Home Econ. 25, 588.
1938. Commercial Fruit and Vegetable Products, Second Edition, W. V. Cruess, McGraw-Hill, New York.
1940. J. Hygiene 40, 699.

ACCEPTED AMERICAN MEDICAL ASSN.

**The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.**

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

# RADIUM

**RENTED**
for the individual case at lowest rates. Instruments loaned.

**LEASED**
in any quantity of 50 milligrams or more, on a yearly basis. Continuous possession. No investment.

**SOLD**
in any quantity in latest platinum containers.

RADON in all-gold Implants at $2.50 per millicurie.

*For details, address*

RADIUM AND RADON CORP.
Marshall Field Annex • Randolph 8855
CHICAGO

**Established 1865**

ARTIFICIAL LIMBS
ORTHOPEDIC APPARATUS
TRUSSES—SUPPORTERS
ELASTIC STOCKINGS

Superior custom work.
Woman Attendant for Women.

# DOERFLINGER'S

770 North Water St. Phone Daly 1461
MILWAUKEE, WIS.

## NORMANDALE SANITARIUM

Madison, Wisconsin

Normandale is a sanitarium for the care and treatment of nervous and mental disorders, inclusive of addictions. All of the modern methods of neuropsychiatric therapy are available. Special accommodations and rates are offered for the care of chronic cases.

Normandale is located on the outskirts of Madison, Wisconsin. This location affords the conveniences of the city and the restful environment of a rural setting.

Inquiries are invited. Telephone:
Fairchild 2486
Medical Director,
M. F. Greiber, M. D.

# PROFESSIONAL PROTECTION

SINCE 1899
SPECIALIZED
SERVICE

A DOCTOR SAYS:

*"My policy with you was a great comfort to me—far greater than I could realize before the suit was entered. I have been repaid a hundred fold for the money expended."*

THE
MEDICAL PROTECTIVE COMPANY
OF
FORT WAYNE, INDIANA

# To Keep Abreast of Medical Literature

# To Aid in Preparing Medical Talks, Papers

USE THE

## MEDICAL LIBRARY SERVICE

Service Memorial Institutes Building

MADISON

All books reviewed in The Journal as well as current issues of medical periodicals are available for loan. References on any selected subject will be sent on request for a two weeks' period. Service for Members at the Cost of Postage.

# Wisconsin Pharmacists

We are prepared to meet the unusual pharmaceutical emergencies that develop. If you do not think it can be had—Call the pharmacist nearest you. He will probably be able to meet even your most uncommon needs.

Pharmacists, like physicians, know no hours. We are "On Call" to you 24 hours a day—7 days a week.

## MATHER'S PHARMACY

Prescription Experts

Most complete line of Biologicals and largest prescription store in Northern Wisconsin.

Trusses, Wheel Chairs, Crutches, Electric Pads, etc.

**SUPERIOR, WISCONSIN**

## BOCK DRUG STORES

*Dependable Druggists Since 1876*

Complete Stock of Biologicals—Ampoules and Vaccines—Mail Orders Promptly Filled

Trusses—Supports—Crutches—Elastic Goods

**Phone 4100** **SHEBOYGAN, WISCONSIN**

Distributors of

Dependable Pharmaceutical & Biological Products for Physicians, including Lederle, Lilly, Parke Davis, etc.

*The Hebberd Drug Store*

"EXPERT PRESCRIPTION SERVICE"

Phone 29 4th and Main LA CROSSE, WIS.

## RED CROSS DRUG CO.

DOCTORS!! *Save on Office and Dispensing Supplies.*

Mail orders filled in all parts of Wisconsin. Many doctors save hundreds of dollars yearly by concentrating their purchases. Let us quote you on your requirements. Orders shipped the same day received. We pay all delivery charges.

**RED CROSS DRUG CO.**
**RACINE, WISCONSIN**

## CHILSON DRUG COMPANY

*Benj. Chilson, Ph. G.*

Specializing in a complete stock of serums, vaccines and medical supplies. Carefully and accurately compounding prescriptions is the main feature of our drug store.

**BELOIT, WISCONSIN**

## BELLING'S DRUG STORE

*The Prescription Drug Store*

**204 E. College Ave.** **Appleton, Wis.**

**Phone 131**

A complete stock of Ampoules, Biologicals, including Rabies Vaccine, always under proper refrigeration.

## MAYER DRUG

Harry F. Mayer, Prop.

*A Complete Prescription Department*

Biologicals and Ampoules

**KENOSHA, WISCONSIN**

# Capital City Doctors

## Note These Reliable Madison Firms Which Sell Dependable Products, Services

Prescription Service at

**RENNEBOHM**

Better Drug Stores

is always

100% Dependable

Biologicals—Chemicals—Drugs

**FIRST CENTRAL DISPENSARY**

602 First Central Bldg.
Madison, Wis.
Phone: Badger 7929

RELIABLE PRESCRIPTION SERVICE

**LORAINE HOTEL**

Fireproof

SCHROEDER HOTELS

*Sleep in Safety*

**CENTRAL GARAGE**

15 South Webster St.

Parking and General Service

MODERN — CONVENIENT
ALWAYS DEPENDABLE

Ampoules, Biologicals, Chemicals, Bacteriological Stains, Trusses, Camp Surgical Supports, "Leeches."

**THE PRESCRIPTION PHARMACY**

Samuel R. Chechik, Ph.D.

20 S. Carroll St. Phone: Badger 755
"The Park Hotel Building"

*For Lovely Flowers*

Phone

**RENTSCHLER'S**

Badger 177

230 State St. Madison

Office: Badger 787 Residence: Badger 2308

**AUTO SERVICE COMPANY, Inc.**

Dan Bilsie

"Private Ambulance Service"

750 East Washington Ave. Madison, Wis.

**Frautschi Funeral Home**

120 E. Wilson St.
Madison, Wis.

ARTHUR A. FRAUTSCHI, *Director*

Phone Badger 733

Phone Badger 5900
for All Kinds of
Office Supplies
and
Equipment

**BLIED PRINTERS AND STATIONERS**
114 E. Washington Ave., Madison

Ask for Kennedy MANSFIELD MILK
TELEPHONE BADGER 7100

# INDEX TO ADVERTISERS IN THIS ISSUE


| | Page |
|---|---|
| Abbott Laboratories | 893 |
| American Can Co. | 999 |
| American Optical Co. | 892 |
| Audiphone | 1003 |
| Auto Service Co., Inc. | 1002 |
| Barr X-ray Co. | 992 |
| Belling's Drug Store | 1001 |
| N. P. Benson Optical Co., Inc. | 1009 |
| Bidwell Better Limbs | 1008 |
| Blied Printers & Stationers | 1002 |
| Bock Drug Co. | 1001 |
| S. H. Camp & Co. | 887 |
| Central Garage | 1002 |
| Chilson Drug Co. | 1001 |
| Coca Cola Co. | 996 |
| Cook County Graduate School of Medicine | 889 |
| R. B. Davis Co. (Cocomalt) | 891 |
| Doerflinger's | 1000 |
| First Central Dispensary | 1002 |
| Frautschi Funeral Home | 1002 |
| General Electric X-ray Corp. | 883 |
| Hebberd Drug Store | 1001 |
| Hurley X-ray Co. | 1003 |
| Kennedy–Mansfield Dairy | 1002 |
| Kremers–Urban Co. | 889 |
| Lakeside Laboratories | 882 |
| Lederle Laboratories, Inc. | 886 |
| Eli Lilly & Co. | 993 |
| Loraine Hotel | 1002 |
| Marquette University School of Medicine | 1008 |
| Massachusetts Protective Ass'n, Inc. | 998 |
| Mather's Pharmacy | 1001 |
| Mayer Drug | 1001 |
| Mead Johnson & Co. | 890 |
| Medical Protective Co. | 1000 |
| Merck & Co. | 888 |
| Milwaukee Optical Manufacturing Co. | 894 |
| Milwaukee Sanitarium | 1012 |
| New York Polyclinic | 1008 |
| Normandale | 1000 |
| Orthopedic Appliance Co. | 1003 |
| Parke, Davis & Co. | 1006 |
| Petrolagar Laboratories, Inc. | 1011 |
| Philip Morris & Co., Ltd. | 1007 |
| Physicians Casualty Ass'n | 892 |
| Physicians Radium Ass'n | 892 |
| Mary E. Pogue School | 1008 |
| Prescription Pharmacy | 1002 |
| Radiation Therapy Institute | 885 |
| Radium & Radon Corp. | 1000 |
| Red Cross Drug Co. | 1001 |
| Rennebohm Drug Stores | 1002 |
| Rentschler Floral Co. | 1002 |
| Roemer Drug Co. | 998 |
| Rogers Memorial Sanitarium | 1012 |
| Sacred Heart Sanitarium | 884 |
| St. Croixdale Sanitarium | 885 |
| Schroeder Hotel | 889 |
| Shorewood Hospital Sanitarium | 894 |
| SMA Corp. | 997 |
| Summit Hospital | 1009 |
| Uhlemann Optical Co. | 1005 |
| Upjohn Co. | 995 |
| Waukesha Springs Sanitarium | 882 |
| Wyeth & Brother, Inc. | 994 |
| Zemmer Co. | 991 |



**Western Electric HEARING AID**

**Air and Bone Conduction**

**There's a Western Electric Ortho-Technic Audiphone designed by Bell Telephone Laboratories—embodying new principles, exclusive features, to meet the individual needs of your patients.**

**Small, Inconspicuous, High Fidelity**

**AUDIOMETERS — ELECTRICAL STETHOSCOPE**

**AUDIPHONE UTILITIES**

**Suite 205 739 N. Broadway Daly 2505**

**MILWAUKEE**

**"Orthopedic Appliances"**

of every description
have been our specialty for 32 years.

*Trained Mechanics and Fitters only*

**Trusses, Elastic Stockings, Abdominal Belts.**

**THE ORTHOPEDIC APPLIANCE CO., Inc.**

123 East Wells St.

Tel. Daly 3021 Milwaukee, Wis.

**Quality Equipment**

**Accessories and Supplies**

- Picker–Waite X-Ray
- Burdick Physical Therapy
- Electro-cardiographs
- Picker—Machlett—Eureka X-Ray Tubes
- Eastman — DuPont — Agfa — Buck Films & Supplies
- Picker—Patterson Supplies & Accessories

Our stock is ample and we maintain adequate service facilities.

**HURLEY X-RAY COMPANY**

2511 W. Vliet St. Milwaukee

Telephone WE 3243

Ask About Rental Service

# PHYSICIANS' EXCHANGE

**Advertisements for this column must be received by the 25th of the month preceding month of issue. A charge is made of $2.00 for the first appearance of copy occupying 1 inch or less of space and $1.00 for each succeeding insertion of the same copy. Kindly accompany copy with remittance to cover number of insertions desired. Advertisements from members of the State Medical Society will be accepted without charge. Such copy will be taken out after its second publication unless otherwise requested. Where numbers follow advertisements replies should be addressed care Wisconsin Medical Journal.**

FOR SALE OR RENT—Excellent, long-established, unopposed practice with modern home and office. Prefer young married man of good habits, Protestant, and not of draft age. Good hospital facilities. Reason for selling: ill health. Address replies to No. 80 in care of Journal.

---

FOR SALE—Excellent, unopposed practice in southwestern Wisconsin. Population of town 900; population of drawing area 2,200. Low overhead. Easy terms for reliable purchaser. Would consider locum tenens. Reason for selling: called to active army service. Address replies to No. 20 in care of Journal.

---

FOR SALE — Wooden McCaskey system office desk, size 34′ by 58′, with separate steel file built into roll-top. Has 10 small and 5 large drawers. Write offer to Dr. M. Stone, Berlin, Wisconsin.

---

FOR SALE—$100 down payment and easy terms takes $7,000 annual practice in city of 3,500 population. Open staff hospital available. Address replies to No. 50 in care of Journal.

---

FOR SALE—Practice for price of equipment. Southern Wisconsin. Fruitful territory. No opposition. Terms. Address replies to No. 53 in care of Journal.

---

FOR SALE—Office equipment and home in excellent farming country. Wonderful hospital facilities in Fox River Valley. Good schools and roads. Address replies to No. 52 in care of Journal.

---

FOR SALE—Outstandingly attractive physician's home–office in resort section of southern Wisconsin. Nine-room Spanish type home, 3 tile baths, beautifully done in oak, plate glass casement windows, tile roof, large lot in excellent neighborhood. Ideal place to live, practice, or both. Will sell on easy terms at a sacrifice price. Address replies to No. 31 in care of Journal.

FOR SALE—Shore property on east shore of Green Bay, twelve miles from City of Sturgeon Bay. Heavily wooded with large trees, numerous wild flowers, clean beach, sand bars at waist deep water. Dr. H. V. Foshion, Algoma, Wisconsin.

---

FOR SALE—Office equipment, desirable location in prosperous farming community of 1,300. Nine miles from hospital. One other physician in community. Address replies to No. 71 in care of Journal.

---

FOR SALE—Unopposed practice in town of 1,200 overlooking Lake Superior. Complete equipment of first floor 5-room office, including 30ma 90kv mobile x-ray, 2 years old; Tompkins deluxe suction-treatment machine, lamps, 2 hospital beds, etc. Inventory furnished. Low rent and overhead. Bargain at $1,500—terms. M. J. Robertson, M. D., Bayfield, Wisconsin.

---

WANTED—Location for general practice in small town. Prefer southern half of state. American, Protestant, married, aged forty-two. Fifteen years of experience in general practice. Licensed in Wisconsin. Graduate of Wisconsin and Rush. Address replies to No. 1 in care of Journal.

---

WANTED—One or two additional specialists to share an excellently equipped and furnished suite in a Milwaukee downtown office building. Secretarial, x-ray, and laboratory facilities provided. Address replies to No. 59 in care of Journal.

---

WANTED—Locum tenens during my stay in army. Large, active, unopposed practice in town in north-central Wisconsin. Excellent income assured from start. Address replies to No. 30 in care of Journal.

---

WANTED—A doctor to locate in small northern Iowa town. Good community, large territory. For details, write Alta Vista Commercial Club, Alta Vista, Iowa.

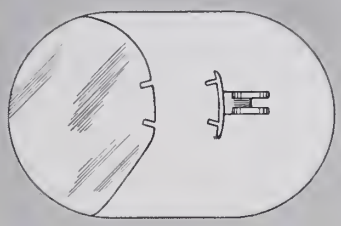
---

WANTED—Location for general practice in small community. Catholic, married, aged 31. Four years' experience in general and surgical practice as associate. Address replies to No. 70 in care of Journal.

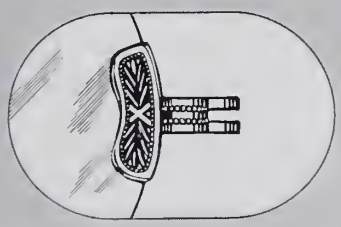
# *This is*
# EVER-LOCT

**the better mounting for rimless glasses, that only eye-physicians can prescribe.**

- **no screws to work loose** —lenses are held firmly in correct alignment
- **no adjustments needed**
- **better appearance** —smartly good looking, comfortable, secure
- **more sight freedom** —particularly adaptable to all Ful-Vue styles
- **distinctive design** —a mark of professional prestige and finest quality



**EVER-LOCT strap, with its two lugs in keystone form, is drawn from a single piece of cold metal —no solder. The two lugs dovetail into slots in the lens—inserted under pressure. A secret process filler reinforces and seals this union — a filler not affected by climatic conditions. It solidifies and becomes an integral part of the mounting. Strap and lens are locked permanently together — EVER-LOCT.**



*A product of*

**UHLEMANN OPTICAL COMPANY**

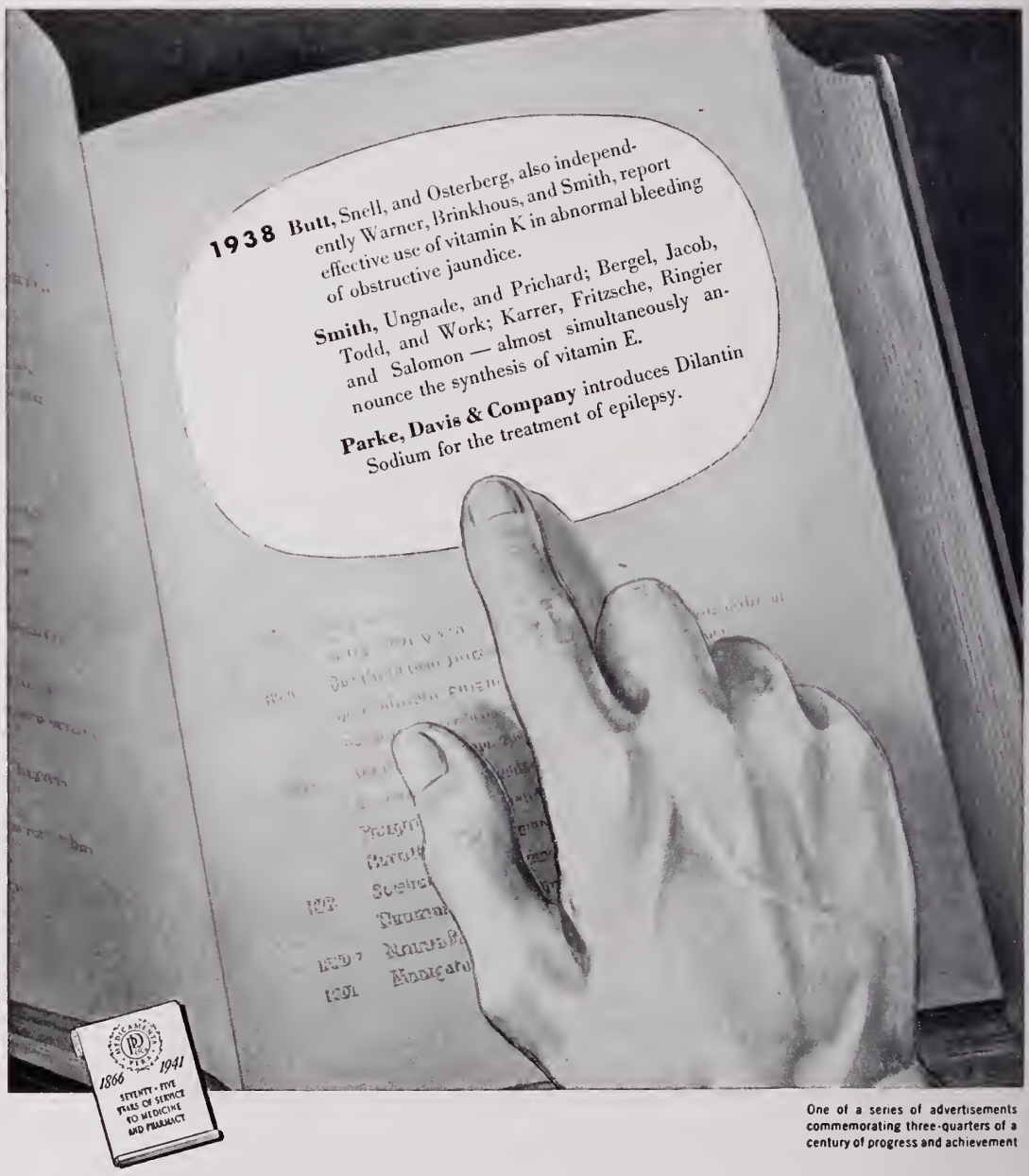
ESTABLISHED 1907

*Exclusive Opticians for Eye-Physicians*

PITTSFIELD BLDG., CHICAGO, ILL.

*OFFICES:* CHICAGO • DETROIT • TOLEDO
DAYTON • PORT HURON • SPRINGFIELD
APPLETON • OAK PARK • EVANSTON

# THESE NAMES, THESE YEARS...
# HAVE HELPED MAKE MODERN MEDICAL HISTORY




One of a series of advertisements commemorating three-quarters of a century of progress and achievement

## Parke, Davis & Company

PIONEERS IN RESEARCH
ON MEDICINAL PRODUCTS

When writing advertisers please mention the Journal.

# *WHAT HAPPENS WHEN SMOKERS INHALE?*

*(and all smokers do—some of the time)*

When smokers inhale, naturally exposure to irritation increases. In recognized laboratory test*, the irritant quality of the smoke of the four other leading brands averaged *more than three times that of the strikingly contrasted Philip Morris.*

Further—the irritant effect of such cigarettes was observed to last more than 5 times as long*.

The more smokers inhale, the more important for them to change to Philip Morris.

# *PHILIP MORRIS*

*PHILIP MORRIS & COMPANY, LTD., INC.,*
*119 FIFTH AVENUE, NEW YORK*

*Facts from: *Proc. Soc. Exp. Biol. & Med., 1934, 32,241*
*N. Y. State Jour. Med., Vol. 35, No. 11,590 Arch. Otolaryngology, Mar. 1936. Vol. 23, No. 3,306*

Prescribe Journal-advertised products and you prescribe the best.

# THE NEW YORK POLYCLINIC
## MEDICAL SCHOOL AND HOSPITAL
*(The Pioneer Post-Graduate Medical Institution in America, Organized 1881)*

**For the GENERAL SURGEON**

A combined surgical course comprising general surgery, traumatic surgery, abdominal surgery, gastro-enterology, proctology, gynecological surgery, urological surgery. Attendance at lectures, witnessing operations, examination of patients pre-operatively and post-operatively and follow-up in the wards post-operatively. Pathology, roentgenology, physical therapy. Cadaver demonstrations in surgical anatomy, thoracic surgery, regional anesthesia. Operative surgery and operative gynecology on the cadaver.

**Obstetrics and Gynecology**

A full-time course. In Obstetrics: Lectures, prenatal clinics, witnessing normal and operative deliveries; operative obstetrics (manikin). Gynecology: Lectures; touch clinics; witnessing operations; examination of patients, pre-operatively; follow-up in wards post-operatively. Obstetrical and Gynecological pathology. Regional anesthesia (cadaver). Attendance at conferences in Obstetrics and Gynecology. Operative Gynecology on the Cadaver.

*For Information Address:* MEDICAL EXECUTIVE OFFICER, 345 West 50th St., New York City

## THE MARY E. POGUE SCHOOL

DOCTORS: You may continue to supervise the treatment and care of children you place in our school. Catalogue on request.

90 Geneva Road
Wheaton, Illinois

Telephone
Wheaton 66

## BIDWELL BETTER LIMBS

Everyone Receives the Personal Attention of G. L. Bidwell the well-known Orthopedic Appliance Expert.

EXPERIENCED LADY ATTENDANT

Artificial Limbs, Braces, Trusses, Elastic Stockings, Crutches, Invalid Chairs, Abdominal Belts.

**934 N. WATER ST.**
PHONE BROADWAY 4369
MILWAUKEE, WISCONSIN

# MARQUETTE
## SCHOOL OF MEDICINE

**Requirements For Admission** The minimum requirements for admission are three years of such college work as is acceptable towards the Bachelor's degree in an approved college of liberal arts or in a recognized University. The following subjects must be included in these three years: zoology, general chemistry, organic chemistry, English, French or German, physics.

**Instruction** The duration of the course leading to the degree of Doctor of Medicine is five years, the fifth year of which is devoted to a hospital internship. The school year begins about the first of October and ends about the middle of June. The aim is constant coordination of the basic sciences with the clinical subjects applied to curative and preventive medicine.

**Clinical Facilities** Milwaukee County General Hospital, Milwaukee County Emergency Hospital and Dispensary, Milwaukee Children's Hospital and Dispensary, Milwaukee County Insane Hospitals, Acute and Chronic, South View Hospital for Contagious Diseases, Muirdale Sanatorium for tuberculosis, Mt. Sinai Hospital Dispensary, Marquette Eye Clinic, Public Health field work.

For further information address:

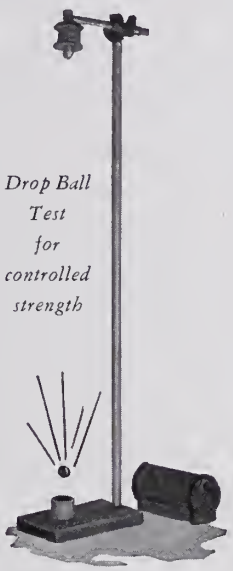
**DEAN, MARQUETTE UNIVERSITY SCHOOL OF MEDICINE**
**561 North Fifteenth Street**
**Milwaukee, Wisconsin**

# BENSON FORTIFIED OPHTHALMIC LENSES

HARDRx Prescription lenses are for general use and are tempered for increased margin of safety against breakage.

BENSAFE Prescription Safety lenses are of heavier construction and hardened for industrial and hazardous sportswear.

Both are of highest quality and are case hardened by a controlled heat treatment. Each HardRx lens is subjected to impact of ½″ steel ball dropped one meter and Bensafe lens to ¾″ steel ball dropped one meter.



*Drop Ball Test for controlled strength*

## N. P. BENSON OPTICAL COMPANY, Inc.

ESTABLISHED 1913

Main Office: MINNEAPOLIS

ABERDEEN - DULUTH - EAU CLAIRE - WINONA
BISMARCK - LA CROSSE - WAUSAU - RAPID CITY
STEVENS POINT - ALBERT LEA

# The SUMMIT HOSPITAL

OCONOMOWOC, WIS.

Here, in a cordial and homelike environment, we operate a hospital and sanatorium with facilities and personnel adequate to manage your

CHRONIC,
NERVOUS and
MENTAL
CASES

A natural Beauty Spot — Fireproof, Modern buildings, Moderate rates.

*For further information write or phone*

G. R. Love, M.D.
*Physician in Charge*
The Summit Hospital
Oconomowoc, Wis.

Chicago Office:
Loren W. Avery, M.D.
*Consulting Neuropsychiatrist*
122 So. Michigan Ave.

# THE STATE MEDICAL SOCIETY OF WISCONSIN

## ORGANIZED 1841

GUNNAR GUNDERSEN, La Crosse, President
F. E. BUTLER, Menomonie, President-Elect
R. M. KURTEN, Racine, Speaker
CHARLES FIDLER, Milwaukee, Vice-Speaker
IRA R. SISK, Madison, Treasurer

### Councilors

TERM EXPIRES 1942

First District:
H. P. Bowen——Watertown

Second District:
C. E. Pechous——Kenosha

TERM EXPIRES 1943

Third District:
W. T. Clark——Janesville

Fourth District:
B. I. Pippin——Richland Center

TERM EXPIRES 1943

Fifth District:
A. H. Heidner——West Bend
Sixth District:
S. E. Gavin——Fond du Lac

TERM EXPIRES 1944

Seventh District:
H. A. Jegi——Galesville
Eighth District:
G. W. Krahn——Oconto Falls
Ninth District:
H. H. Christofferson——Colby
Tenth District:
R. G. Arveson——Frederic

TERM EXPIRES 1942

Eleventh District:
F. G. Johnson——Iron River
Twelfth District:
H. J. Gramling——Milwaukee
R. E. Fitzgerald——Milwaukee

TERM EXPIRES 1943

Robert W. Blumenthal
——Milwaukee

TERM EXPIRES 1944

Thirteenth District:
J. W. Lambert——Antigo

TERM EXPIRES 1942

R. P. Sproule——Milwaukee
(Past-President)

### Delegates to American Medical Association

Stephen E. Gavin, Fond du Lac, 1942 James C. Sargent, Milwaukee, 1942 Joseph F. Smith, Wausau, 1943

### Alternates

S. J. Seeger, Milwaukee, 1942 F. E. Butler, Menomonie, 1942 C. W. Giesen, Superior, 1943

The Wisconsin Medical Journal, Official Publication
Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Illinois

## List of Executive Officers of County Medical Societies

| County | President | Secretary |
|---|---|---|
| Ashland-Bayfield-Iron | C. A. Grand, Ashland | A. H. Lamal, Ashland. |
| Barron-Washburn-Sawyer-Burnett | H. H. Ainsworth, Birchwood | R. W. Adams, Chetek. |
| Brown-Kewaunee-Door | L. D. Quigley, Green Bay | E. J. O'Brien, Green Bay. |
| Calumet | J. W. Goggins, Chilton | J. A. Knauf, Stockbridge. |
| Chippewa | F. B. Sazama, Chippewa Falls | L. W. Picotte, Chippewa Falls. |
| Clark | J. W. Johnson, Withee | A. P. Hable, Loyal. |
| Columbia-Marquette-Adams | H. M. Caldwell, Columbus | C. J. Radl, Wisconsin Dells. |
| Crawford | G. R. J. Hammes, Seneca | O. E. Satter, Prairie du Chien. |
| Dane | S. J. Briggs, Madison | D. L. Williams, Madison. |
| Dodge | A. J. Hebenstreit, Juneau | A. G. Hough, Beaver Dam. |
| Douglas | Rudolph Christiansen, Superior | Fred Johnson, Jr., Superior. |
| Eau Claire-Dunn-Pepin | J. C. Baird, Eau Claire | H. S. Fuson, Eau Claire. |
| Fond du Lac | O. F. Guenther, Campbellsport | S. A. Theisen, Fond du Lac. |
| Forest | G. W. Ison, Crandon | G. E. Carroll, Laona. |
| Grant | H. J. McLaughlin, Bloomington | H. L. Doeringsfeld, Platteville. |
| Green | W. G. Bear, Monroe | L. E. Creasy, Monroe. |
| Green Lake-Waushara | J. A. Kelly, Green Lake | D. M. Regan, Berlin. |
| Iowa | T. A. Hagerup, Dodgeville | H. M. Walker, Dodgeville. |
| Jefferson | J. C. Brewer, Jefferson | E. A. Schoenecker, Lake Mills. |
| Juneau | W. T. O'Brien, Mauston | Brand Starnes, New Lisbon. |
| Kenosha | E. F. Andre, Kenosha | L. M. Rauen, Kenosha. |
| La Crosse | M. W. Ward, Bangor | J. C. Fox, La Crosse. |
| Lafayette | S. A. J. Ennis, Shullsburg | E. D. McConnell, Darlington. |
| Langlade | R. J. Portman, Antigo | W. P. Curran, Antigo. |
| Lincoln | G. R. Baker, Tomahawk | L. J. Bayer, Merrill. |
| Manitowoc | W. A. Rauch, Manitowoc | W. H. Scherping, Manitowoc. |
| Marathon | M. L. Jones, Wausau | H. H. Fechtner, Wausau. |
| Marinette-Florence | J. V. May, Marinette | K. G. Pinegar, Marinette. |
| Milwaukee | T. J. Howard, Milwaukee | Mr. James O. Kelley, Ex. Sec., Milw. |
| Monroe | D. C. Beebe, Sparta | T. J. Sheehy, Tomah. |
| Oconto | W. R. Berg, Gillett | C. R. Kwapy, Oconto. |
| Oneida-Vilas | C. A. Richards, Rhinelander | H. J. Westgate, Rhinelander (acting) |
| Outagamie | W. H. Towne, Hortonville | D. M. Gallaher, Appleton. |
| Pierce-St. Croix | C. A. Dawson, River Falls | A. E. McMahon, Menomonie. |
| Polk | W. B. Cornwall, Amery | G. B. Noyes, Centuria. |
| Portage | H. P. Benn, Stevens Point | T. L. Harrington, Stevens Point. |
| Price-Taylor | H. B. Norviel, Phillips | J. L. Rens, Phillips. |
| Racine | A. M. Lindner, Racine | Beatrice O. Jones, Racine. |
| Richland | R. E. Housner, Richland Center | G. H. Benson, Richland Center. |
| Rock | G. C. Waufle, Janesville | O. V. Overton, Janesville. |
| Rusk | W. F. O'Connor, Ladysmith | M. L. Whalen, Bruce. |
| Sauk | J. F. Moon, Baraboo | C. B. Pope, Baraboo. |
| Shawano | F. L. Litzen, Gresham | E. E. Evenson, Wittenberg. |
| Sheboygan | Anthony Voskuil, Cedar Grove | W. G. Huibregtse, Sheboygan. |
| Trempealeau-Jackson-Buffalo | E. A. Meili, Cochrane | T. J. Nereim, Whitehall. |
| Vernon | W. H. Remer, Chaseburg | R. S. Hirsch, Viroqua. |
| Walworth | H. J. Kenney, Delavan | L. H. Donath, Lake Geneva. |
| Washington-Ozaukee | F. W. Lehmann, Hartford | R. S. Fisher, Allenton. |
| Waukesha | G. S. Jones, Genesee Depot | J. F. Wilkinson, Oconomowoc. |
| Waupaca | A. M. Christofferson, Waupaca | J. W. Monsted, New London. |
| Winnebago | F. G. Jensen, Menasha | E. F. Cummings, Oshkosh. |
| Wood | L. A. Copps, Marshfield | R. W. Mason, Marshfield. |

# Petrolagar*...

## As a Bland Cleansing Enema

• The effect of a Petrolagar cleansing enema is to soften thoroughly the inspissated stool, and help establish a complete, comfortable bowel movement. Petrolagar serves this purpose well because it is miscible with water, a virtue that enables an even dissemination of minute oil globules throughout the residue in the colon.

The Petrolagar cleansing enema is preferable to irritating soap solutions in either the home or the hospital, because of its gentle, but thorough softening action.

Consider the routine use of the Petrolagar cleansing enema in the hospital, postoperatively or in obstetrical cases, where normal bowel habits are temporarily disturbed.

How to use: Mix 3 ounces of Petrolagar Plain with water sufficient to make one pint to one quart, as desired, and administer by gravity. For retention enema administer at body temperature.

*Petrolagar—The trademark of Petrolagar Laboratories, Inc., brand emulsion of mineral oil . . . Liquid petrolatum 65 c.c. emulsified with 0.4 gm. agar in a menstruum to make 100 cc.*

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois
Prescribe Journal-advertised products and you prescribe the best.

# Rogers Memorial Sanitarium

OCONOMOWOC, WIS.
**Telephone 448**

A PRIVATE sanitarium
(incorporated not-for-profit)
for the treatment of
**DISEASES OF THE NERVOUS SYSTEM**
All approved methods of therapy are used

**Fireproof Building**
**Booklet on Request**

*RESIDENT PHYSICIANS*

**JAMES C. HASSALL, M.D.**
**Medical Director**
**OWEN C. CLARK, M.D.**
**DONALD A. R. MORRISON, M.D.**

*BOARD OF TRUSTEES*

**JAMES C. HASSALL, M.D.**
**FREDERICK PABST**
**Oconomowoc, Wis.**
**T. H. SPENCE**
**MITCHELL MACKIE**
**MACKEY WELLS**
**O. R. LILLIE, M.D.**
**Milwaukee, Wis.**
**PETER BASSOE, M.D.**
**RALPH C. HAMILL, M.D.**
**JOHN FAVILL, M.D.**
**Chicago, Ill.**
**W. S. MIDDLETON, M.D.**
**Madison, Wis.**
**SCOTT LOWRY**
**Waukesha, Wis.**

Milwaukee Office:
**By Appointment**
1330 Wells Building
**Telephone Daly 1441**

# MILWAUKEE SANITARIUM

Wauwatosa, Wisconsin

## FOR NERVOUS DISORDERS

(Chicago office—1117 Marshall Field Annex
Wednesdays, 1–3 P. M.)

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Staff
Rock Sleyster, M.D.
Lloyd H. Ziegler, M.D.
William T. Kradwell, M.D.
Merle Q. Howard, M.D.
Carroll W. Osgood, M.D.
Benjamin A. Ruskin, M.D.
Arthur J. Patek, M.D.

One of the Fourteen Units in "Cottage Plan"
COLONIAL HALL

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

# The Wisconsin Medical Journal

## IN THIS ISSUE

TRIUMPHS OF OPTIMISM
By Nathan B. Van Etten, M. D.
ANATOMIC AND PHYSIOLOGIC AIDS IN NEUROLOGIC DIAGNOSIS
By David Cleveland, M. D.
TUBERCULOSIS CASE FINDING IN INDUSTRY
By O. A. Sander, M. D.
EVALUATION OF DISABILITY IN INJURY CASES
By Merritt LaCount Jones, M. D.

LIBRARY

COMPLETE TABLE OF CONTENTS, PAGE 1016

40, Number 11
ney Building
MADISON, WISCONSIN, NOVEMBER, 1941
Copyright, 1941, by The State Medical Society of Wisconsin
Per Year $3.50
Single Copy 50 Cents

# FATIGUE

## LAKESIDE tackles a national problem

Fatigue of the central nervous system is now generally acknowledged to be a serious national health problem. For this reason Lakeside has installed a separate laboratory for the study of fatigue—in the hope that it will benefit *tired mankind*. Scientific men, whose enduring purpose is service to the medical profession and to the people of the world, are in charge of this important research work.

Manufacturers to the Medical Profession EXCLUSIVELY

Branches at NEWARK and SAN FRANCISCO

The LAKESIDE Laboratories Inc. MILWAUKEE WISCONSIN

# Waukesha Springs Sanitarium

## FOR NERVOUS DISEASES

*BUILDING ABSOLUTELY FIRE-PROOF*

BYRON M. CAPLES, M. D. Medical Director. FLOYD W. APLIN, M. D.

WAUKESHA, WISCONSIN

Kismet

THE UNUSUAL
FOR DISCRIMINATING WOMEN EVERYWHERE

Kismet Rimless Glasses with their new lens design carry a strong style appeal to feminine patients. Be the first to offer distinctive Kismet glasses to the women of your community who do want smartly-styled eyewear that will enhance their appearance. A copy of the new Kismet folder, "Lovelier to Look At," which is available for patient distribution, will be sent to you on request.

*Kismet Lens Shapes Are Adaptable to Any Bausch and Lomb Numont Mounting*

**RIGGS OPTICAL COMPANY**

*Distributors of Bausch & Lomb Products*

GENERAL OFFICES, CHICAGO AND SAN FRANCISCO; BRANCHES IN PRINCIPAL WESTERN AND MID-WESTERN CITIES

Prescribe Journal-advertised products and you prescribe the best.

# THE WISCONSIN MEDICAL JOURNAL

Volume 40
Number 11

MADISON, WISCONSIN, NOVEMBER, 1941

Per Year $3.50
Single Copy 50 Cents

## TABLE OF CONTENTS

SCIENTIFIC ARTICLES

| | Page |
|---|---|
| Triumphs of Optimism by Nathan B. Van Etten, M. D., New York City | 1031 |
| Anatomic and Physiologic Aids in Neurologic Diagnosis by David Cleveland, M. D., Milwaukee | 1037 |
| Tuberculosis Case Finding in Industry by O. A. Sander, M. D., Milwaukee | 1042 |
| Sulfanilamide and Its Derivatives in the Treatment of Escherichia Coli Septicemia; Report of a Case With Recovery by M. L. Carns, M. D., and R. B. Larsen, M. D., Madison | 1046 |
| Sciatica by Vernon J. Hittner, M. D., Seymour | 1048 |
| Some Common Everyday Injuries of the Knee Joint by Kellogg Speed, M. D., Chicago | 1051 |
| Fractures About the Wrist by Henry L. Greene, M. D., Madison | 1055 |
| Fractures About the Ankle by Walter P. Blount, M. D., Milwaukee | 1058 |
| First Aid Treatment of Fractures by Herman C. Schumm, M. D., Milwaukee | 1061 |
| Comments on Treatment by A. J. Quick, M. D., Milwaukee | 1064 |

SPECIAL ARTICLES

| | Page |
|---|---|
| Evaluation of Disability in Injury Cases by Merritt LaCount Jones, M. D., Wausau | 1088 |
| Centennial Anniversary Section: Biographies of Pioneer Wisconsin Physicians (continued); Epitomized Record of Progress of Medicine (a reprint) | 1090 |

EDITORIALS

| | |
|---|---|
| The Cornerstones | 1065 |
| Tribute to the Secretary | 1066 |

MISCELLANY

| | |
|---|---|
| The Press | 1066 |
| President's Page | 1067 |
| Woman's Auxiliary | 1068 |
| Society Proceedings | 1076 |
| News Items and Personals | 1078 |
| Investigator, Wisconsin State Board of Medical Examiners | 1079 |
| Coming Events | 1080 |
| Births, Deaths | 1081 |
| Society Records | 1082 |
| Correspondence | 1082 |
| Members in Active Service | 1083 |
| Minutes of Council, September 9, 1941 | 1085 |
| Book Reviews | 1100 |
| Physicians' Exchange Page | 1120 |

[Entered as second class matter, June 30th, 1903, at the Post Office at Milwaukee, Wis., under Act of Congress March 3rd, 1879. Transferred to Madison, Aug. 1st, 1929.]

"Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized Aug. 7, 1918."

SACRED HEART SANITARIUM

MILWAUKEE, WISCONSIN

An institution conducted for the diagnosis and treatment of mild nervous disorders and non-infectious diseases; also for rest and recuperation under medical supervision. Equipped with every modern facility for diagnostic purposes. Scientific dietetics, physiomechanotherapy, hydrotherapy, supervised occupational and recreational activities. Literature and rates sent on request.

MEDICAL STAFF

William L. Herner, M.D., Medical Director
Delparde W. Roberts, M.D. — J. Frampton Wyman, M.D.
William F. Ragan, M.D. — Hubert H. Blanchard, M.D.
Frank W. Mackoy, M.D. — L. Tennyson Peyton, M.D.
Ray C. Johnston, M.D.

When writing advertisers please mention the Journal.

## ST. CROIXDALE ON LAKE ST. CROIX

**PRESCOTT, WISCONSIN**

**MAIN BUILDING—One of the 5 Units in "Cottage Plan."**

A Modern Private Sanitarium for the Diagnosis, Care and Treatment of Nervous, Mental and Medical Cases.

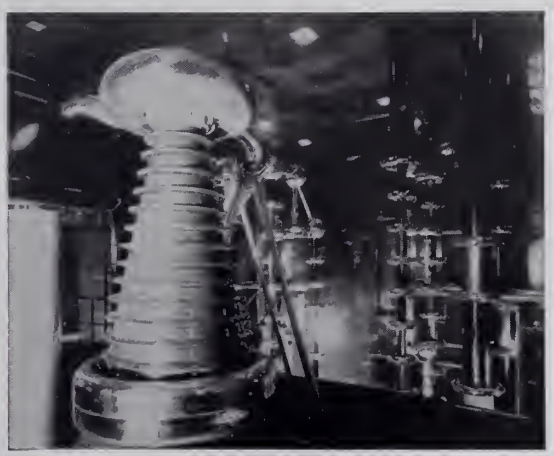
Located on beautiful Lake St. Croix, eighteen miles from the Twin Cities, it has the advantages of both City and Country. Every facility for treatment provided, including recreational activities and occupational-therapy under trained personnel. Milk, cream and butter from our own herd of Tuberculin-tested Registered Guernsey Cows. Inspection and co-operation by reputable physicians invited. Rates very reasonable. Illustrated folder on request.

CONSULTING NEURO-PSYCHIATRISTS
Hewitt B. Hannah, M. D.
Joel C. Hultkrans, M. D.
511 Medical Arts Building
Minneapolis, Minnesota
Tel. MAin 4672

RESIDENT PHYSICIAN
Howard J. Laney, M. D.
Prescott, Wisconsin
Tel. 39

SUPERINTENDENT
Ella M. Mackie
Prescott, Wisconsin
Tel. 69

# Radiation Therapy Institute



Upper End of Tube and Million Volt Generator

of Saint Paul

## CHARLES T. MILLER HOSPITAL

Facilities for Radium and Roentgen Therapy, Including 1,200,000 Volt Constant Potential Installation of Most Advanced Design.

*You are cordially invited to visit the Radiation Therapy Institute and inspect its facilities.*

**Edward Schons, M.D., *Director*  J. P. Medelman, M.D., *Associate Director***

# *ANNOUNCING*

## *the establishment of*

## *THE SAMUEL HIGBY CAMP INSTITUTE*

## *FOR BETTER POSTURE*

PUBLIC HEALTH EDUCATION has always played a major rôle in the policy of S. H. Camp and Company. The nation-wide tour of the Transparent Woman exhibit provided a dramatic instance of this principle.

The establishment of National Posture Week was another step forward. Material prepared for this annual event has met with the approval of many physicians and has been extolled by educators, public health groups and the laity.

The interest in posture and its relation to health has resulted in an overwhelming number of requests for information. It is to satisfy the obvious need for additional information that S. H. Camp and Company have established this separate organization.

The Institute will augment the activities of National Posture Week through the creation and dissemination of additional material throughout the year.

It will cooperate in its work with members of the medical profession and other ethical groups; further, it will endeavor to impress upon the public not only the importance of good posture as it relates to good health, but will emphasize the desirability of periodic health examinations and professional medical counsel and guidance for special exercises and diets.

Everything we do will, as always, adhere to the ethical practices and standards recognized by the medical profession.

THE SAMUEL HIGBY CAMP INSTITUTE

*For Better Posture*

EMPIRE STATE BUILDING • NEW YORK

# *Highly practical* FOR INFANTS *and* CHILDREN

● Incorporating the daily dose of vitamin D in milk removes some difficulties in administration. The mother need only add the prescribed dose to the daily ration of milk. Moreover, biologic and clinical investigations have shown that when vitamin D is thoroughly diffused in milk smaller doses may suffice for the prevention and cure of rickets.

Drisdol in Propylene Glycol makes it possible to secure the benefits obtainable from combining vitamin D with the daily milk ration. Unlike oily preparations, Drisdol in Propylene Glycol diffuses readily in milk and when well diluted imparts no taste nor odor.

WINTHROP

HOW SUPPLIED:
Drisdol in Propylene Glycol — 10,000 U.S.P. units per gram—is available in bottles containing 5 cc. and 50 cc. A special dropper delivering 250 U.S.P. vitamin D units per drop is supplied with each bottle.

## *Drisdol*

Reg. U. S. Pat. Off. & Canada

*Brand of* CRYSTALLINE VITAMIN D from ergosterol

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

**IN PROPYLENE GLYCOL**

*Winthrop Chemical Company, Inc.*

*Pharmaceuticals of merit for the physician*

**NEW YORK, N. Y.** **WINDSOR, ONT.**

822M

# KARO FORMULAS FOR NORMAL INFANTS

**AGE—TWO WEEKS**
Milk . . . . . 10 ozs.
Water . . . . . 10 ozs.
Karo syrup . . . . . 2 tbs.
3 ozs. every 4 hrs.—6 feedings

**AGE—ONE MONTH**
Milk . . . . . 12 ozs.
Water . . . . . 13 ozs.
Karo syrup . . . . . 2½ tbs.
4 ozs. every 4 hrs.—6 feedings

**AGE—TWO MONTHS**
Milk . . . . . 15 ozs.
Water . . . . . 13 ozs.
Karo syrup . . . . . 3 tbs.
4½ ozs. every 4 hrs.—6 feedings

**AGE—THREE MONTHS**
Milk . . . . . 17 ozs.
Water . . . . . 9 ozs.
Karo syrup . . . . . 3 tbs.
5 ozs. every 4 hrs.—5 feedings

**AGE—FOUR MONTHS**
Milk . . . . . 20 ozs.
Water . . . . . 11 ozs.
Karo syrup . . . . . 3½ tbs.
6 ozs. every 4 hrs.—5 feedings

**AGE—FIVE MONTHS**
Milk . . . . . 23 ozs.
Water . . . . . 11 ozs.
Karo syrup . . . . . 4 tbs.
6½ ozs. every 4 hrs.—5 feedings

**AGE—SIX MONTHS**
Milk . . . . . 26 ozs.
Water . . . . . 10 ozs.
Karo syrup . . . . . 4 tbs.
7 ozs. every 4 hrs.—5 feedings

*The amount of Karo in each formula is optional. During the summer, it may be reduced according to the baby's digestive reaction.*

"A FORMULA of whole cow's milk, carbohydrate and water may be calculated for the individual infant according to the following requisites:

(1) The amount of cow's milk necessary will be 1.5 to 2.0 ounces per pound (100 to 130 cc per kilo) of expected body weight per day; or, one-half to two-thirds of the total calories required for the infant.

(2) The amount of added Karo syrup required will be about one-tenth of the quantity of milk used, i.e., 0.15 to 0.2 ounces per pound (0.1 to 1.13 grams per kilo) of expected body weight per day, or one-third to one-half the total calories required for the infant.

(3) The total caloric value of the formula should be approximately 50 to 55 calories per pound (110 to 115 calories per kilo) of body weight per day.

(4) The amount of water added to the formula will be two to three ounces per pound (130 to 200 cc per kilo) of body weight per day; and the amount of water added to the formula for the 24-hour period depends upon the degree of dilution required to render the mixture digestible.

(5) The amount of formula offered at a feeding during the first few months is expressed by the rule—Age in months plus two ounces at four-hour intervals."

KUGELMASS: "*Newer Nutrition in Pediatric Practice.*" 1940.

**CORN PRODUCTS SALES COMPANY**
***17 Battery Place, New York City***

# Now PURIFIED SOLUTION of LIVER .. Smith-Dorsey

*Council Accepted* ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

For rapid and effective action in the treatment of pernicious anemia, Smith–Dorsey offers a U. S. P. solution for intramuscular injection. Contains all the fraction G (Cohn) of the liver extract. The solution is rigidly standardized . . twice tested by animal injection to prevent local tissue reaction . . sealed in ampoules and vials . . finally tested for sterility.

Ampoules Purified Solution of Liver U. S. P., Smith–Dorsey 1 cc. (10 U. S. P. Injectable Units per cc.)

Vials Purified Solution of Liver U. S. P., Smith–Dorsey 10 cc. (10 U. S. P. Injectable Units per cc.)

Vials Purified Solution of Liver U. S. P., Smith–Dorsey 30 cc. (10 U. S. P. Injectable Units per cc.)

## The Smith-Dorsey Company

LINCOLN - NEBRASKA

**Manufacturers of Pharmaceuticals to the Medical Profession since 1908**

## Cook County Graduate School of Medicine

**(IN AFFILIATION WITH COOK COUNTY HOSPITAL)**
**Incorporated not for profit**

*Announces Continuous Courses*

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue, starting every two weeks. General Courses One, Two, Three and Six Months; Clinical Courses; Special Courses. Rectal Surgery every week.

MEDICINE—Two Weeks Intensive Course in Internal Medicine, and Two Weeks Course in Gastro-Enterology will he offered twice during the year 1942, dates to be announced. One Month Course in Electrocardiography and Heart Disease every month, except December.

FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course will be offered four times during the year 1942, dates to be announced. Informal Course available every week.

GYNECOLOGY—Two Weeks Intensive Course will be offered four times during the year 1942, dates to be announced. Clinical and Diagnostic Courses every week.

OBSTETRICS—Two Weeks Intensive Course will be offered twice during the year 1942, dates to be announced. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Intensive Course will be offered twice during the year 1942, dates to be announced. Clinical and Special Courses starting every week.

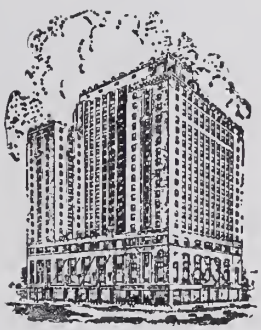
OPHTHALMOLOGY—Two Weeks Intensive Course will be offered twice during the year 1942, dates to be announced. Informal Course every week.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

Teaching Faculty—Attending Staff of Cook County Hospital

**Address: Registrar, 427 South Honore Street, Chicago, Illinois**



## Your Visit to Milwaukee

Is Made More Enjoyable by Stopping at the SCHROEDER

*Metropolitan atmosphere . . .*
*Cocktail Lounge and Circular Bar*
*Coffee Shop with popular prices*

•

The Beautiful EMPIRE Dining Room

**Music and Dancing—At Lunch, Dinner, After Theatre**

**Music By America's Leading Bands**
**Air Conditioned**

## HOTEL SCHROEDER

MILWAUKEE

**WALTER SCHROEDER, President**

Prescribe Journal-advertised products and you prescribe the best.

## 1930

Tisdall, F. F., Drake, T. G. H., and Brown, A.: A new cereal mixture containing vitamins and mineral elements, Am. J. Dis. Child. 40:791-799, Oct. 1930.

## 1931

Tisdall, F. F.: Dietary factors and health, Soc. Tr., Am. J. Dis. Child. 42:1-190, Dec. 1931.

## 1932

Summerfeldt, P.: The value of an increased supply of vitamin $B_1$ and iron in the diet of children, Am. J. Dis. Child. 43:284-290, Feb. 1932.

Morse, J. L.: Fads and fancies in present day pediatrics, Pennsylvania M. J. 35:280-285, Feb. 1932.

Henricke, S. G.: The vitamin B complex: Its role in infant feeding in the light of our present knowledge, Northwest Med. 31:165-169, April 1932.

Langhorst, H. F.: Vitamins: Their role in the prevention and treatment of disease, M. J. & Rec. 135:326-329, April 6, 1932.

Crimm, P. D.: Dietary of Childhood Tuberculosis: Cereal as a source of added mineral and vitamin elements; preliminary report, J. Indiana M. A. 25:205-206, May 1932.

Troutt, L.: Quality studies of therapeutic diets: I. The ulcer diet; a committee report, J. Am. Dietet. A. 8:25-32, May 1932.

Summerfeldt, P., Tisdall, F. F., and Brown, A.: The curative effects of cereals and biscuits on experimental anaemias, Canad. M.A. J. 26:666-669, June 1932.

Sneed, W.: Ununited and delayed union of fractures, Kentucky M. J. 30:363-370, July 1932.

Silverman, A. C.: Celiac disease, New York State J. Med. 32:1055-1061, Sept. 15, 1932.

Rice, C. V.: Sauerkraut juice for the acidification of evaporated milk in infant feeding, Arch. Pediat. 51:390-395, June 1934.

Eder, H. L.: Iron therapy: A routine procedure during infancy, Arch. Pediat. 51:701-713, Nov. 1934.

Lynch, H. D.: Fundamentals of infant feeding, J. Indiana M. A. 27:571-574, Dec. 1934.

Chaney, M. S., and Ahlborn, M.: Nutrition, Houghton Mifflin Co., Boston, 1934, p. 323.

## 1935

Bailey, C. W.: Anemia in infants and young children, J. South Carolina M. A. 31:54-58, March 1935.

Kugelmass, I. N.: The recent advances in treatment of nutritional disturbances in infancy and childhood, M. Comment 17:5-13, March 1, 1935.

Ross, J. R., and Summerfeldt, P.: Value of increased supply of vitamin $B_1$ and iron in the diet of children: Paper II, Am. J. Dis. Child. 49:1185-1188, May 1935.

von Meysenbug, L.: Breast feeding with especial reference to some of its problems, New Orleans M. & S. J. 87:738-743, May 1935.

Tarr, E. M., and McNeile, O.: Relation of vitamin B deficiency to metabolic disturbances during pregnancy and lactation, Am. J. Obst. & Gynec. 29:811-818, June 1935.

Blatt, M. L., and Schapiro, I. E.: Influence of a special cereal mixture on infant development, Am. J. Dis. Child. 50:324-336, Aug. 1935.

Coward, N. B.: Infant feeding, Nova Scotia M. Bull. 14:525-532, Oct. 1935.

Tisdall, F. F.: Inadequacy of present dietary standards, Tr. Sect. Pediat., A.M.A., 1935: Canad. M. A. J. 33:624-628, Dec. 1935.

Marriott, W. McK.: Infant Nutrition, second edition, C. V. Mosby Co., St. Louis, 1935, p. 202.

Smith, C. H.: Prevention and treatment of nutritional anemia in infancy, Preventive Med. 7:115-124, Aug. 1937.

Saxl, N. T.: Pediatrics, in Dietetics for the Clinician, edited by M. A. Bridges, third edition, Lea & Febiger, Philadelphia, 1937, pp. 637-639.

Boyd, J. D.: Nutrition of the Infant and Child, National Medical Book Co., Inc., New York, 1937, p. 110.

Brennemann, J.: Practice of Pediatrics, W. F. Prior Co., Inc., Hagerstown, Md., 1937, Vol. 1, Ch. 25, p. 19.

Griffith, J. P. C., and Mitchell, A. G.: The Diseases of Infants and Children, second edition, W. B. Saunders Co., Philadelphia, 1937, pp. 106, 111.

Saxl, N. T.: Pediatric Dietetics, Lea & Febiger, Philadelphia, 1937, pp. 131-133.

## 1938

Hoffman, S. J., Greenhill, J. P., and Lundeen, E. C.: A premature infant weighing 735 grams and surviving, J.A.M.A. 110:283-285, Jan. 22, 1938.

Krasnow, F.: Nutritional influence on teeth, Am. J. Pub. Health 28:325-333, March 1938.

Ratner, B.: Round Table discussion on asthma and hay fever in children, J. Pediat. 12:399-413, March 1938.

Ratner, B.: Panel discussion on the role of allergy in pediatric practice, J. Pediat. 13: 582-604, Oct. 1938.

Snelling, C. E.: Nutritional anaemia, Bull. Acad. Med. Toronto 12:7-10, Oct. 1938.

Dauphinee, J. A.: The iron requirement in normal nutrition, Canad. M.A.J. 39:483-486, Nov. 1938.

Summerfeldt, P., and Ross, J. R.: Value of an increased supply of vitamin $B_1$ and iron in the diet of children, Paper III, Am. J. Dis. Child. 56:985-988, Nov. 1938.

Tisdall, F. F., and Drake, T. G. H.: The utilization of calcium, J. Nutrition 16:613-620, Dec. 1938.

Drake, T. G. H.: Introduction of solid foods into the diets of children, Canad. M. A. J. 39:578-580, Dec. 1938.

## 1939

Strong, R. A.: The most frequent causes of vomiting in infancy, Texas State J. Med. 34:665-676, Feb. 1939.

Ratner, B., and Gruehl, H. L.: Anaphylactogenic properties of certain cereal foods and breadstuffs: Allergenic denaturation by heat, Am. J. Dis. Child. 57:739-758, April 1939.

Monypenny, D.: Early introduction of solid foods in the infant diet, Soc. Tr., Am. J. Dis. Child. 58:1144-1145, Nov. 1939.

Brown, A., and Tisdall, F. F.: Common Procedures in the Practice of Paediatrics, third edition, McClelland & Stewart, Ltd., Toronto, 1939, pp. 77-79.

## 1940

Monypenny, D.: The early introduction of solid foods in the infant diet, Canad. M. A. J. 42:137-140, Feb. 1940.

Ratner, B.: Round Table discussion on food allergy, J. Pediat. 16:653-672, May 1940.

Rosenbaum, I., Jr.: The management of the allergic child, Kentucky M. J. 38:199-203, May 1940.

Davison, W. C.: The Compleat Pediatrician, third edition, Duke University Press, Durham, N. C., 1940, No. 216.

Kugelmass, I. N.: The Newer Nutrition in Pediatric Practice, J. B. Lippincott Co., Philadelphia, 1940, p. 372.



# SCIENTIFIC BACKGROUND

**Mead's Cereal was introduced in 1930, and Pablum in 1932, by Mead Johnson & Company. Since then, the growing literature indicates early recognition and continued acceptance of these products and the important pioneer principles they represent.**



von Meysenbug, L.: Infant feeding with especial reference to some of its problems during the first year, Texas State J. Med. 28:543-547, Dec. 1932.

## 1933

Wampler, F. J., and Forbes, J. C.: Calcium and phosphorus metabolism in a case of celiac disease, South. M. J. 26:555-558, June 1933.

Brown, A., and Tisdall, F. F.: The role of minerals and vitamins in growth and resistance to infection, Brit. M. J. 1:55-57, Jan. 14, 1933; Effect of vitamins and the inorganic elements on growth and resistance to disease in children, Ann. Int. Med. 7:342-352, Sept. 1933.

Crimm, P. D., Raphael, I. J., and Schnute, L. F.: Diet of tuberculous and non-tuberculous children: Effect of increased supply of vitamin B concentrate and minerals, Am. J. Dis. Child. 46:751-756, Oct. 1933.

Smith, A. D.: Consideration of various infants' foods, Pacific Coast J. Homeop. 44:463-465, Sept.-Dec. 1933.

## 1934

Somers, R., Rotton, G. C., and Rowntree, J. I.: Possibilities of improving dental structures, Soc. Tr., Bull. King Co. M. Soc. 13:6, Jan. 15, 1934.

Blatt, M. L.: Development of infants on a diet of a special cereal mixture, Soc. Tr., Am. J. Dis. Child. 47:918, April 1934.

Rice, C. V.: Anemia of infancy and early childhood, J. Oklahoma M. A. 27:125-129, April 1934.

Hawk, W. A.: A few of the commoner feeding problems in infancy, Univ. Toronto M. J. 11:218-229, May 1934.

Ross, J. R., and Burrill, L. M.: The effect of cooking on the digestibility of cereals, J. Pediat. 4:654-659, May 1934.

Summerfeldt, P.: Iron and its availability in foods, Tr. Sect. Pediat., A.M.A. 1935, pp. 214-220.

## 1936

Dafoe, A. R.: Further history of the care and feeding of the Dionne quintuplets, Canad. M. A. J. 34:26-32, Jan. 1936.

Conn, L. C., Vant, J. R., and Malone, M. M.: Some aspects of maternal nutrition, Surg., Gynec. & Obst. 62:377-383, Feb. 15, 1936.

Ross, J. R., and Summerfeldt, P.: Haemoglobin of normal children and certain factors influencing its formation, Canad. M. A. J. 34:155-158, Feb. 1936.

Smyth, F. S.: Allergic diseases, J. Pediat. 8:500-515, April 1936.

Lemmon, J. R.: Problems of the crying infant, Southwestern Med. 20:248-250, July 1936.

Rice, C. V.: The success of treating celiac disease from a standpoint of vitamin deficiency, Arch. Pediat. 53:626-629, Sept. 1936.

Smith, C. H.: Management of nutritional anemia in infancy, M. Clin. North America 20:933-950, Nov. 1936.

Strong, R. A., editor: Nutritional anemia of infants, Orleans Parish M. Soc. Bull., pp. 6-9, Nov. 9, 1936.

Jeans, P. C.: Specific factors in nutrition, Round Table discussion, J. Pediat. 9:693-698, Nov. 1936.

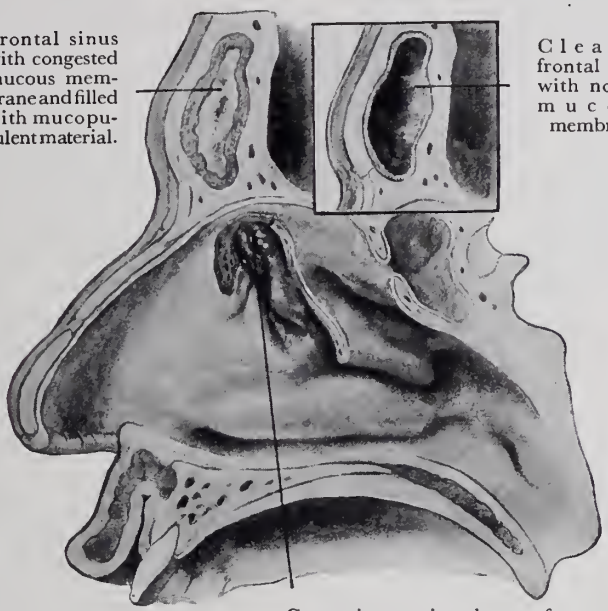
Young, J. G.: Meeting the requirements for proper nutrition in infancy, Texas State J. Med. 32:531-533, Dec. 1936.

## 1937

Stearns, G., and Stinger, D.: Iron retention in infancy, J. Nutrition 13:127-141, Feb. 1937.

Strong, R. A.: Nutritional anemia, Mississippi Doctor 15:13-16, Aug. 1937.

# PATHOLOGY OF THE UPPER RESPIRATORY TRACT




## CATARRHAL INFLAMMATION OF THE FRONTAL SINUS

The above illustration demonstrates the route of infection to the frontal sinuses—demonstrates, too, the need for adequate drainage of the area. To shrink congested nasal mucous membranes quickly—to establish adequate drainage with more prolonged effect than ephedrine, may we recommend

## NEO-SYNEPHRIN HYDROCHLORIDE

(laevo-alpha-hydroxy-beta-methyl-amino-3 hydroxy ethylbenzene hydrochloride)

**DOSAGE FORMS:**

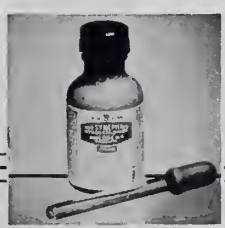
**SOLUTION**—¼% in saline solution (½ oz. and 1 oz. bottles)
1% in saline solution (½ oz. and 1 oz. bottles)
¼% in Ringer's Solution with Aromatics (½ oz. and 1 oz. bottles)

**EMULSION**—¼% low surface tension (½ oz. and 1 oz. bottles)

**JELLY** —½% in collapsible tube with applicator

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

SOLUTION


EMULSION

JELLY

## FREDERICK STEARNS & COMPANY, Detroit, Michigan

New York Kansas City San Francisco Windsor, Ontario Sydney, Australia

*86¢ out of each $1.00 gross income used for members benefit*

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness

INSURANCE

For ethical practitioners exclusively
(56,000 Policies in Force)

| | |
|---|---|
| LIBERAL HOSPITAL EXPENSE COVERAGE | For $10.00 per year |
| $5,000.00 ACCIDENTAL DEATH<br>$25.00 weekly indemnity, accident and sickness | For $32.00 per year |
| $10,000.00 ACCIDENTAL DEATH<br>$50.00 weekly indemnity, accident and sickness | For $64.00 per year |
| $15,000.00 ACCIDENTAL DEATH<br>$75.00 weekly indemnity, accident and sickness | For $96.00 per year |

*39 years under the same management*

**$ 2,000,000 INVESTED ASSETS**
**$10,000,000 PAID FOR CLAIMS**

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

*Send for applications, Doctor, to*

400 First National Bank Bldg. Omaha, Nebraska

**Radium Rental Service**

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

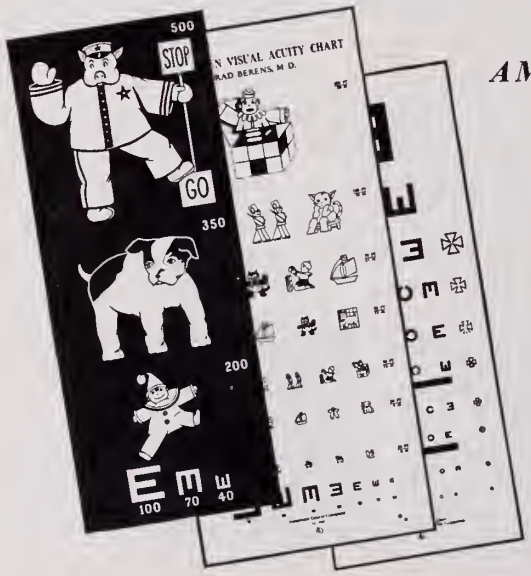
**The Physicians Radium Association**

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO, ILL.
Telephones: Central 2268–2269
Wm. L. Brown, M.D., Director

Three **VISION TESTING CHARTS** by Dr. Berens

*for*

*AMBLYOPIA • ASTIGMIA • SMALL CHILDREN*




These three visual acuity tests in the form of wall charts were designed by Conrad Berens, M.D. They are used in testing amblyopic children and adults, astigmatic patients and visual acuity of small children unable to read. One is a double check distance chart for astigmatism and features the famous Maltese Cross test. The other two are valuable in testing children of pre-school age in that they are designed to stimulate and hold the interest of active young minds.

**By AMERICAN OPTICAL COMPANY**

# Life begins at forty?

Perhaps so . . . *philosophically speaking*. But modern medicine realizes that *physiologically speaking* life actually begins during pregnancy. At that time and during the earliest days of infancy, the need for adequate supplies of vitamins A and D is heightened. If the mother's diet is deficient in these vitamins, the child may suffer nutritional disorders while the mother's own strength and resistance are impaired. Abbott's Haliver Oil with Viosterol represents, in a form particularly suited to the nursing or expectant mother, an extraordinarily rich and dependable source of vitamins A and D. A single capsule, or ten drops, furnishes approximately as much vitamin A as three teaspoonfuls of cod liver oil, U.S.P. (containing 850 units per gram), and the same amount of vitamin D as ten drops of viosterol in oil. Abbott's Haliver Oil with Viosterol is available in 5-cc., 20-cc. and 50-cc. bottles, and in boxes of 25, 50, 100 and 250 small, soft gelatin capsules. ABBOTT LABORATORIES, North Chicago, Illinois.

SPECIFY *Abbott's*

**Haliver Oil**

**with Viosterol**

"At the menopause 80 per cent of women experience general symptoms of varying character and intensity[1]."

# AMNIOTIN

## Relieves Menopausal Symptoms

JEFFCOATE,[1] in a paper on estrogenic hormone therapy, states that 80 percent of women experience menopausal symptoms varying from the well-recognized vasomotor disturbances to those of vaguer character such as headaches, emotional instability, depression, anxiety and muscle pains. In a large percentage of cases these symptoms can be eliminated by adequate estrogenic therapy.

During the more than 10 years in which Amniotin has been available to the medical profession its clinical effectiveness in controlling menopausal symptoms has been abundantly demonstrated. It differs from estrogenic substances containing or derived from a single crystalline factor in that it contains, in highly purified form, estrogenic substances naturally present in pregnant mare's urine. Its estrogenic activity is expressed in terms of the equivalent of international units of estrone.

Amniotin is available in Capsules containing the equivalent of 1000, 2000 and 4000 I. U. of estrone; in Pessaries containing 1000 and 2000 I. U. and in 1-cc. ampuls containing 2000, 5000, 10,000 and 20,000 I.U.

[1] Jeffcoate, T. N. A.: *Brit. Med. J.* 2:671 (Sept. 30) 1939.

*For literature address the Professional Service Department, E. R. Squibb & Sons, 745 Fifth Avenue, New York, N. Y.*

**Amniotin** A SQUIBB PREPARATION OF ESTROGENIC SUBSTANCES OBTAINED FROM THE URINE OF PREGNANT MARES

**Q.** I've heard that some varieties of canned marine fish are good sources of vitamin D. Is that true?

**A.** Yes, it is. A four-ounce serving of canned salmon contains approximately 200 to 800 U.S.P. units of vitamin D-2. The body oils of sardines approach a good cod liver oil in vitamin A and D potencies. Therefore, canned sardines are another important dietary source of vitamin D. (1) It has been reliably estimated that the amount of canned salmon sold in this country alone contains more vitamin D than the cod liver oil used for both animal and human feeding. (2)

American Can Company, 230 Park Avenue, New York, N. Y.

---

(1) 1935. J. Home Econ. 27, 658.
(2) 1931. Ind. Eng. Chem. 23, 1066.

**The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.**

# TWO DECADES OF CHEMOTHERAPEUTIC SERVICE

THE contribution of Tryparsamide Merck during the past twenty years in the treatment of dementia paralytica, tabes dorsalis and other forms of syphilis of the central nervous system, has merited the continued support and recommendations of outstanding medical authorities.

Originated at the Rockefeller Institute for Medical Research shortly after the introduction of Arsphenamine by Ehrlich, Tryparsamide has since been manufactured and subjected to progressive development by Merck & Co. Inc. and its predecessors.

Tryparsamide Merck is economically within the reach of practically every patient with neurosyphilis, and possesses the additional advantages in that it is easy to administer, does not require hospitalization when used alone, is available to patients through the services of their own physicians, and does not interfere with the patient's daily routine of life.

TRYPARSAMIDE MERCK

COUNCIL ACCEPTED AMERICAN MEDICAL ASSN. ACCEPTED

*An outstanding therapeutic agent in neurosyphilis*

LITERATURE ON REQUEST

MERCK & CO. Inc. *Manufacturing Chemists* RAHWAY, N. J.

# there's a certain attraction

Minerals and vitamins seem to have an attraction for each other too. Vitamin D requirements are dependent upon the presence of calcium and phosphorus.[1] Vitamin D is also more effective, especially in tooth development, when vitamin A and these minerals are present.[2] Vitamin $B_1$ acts directly on mineral and total metabolism,[3] and vitamin A and iron are related in effects on the hematopoietic system.[4]

**Cocomalt**

*Enriched Food Drink*

COCOMALT contains significant amounts of vitamin A, $B_1$ and D, together with the important minerals calcium, phosphorus and iron. Controlled studies have shown that COCOMALT increases hemoglobin and tends to improve the general health picture. Many physicians recommend COCOMALT for both young and old because when mixed with milk it combines these body essentials in a tasty, delightful drink.

**R. B. DAVIS COMPANY**

**HOBOKEN NEW JERSEY**

1 Elvehjem, C. A. — Nutritional Requirements of Man — Ind. & Eng. Chem., June 1941.

2 McCollum, E. V. — The Newer Knowledge of Nutrition — 5th Ed., 1939, p. 392.

3 McLester, J. S. — Nutrition and Diet in Health & Disease — 3rd Ed., 1939, p. 91.

4 McCollum, E. V. — The Newer Knowledge of Nutrition — 5th Ed., 1939, p. 320.

Optical science and higher education have brought continuously increasing demands for greater efficiency in prescription grinding.

In addition to complete and modern equipment plus the accumulated knowledge of forty years' experience, is the spirit of progress that has always upheld the ideals of The Milwaukee Optical Manufacturing Company.

Our supreme desire to excel is your assurance of accuracy.

**THE MILWAUKEE OPTICAL MFG. CO.**

208 EAST WISCONSIN AVE.

MILWAUKEE, WISCONSIN

**SHOREWOOD**

**HOSPITAL • SANITARIUM**

2316 E. Edgewood Avenue — MILWAUKEE, WISCONSIN — Phone: EDgewood 0900

***For Nervous Disorders***

**A fifty bed hospital and sanitarium. Separate buildings for neurotic and psychotic cases.**

***Illustrated booklet sent on request.***

WM. H. STUDLEY, *M.D.*
*Medical Director*
JACK L. KINSEY, *M.D.*
HERBERT W. POWERS, *M.D.*

ESTABLISHED 1898

THE WISCONSIN MEDICAL JOURNAL

VOLUME 40, NO. 11 Copyright, 1941, by The State Medical Society of Wisconsin NOVEMBER, 1941

# Triumphs of Optimism*

By NATHAN B. VAN ETTEN, M. D.

*Past-President, American Medical Association*
*New York City*

ONE hundred years of organized medicine in Wisconsin has greater significance than a century of the political existence of the state. During the last hundred years you have been trying constantly to improve the quality of medical service to the whole nation. You have thrown aside limiting traditions. You have welcomed triumphant science and have auspiciously begun a new century of progress.

You cherish a cohesive idealism in carrying the torch of medicine as it has always been carried for the last 2,000 years, since the practitioners of healing arts were crystallized into organization by the disciples of Hippocrates. The altruistic tradition of the Hippocratic code has survived the explosions of successive theories of medical science and still lives as the foundation of ethical medicine. Every year thousands of young medical graduates listen to the quaint language of the ancient oath, raise their hands in affirmation and consecrate themselves to the service of the sick. However divergent their ideas concerning the manner of this service, all physicians stand firmly upon this ancient rock.

The evolution of organized medicine in America dates from the founding of the first hospital in Philadelphia in 1752, by Benjamin Franklin, a triumphant optimist. A group of physicians formed themselves into a hospital staff and merged their individualities into an organization which promised to deliver medical care to the sick poor. Soon afterward medical societies and medical schools were started and American medical education began to replace European medical education.

All of these establishments represented local efforts working independently. Consequently there were very uneven standards of quality until the organization of the American Medical Association in 1846, when a federacy of medical societies was erected and a serious attempt was made to raise the levels of education and of medical practice.

## "Climbing an Optimistic Ladder . . ."

The Wisconsin Society has been climbing an optimistic ladder for a hundred years and has the present satisfaction of knowing that American health statistics are unsurpassed. One hundred years ago bleeding and purging were the leading medical practices. Ether anesthesia, the only entirely American, epoch-making medical discovery, had just appeared. Vital statistics in 1835 promised a life expectancy of twenty-one years. Thousands of children succumbed to diphtheria and other communicable diseases. Thousands of young mothers died from childbed fever. Semmelweiss and Oliver Wendell Holmes were reviled because of their claims of the "Contagiousness of Puerperal Fever."

One hundred years of improving knowledge has carried life expectancy to more than sixty years, and the last decade shows a greater improvement than in all history with a lowering mortality rate from all diseases, with the exception of diabetes, heart disease and cancer. In the State of New York, pneumonia mortality dropped 55 per cent in ten years. Infectious diseases dropped from 41

* Presented at the Centennial Dinner of the State Medical Society of Wisconsin, Madison, September 10, 1941.

per cent of all deaths in 1900 to 9 per cent in 1940. The tuberculosis rate declined 35 per cent in ten years and the mortality rate from diphtheria dropped 96 per cent in the same period. Wisconsin statistics are better, and similar statistics may be quoted from the whole nation.

### "This Undisputed Record . . ."

In spite of this undisputed record as you stand upon the doorstep of a new century you may neither be smugly complacent, nor must you be pessimistic concerning the apparently increasing difficulties which some political theorists and imitative philosophers are trying to impose upon you. Not content with constant advances in the delivery of better medical service which is reflected in the better health of the American people, these theorists would substitute European systems of health administration for this American evolution which exhibits such rich vitality. None of the so-called systems of health insurance have improved the health of Europeans. Contrast the American with the European scene.

Germany is no longer the mecca for advanced education. The masters have been driven out by the lash of paganism and medical education has fallen below mediocrity. And now the pagans are marching over Europe and imposing their peculiar idealogies upon their victims. If they continue to be successful their influence will be spherical and strong resistance must be organized in the United States where subversive influences are powerful and have already effectively confused some of our servants in Washington.

### "Threatened With Political Dictation . . ."

Although we are threatened with political dictation which may destroy the practice of medicine in America, as you know it and as you hoped it might become, I believe that American physicians can be aroused to fight for their ideals. I believe they will not submit to systems similar to those which have destroyed initiative in Germany and ruined the high quality of German medicine, which has given the world epoch-making discoveries of the greatest magnitude.

American physicians want to make American medicine so much better that there can be no justice in stories of neglected people anywhere in this country, that there can be no justice to support claims that Americans die from curable and preventable diseases, that young mothers die from lack of medical care, and that children fail to grow to strong maturity because of failures of medical social techniques.

American physicians know that large numbers of people live miserably because they lack proper food and shelter; they know that many thousands of city dwellers are so crowded in vile tenements that they are denied healthy decencies. Are American physicians sufficiently aroused to crusade actively against local pestilences? Physicians must take more than superficial interest in local political machinery if they would improve the health and happiness of their communities. Five American physicians were so optimistic of the success of an American democracy that they signed the Declaration of Independence and fought for it. I believe that spirit still lives and will arise to meet the emergencies that are knocking at our doors at this moment.

### "Foundation Stones of Our Democracy . . ."

Community units are the foundation stones of our democracy. The physician can be a potent force in making these stones strong enough to carry a civilized structure. The physician's wife is now taking a hand under the aegis of the woman's auxiliaries. I am highly optimistic about the exercise of her great potentials. Her efforts must be encouraged in every way. The general practitioner is one of the most valuable citizens of the republic. His wife reinforces his promise. Their natural urge for leaderships should be revitalized, and people must be taught to follow their activities in the interest of better health for the nation.

One of the great problems in this country is continuous education to make our citizens so health conscious that they will seek early treatment while cures are possible and while catastrophes may be prevented. Education has consistently lowered the vital statistics of tuberculosis. Education has salvaged

thousands of children from destruction by diphtheria and other communicable diseases. I have recently been much impressed by many quotations from *Hygeia*, both in my personal contacts and in the public press. Its influence is being felt and all of us should stimulate its wider circulation.

It is important to encourage public health education in personal hygiene, the care of the skin, the teeth, and the digesting functions; in values of foods and of sanitary housing; in social hygiene, in the prevention of destructive diseases which follow venereal infection; in eugenics, in thoughtful human mating; serious study of social science with the hope of reducing the number of insane who fill more hospital beds than all other sufferers from all other diseases; study of the whole man by all practitioners of healing arts and study of the individual in his home and diagnosis of his illnesses and treatment of them at their physical source. Investigative thinking upon all of these problems would undoubtedly yield incalculably large dividends in the health of American people.

### "Privileged Servants of the Sick . . ."

Medical organizations have been working for years to improve medical service, and I believe that they will continue their concerted efforts to save our people from quacks and incompetents in spite of accusations of criminal violations of business laws. Physicians are learned professionals giving service regardless of fee. They are not merchants of health selling medicines, or formulas, or instruments, or cures. They are so earnest in the quest for means to relieve human suffering that they give their discoveries freely to all the world. They have no desire to restrain anyone in the pursuit of his ideals providing he is honest and working for the best interests of the people's health.

Physicians are the privileged servants of the sick and the fee is not their master. They are not in business. They are in a large sense educators of the public conscience,—valuable leaven in the ferment of social progress. Their spirit will carry them to distinguished service long after the legal technicians have strutted their brief moments in the limelight and have been forgotten.

The profession of medicine, including dentistry and the profession of law and the ministry of religion, will rise above persecutory technicalities and will continue to try to raise the levels of general understanding of moral and physical values.

They are not trade unions. They will not refuse to work at night or on Saturdays or Sundays or holidays. Their ears will not be deaf to cries for help before nine in the morning or after five in the afternoon. They will continue to need public support, but they will not relax their efforts even if the public fails them. They will exercise a priestly privilege and try to lead American citizens to a high appreciation of their good fortune in living in an advanced democracy.

A jury has returned a verdict of guilty against the American Medical Association for alleged violation of an act to prevent restraints of trade. The American Medical Association is an educational institution. It has never been in trade. Its aims are the promotion of medical education and the protection of the American people from the deceptions of charlatans and from the blunderings of incompetents. The American Medical Association will continue to try its case before the highest tribunals and before the court of public opinion, and it will continue to try to serve the American people to the best of its ability.

### "Intelligent Loyalties to American Ideals . . ."

In celebrating her centenary the State Medical Society of Wisconsin is also celebrating the evolution of the practical care of sick people who compose important elements of our American society.

The community of interest which has developed among physicians, and the allied professions has been largely promoted by a desire from all of them to educate themselves in the best spirit and technique of human service. Institutions of learning are valuable to our American society in proportion to the strength of their effort to build up intelligent loyalties to American ideals. In a spirit of friendly criticism may I say that too many

physicians are, in a sense, cloistered within their own professional lives. Too few are active participants in civic life.

America has greater need for medical citizens today than at any time in her history. She needs people who are educated in the techniques of the sciences of biology, medicine and sociology. She needs citizens who will look to the future while standing upon the solid fundamentals which are the underlying strength of our civilization. She needs citizens who will be strong enough to combat ideologists who are aiming at her destruction by revolution.

Shall we try to send into the new America the good citizens she needs, or shall we think that we have discharged our duty if we confine our teaching to professional techniques? Shall we lend the weight of our influence to mobilizing public opinion and to bringing order out of confusion?

Common ground must be found where nationalists and internationalists and all other patriots may exercise their loyalties in support of our country, and the functions of the medical citizen need to be carefully integrated with all efforts to preserve and to restore the morale as well as the physical health of all our people.

### "A Leading Role . . ."

The State Medical Society of Wisconsin has played a leading role in a century of medical progress. Its history records year by year the constant modernizing of scientific thought.

The moderns of 1841 were just as up-to-date as we are in 1941. They immersed themselves in new problems and emerged advocates of new science.

Our modern schools are engaged upon an educational experiment which will never be finished. None of us can practice the kind of medicine we were taught twenty, thirty, forty or fifty years ago. In our undergraduate days we were compelled to absorb more required education than was given to any other profession, and yet, most of the good medicine of fifty years ago has merely a historical interest. No one questions the sincerity of the schools in their effort to prepare the student to practice his profession, but one may believe that the schools attempt to crowd so much into the undergraduate that only the exceptional student can digest his overfeeding.

When the student comes to his internship he quickly realizes that applying his knowledge to the patient problem is a plunge into deep water. I am inclined to believe that one of our country's greatest needs is good average practitioners of clinical medicine to take care of average patients.

Most of the teachers in the schools are themselves specialists, and if they are sufficiently luminous, they inspire their students to follow their example. Consequently many of our young internes have already hitched their wagons to stars before they come to our hospitals and seem uninterested in the general clinical procession. Some of them try to cut short their hospital stay in order to go into special fields.

I would like to see all specialty teaching postponed until it is demanded by the graduate student, which, of course, would involve the creation of graduate medical schools in our universities. I would like to see many of our specialists re-educated in general medicine in order to improve their appreciation of the importance of coordinated study of the whole patient.

In the interest of continuing and refreshing education for all practicing physicians, I would like to see our medical schools carry on extension courses in cooperation with organized medicine. Reading papers on scientific subjects before medical societies is not enough. A few physicians may be able to return to school for graduate work, but most of them are unable to do this and much needed education must be carried to them. I believe that the development of graduate education, points the way to desirable changes in our entire educational system—when practical clinical work shall prepare young and old for the realities of their professional and civil lives.

### "Optimistic Triumphs . . ."

Hard labor and sometimes inspired leadership has carried American medicine to the supreme place among the health services of

the world. Retrospectively, the story of American medicine is full of optimistic triumphs. The romance of the doctor as he progressed from empiricism to scientific controls and from the saddlebag to the automobile is a thrilling story of hopeful idealism.

The last fifty years is the inclusive period of so-called modern medicine. Modern medicine is the end result of the evolution of individual efforts to cure the sick, restore them to functional usefulness and to enlist community support in the prevention of disease. Organized medicine has made marvelous contributions, in coordinating the efforts of individuals, and in supporting high standards of ethical practice which have been of the greatest importance.

Exemplary individuals have always inspired imitation. Outstanding genius has always had its followers, but organization has always been necessary to direct the freedom of fraternity along the roads which lead toward the greatest good to the greatest number. Individual physicians accepted regulation, by accepting the rulings of the county medical societies. The county societies merged their idealism with that of the state medical societies which in turn formed the great federacy which is the American Medical Association with a membership of 121,000 physicians.

It was a natural desire of these members that every function should work efficiently, that its motivation should be inspired by the highest ideals and implemented by the best educational equipment, and so medical schools were encouraged to step up their curriculums to the best of the world's standards. This has been done and today medical education in America has no superiors.

It was a natural and necessary desire that the workshops of the doctor should be developed into effective instruments of public service, and so the hospitals were modernized and humanized and charged with definite responsibility. It is interesting to learn that 63 per cent of the registered physicians of the United States in 1940 were members of organized or courtesy staffs of hospitals. It was a natural desire of every physician to enjoy hospital privileges, but the necessity of giving only the best possible service to the community imposed limitations and developed graded and classified services so that the patient could be guaranteed competent care.

The medical student is, therefore, trained to become an effective servant of the hospitalized sick—he lives for a year or more in a hospital as a cog in a public service machine—as well as a licensed practitioner with all the rights that he may be competent to use in the community.

### "Let Physicians Take the Leadership . . ."

During the last fifty years America became motorized and developed such exhausting speed that many failed to keep up with the procession. Life became so externalized by one scientific revelation after another that domestic and religious loyalties were often forgotten in the mad pursuit of new objectives that were undreamed fifty years ago. Elusive ideals carried us through the Civil War, the Spanish War and the World War, without satisfaction, and now we have come to a time when all that we have cherished must be defended against destruction by disintegration or external attack.

It is obvious that a European civilization is falling to pieces and a new social mosaic must appear. Whatever our sympathies we must prepare ourselves to play an important part in a new world.

No one can accurately plot the future, but all Americans will be deeply concerned in the common cause of defending the nation and in promoting the security of the last and only surviving peaceful democracy. We have seen that reversions from democracy to feudalism in Europe seem to have been caused by long disintegration of character by subsidizing the discontented to gain their support of governmental control under the aegis of paternalism.

If we are wise we must apply these lessons to our own evolution, not only to the peculiar problems concerned with our cosmopolitan society, but to the development of the special fundamental social problems concerned with the protection of physical, mental and moral health. We have come to a time when every

health agency must be mobilized for national defense. In a time of national emergency we must watch our steps, lest we be lured into bypaths that may lead to a surrender of the ideals of medicine to political control.

We must be careful not to let down our standards of medical education. The American people must be assured the best care we can give them. The Committee on Medical Preparedness of the American Medical Association is working to mobilize the medical profession for field and home service. It is unanimously of the opinion that no medical student should be inducted into service, that good premedical students should not be diverted from their ambitions, and that the flow of educated physicians should be maintained at the present rate.

Whether we shall continue to enjoy a modified peace, or shall become involved in active warfare, the program is planned for at least five years. Unless medical teaching is continued, our medical service, both private and institutional, will be quickly inadequate. Hospitals are already losing internes faster than they can be replaced. Let physicians take the leadership for which they are qualified; let them emerge from their conservatism and demand progressive programs which will assure continued good medical service.

The effects of a quarter of a century of foreign propaganda is reflected in the full approval of Hitler by some Americans and by the expression of others that they wait with impatience for an American dictator. The ideals of popular government which were promoted by Washington, Jefferson and Lincoln are remembered only in political oratory. Petty dictators are already here. Our intelligentsia are lazily surrendering the domination of our cities to organized gangsters. Shall we awake before it is too late?

It is very late to withdraw our hospitality from those foreign visitors who now enjoy the safety of asylum, but every effort should be made to convert them to an appreciation of the benefit of living in an advanced democracy. Failing in this they should be returned to the sources from which they came.

The seismograph is recording the workings of agitators in the fields of labor and of education at every social level. Widening cracks are appearing in the surface of our economic, religious and social systems which may engulf our democracy. Every potential leader of public opinion in the United States must be mobilized to defend our country against ideas which are destroying the values of our civilization. All professionals, every physician, every dentist, every pharmacist, every lawyer, every clergyman, every teacher, every trained nurse, every trained thinker must be enlisted in a continuous campaign of defense. Defense against those forces which are destructive of our religious and of our faith in our fellowman is vital to the preservation of the integrity of our national life.

### "The Spirit of Free Democracy . . ."

The excellent health of the American people is largely the result of the efforts of organized medicine. The physicians of America are intensely patriotic and will carry on the best of their traditions in their continued battle for the American way of life and the spirit of free democracy.

Abraham Lincoln said—"As I would not be a slave, so I would not be a master. This expresses my idea of democracy. Whatever differs from this, to the extent of the difference, is no democracy."

Browning said—"Had I God's leave how I would alter things."

I read a comment on that this morning—The writer said "Alter things? Do away with hard experiences? Erase the shadows?" The writer recalls an afternoon spent on the Asulkan Glacier in the Canadian Selkirks. Above was a cloudless sky; beneath and around was the spotless snow; there were no shadows. The result was near blindness. No shade means no sight. An Arabian proverb reads, "All sunshine makes the desert."

There are pessimists in this country whose moans have swelled into a discordant chorus —good times will never come again; hard riding is just ahead; whatever we do we are confronted by confiscatory taxation, by a

dictatorial government and by the domination of foreign ideals. They forget that there have always been difficult hills to climb these hundred years, and that while the pessimists have always supinely complained, the optimists have triumphed and built the strongest nation on earth.

We shall go forward, new frontiers will be discovered and left behind.

The State Medical Society of Wisconsin was founded in optimism 100 years ago. It has been nurtured by optimists throughout its distinguished career and it will continue to demonstrate the triumphs of optimism.

# Anatomic and Physiologic Aids in Neurologic Diagnosis

By DAVID CLEVELAND, M. D.
*Milwaukee*

AMONG physicians and medical students, the anatomy and physiology of the nervous system are considered so complicated that little attempt is made towards their understanding. Similar to the anatomy and physiology of other systems of the body, detailed knowledge of the nervous system can be mastered only by those devoting their entire time to it, yet, unlike those of the other systems, symptoms due to neurologic disease often remain unrecognized or are viewed with such hopelessness that proper treatment is delayed until the disease has become far advanced. For purposes of simplicity, the nervous system can be considered as responsible for mental reactions, reflex activity, motion and sensation, and when viewed from this angle, a few physiologic principles can be utilized for a more simple understanding.

## Motion

Motion, being a primary body function, is one that is commonly affected by neurologic disease. The large pyramidal cells of origin of the voluntary motor tracts lie in the motor cortex of the pre-central gyrus in the frontal lobe. The axons from these cells pass by way of the posterior limb of the internal capsule to the cerebral peduncles and basilar portion of the pons and then to the pyramids of the medulla. At the caudal portion of the medulla, these tracts cross to the opposite side and descend within the spinal cord as the corticospinal tract to terminate in the anterior horn cells of the spinal cord (fig. 1). The cortical arrangement of the cells of origin corresponds to the upturned body (fig. 2). Those at the superior medial portion innervate the feet and legs, while those from the inferior portion of the pre-central gyrus send axons to the cranial nerves. As the axons pass from the cells of origin to the spinal cord, they maintain their anatomic segmental relationship. Those from the face area cross

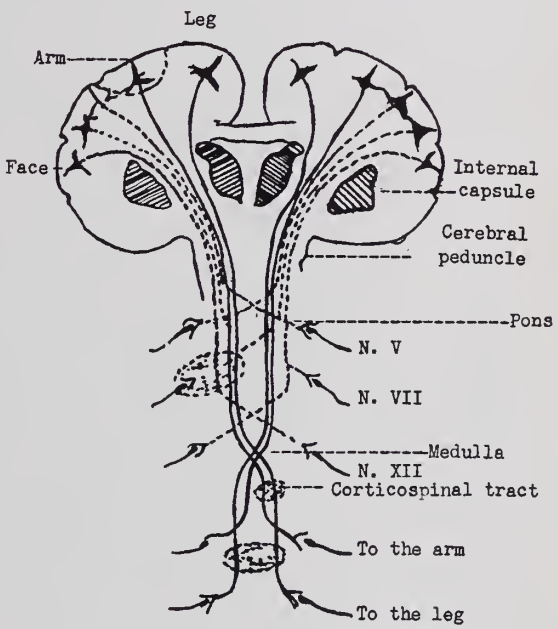



Fig. 1.—Voluntary motor pathway.

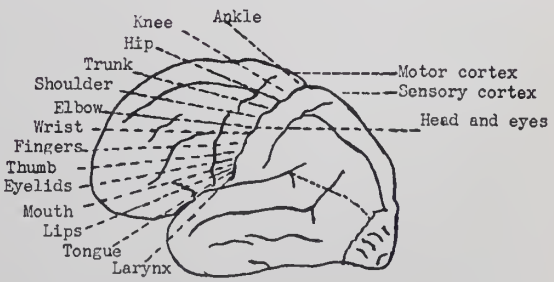



Fig. 2.—Cortical localization upon the lateral aspect of the human cerebral hemisphere.

in the pons to the nuclei of the cranial nerves. Those from the arm area end in the anterior horn cells in the cervical spinal cord, and so on until the fibers from the feet area terminate in the anterior horn cells in the lower segments of the spinal cord. Axons or nerve fibers pass from the anterior horn cells through the anterior root of the spinal cord to form the motor elements of the peripheral nerves.

A break in the tract above the anterior horn cells results in an upper motor neuron lesion, characterized by loss of voluntary movement, increased deep tendon reflexes, spasticity and pathologic superficial reflexes, such as the Babinski phenomenon, Gordon, Oppenheim or Hoffman signs. There is no muscular atrophy except that due to disuse, and reaction of degeneration to electrical stimulation is not present. Destruction of the anterior horn cells or the peripheral nerve produces a lower motor neuron lesion, characterized by atrophy, loss of tone, flaccidity, loss of voluntary movement and absence of deep tendon and superficial reflexes. Reaction of degeneration is present. In other words, the muscles do not respond to faradic stimulation. Galvanic stimulation produces slow and serpentine movements.

The recognition of the above signs and symptoms is very easy when the full degree of paralysis is present. It must be remembered, however, that in the presence of small or partial lesions, the muscular weakness may be somewhat difficult to determine. There are a few signs by which one can more readily note relatively minor motor changes. The palpebral fissure will often be wider on the paretic side than on the normal side. Similarly, closure of the lid is frequently slower and performed with less strength than on the unaffected side and may be noted by observing the patient's blinking responses. The facial folds tend to be less prominent with the face in repose and, in forceful attempts to lift the cheeks and lips to show the teeth, the accompanying movement of the platysma muscle is less distinct on the paretic side than on the normal side.

The extremities are very strongly innervated in the normal individual and, unless a marked loss of strength is present, the usual strength tests of these extremities may fail to disclose muscular weakness. However, simple fatigue tests will usually bring them out. If the upper extremities are held outstretched, and the patient closes his eyes and then repeatedly raises and lowers one outstretched arm, the opposite arm, if paretic, will tend to fall to a dependent position, whereas a normally innervated arm will maintain a steady, fixed, outstretched position. On the other hand, in raising or lowering a paretic extremity, there may be deviation or tremor of that extremity. Also, on holding both arms outstretched and then having the patient repeatedly touch the nose with one hand with the eyes closed, one may note an instability, tremor, ataxia or paresis of the affected arm. Weakness, clumsiness or dissociation of movement of the muscles of the hands can be brought about by having the patient rapidly and simultaneously snap the fingers of both hands —the thumb against the four fingers—or by having him open and close the fist rapidly or wiggle the fingers. These are but a few of the many tests to show motor defects that would not be demonstrated by voluntary extension or flexion of the arm or forearm or by forced closing of the fist.

Paresis of the lower extremities is determined by tests similar to those used in the upper extremities. With the patient lying on his back, the examiner may grasp one ankle and passively flex the thigh on the patient's abdomen and then watch the released extremity return to its normal position. If weakness is present, the leg may deviate outwards or fall in a flail-like manner as it returns to the extended position. The unaffected leg returns in a slow and steady manner. In the heel-to-knee and sliding tests, wherein the patient attempts to place one heel on the opposite knee and then gradually slides his heel along the crest of the tibia to touch the large toe, there is usually an unsteady or wavering movement of an affected foot as the heel is placed on the knee or slid down the tibia. With the patient on his back and with the legs fully extended, passive dorsiflexion of the foot by the examiner will cause the tibial tendon to rise and fall in a normally innervated lower extremity, but when the innervation is diminished, this tibial phenomena is absent. It is often necessary to determine whether or not a patient is simulating paralysis in one or both extremities. To test for this, the examiner should have the patient lie on his back with the leg extended and the arms folded across the chest. Then, with the patient's heel resting on his hands, the examiner should ask the patient to raise his head. The heel of the normal leg will press into the examiner's palm as the patient lifts his head, whereas little or no pressure is felt from the paralyzed or paretic leg. The same test can be performed by having the patient's arms stretched out level with his body and with his palms resting on the examiner's palms. In this case, the examiner can feel movement in the normal arm but little or no movement in the paralyzed arm as the patient attempts to raise himself.

In a comatose patient it is often very difficult to determine the presence or absence of paralysis. In such a patient a paralyzed arm will fall in a flail-like manner to the bed, and may even strike the face when it is lifted and released. A non-affected arm, on the other hand, will return to the bed in a slower manner, showing the presence of check movements even in the unconscious patient. An affected leg will also fall as a flail if grasped and thrust upward, whereas a normal extremity will return to its position in a slower and more steady manner. The paralyzed face will be evident by a bellowing in and out of the affected cheek and a narrowing of the nares on the affected side, with each respiration. The palpebral fissure may be partially opened or very easily passively opened on the paralyzed side, whereas on the normal side, there will be resistance to the raising of the eyelid.

## Sensation

Stimuli acting upon the body from without the body enable it to respond to changing situations and environment and, in order to meet with and adjust itself to these changing situations, sensations are brought into consciousness and correlated with higher cerebral centers. As in motor representation, body sensation has a crossed representation in the cerebral cortex. In each of the spinal nerves, the sensory fibers are freely mingled and become grouped by type only after they enter the spinal cord. The peripheral nerve contains sensory fibers with the cell of origin in the spinal ganglion outside the spinal cord and extends from the peripheral-most portion of the body to the posterior horn of the spinal cord. Some of these fibers, after entering the spinal cord, extend for varying distances before they terminate in the neurons of the second order. Tactile sensation is transmitted through large myelinated fibers to separate pathways (fig. 3). After entering through the posterior root, they may join the posterior columns on the same side or they may terminate immediately in the gray matter to synapse with neurons of the second order, which cross to the opposite side and ascend in the spinal cord as the ventral spinal thalamic tract to the thalamus of the brain. Here they synapse with neurons of the third order to pass by way of the posterior limb of the internal capsule, immediately adjacent to the descending motor tracts, to terminate in the sensory cortex of the post-central gyrus. This portion of the brain lies immediately behind the motor cortex and has a body arrangement similar to the motor cortex. Proprioception, or muscle, joint or tendon sense is carried by way of the posterior white columns in the spinal cord (fig. 4). Myelinated fibers run from the specialized end organs within the muscles, joints and tendons through the posterior root to the posterior column and ascend on the same side in the spinal cord to the gracile and cuneate nuclei in the medulla. Here they synapse with neurons of the second order to cross to the opposite side and ascend in the medial lemniscus to the thalamus and from there by neurons of the third order through the posterior limb of the internal capsule to the posterior central gyrus of the brain. Proprioceptive impulses from muscles, joints and tendons may also reach the cerebellum on the same or opposite side by means of the spinocerebellar tracts or from synapsing fibers from the gracile and cuneate nuclei, which pass to the cerebellum through the restiform body. Pain and temperature sensations enter the spinal cord in the posterior root and terminate almost at once in the gray matter of the posterior column. Neurons of the second order pass to the opposite side of the cord to the lateral spinothalamic tract, where they ascend to the thalamus. From here they pass as neurons of the third order through the internal capsule to the cortex of the posterior central gyrus. It is obvious that because of the separate pathways for the various forms of sensation, definite

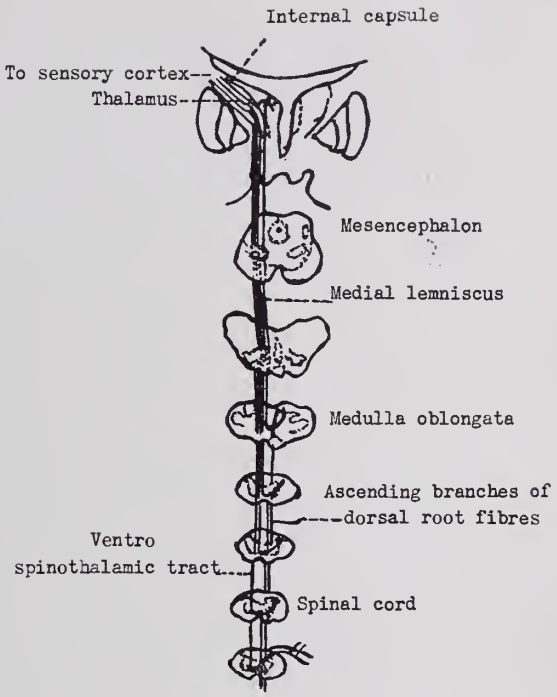



Fig. 3.—The tactile path.

lesions within the spinal cord result in disturbed sensation of one type without loss of other forms, whereas a lesion of the peripheral nerve results in loss of all forms of sensation of the area supplied. It is also evident that relatively small lesions within the thalamus or within the posterior limit of the internal capsule might cause widespread loss or disturbance of sensation in the opposite side of the body, and because of the proximity of the descending motor tracts and the ascending sensory tracts in the posterior limb of the internal capsule, disturbances here, such as caused by lesions of its blood supply through its lenticulostriate artery, would result in paralysis and disturbed sensation over a part or all of the opposite side of the body. Sharply localized sensory lesions, from an anatomic standpoint, must be limited to spinal cord or peripheral nerve lesions.

The determination of sensory responses must be correlated with the anatomic segmental distribution of the peripheral nerves. The segmental distribution corresponds to a ring or band-like distribution, if the body is thought of as being in the all-fours or animal position of our ancestors. This is illustrated in practically all anatomic textbooks. Methods of testing sensation are relatively easy. Pain sense can be tested by means of a large-headed pin, projected through the tip of an ordinary syringe and upon which is resting the weight of a loose plunger. This allows for even and constant stimuli. Light touch can be amply tested with a small wisp of cotton; temperature sense by two test tubes, one containing

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

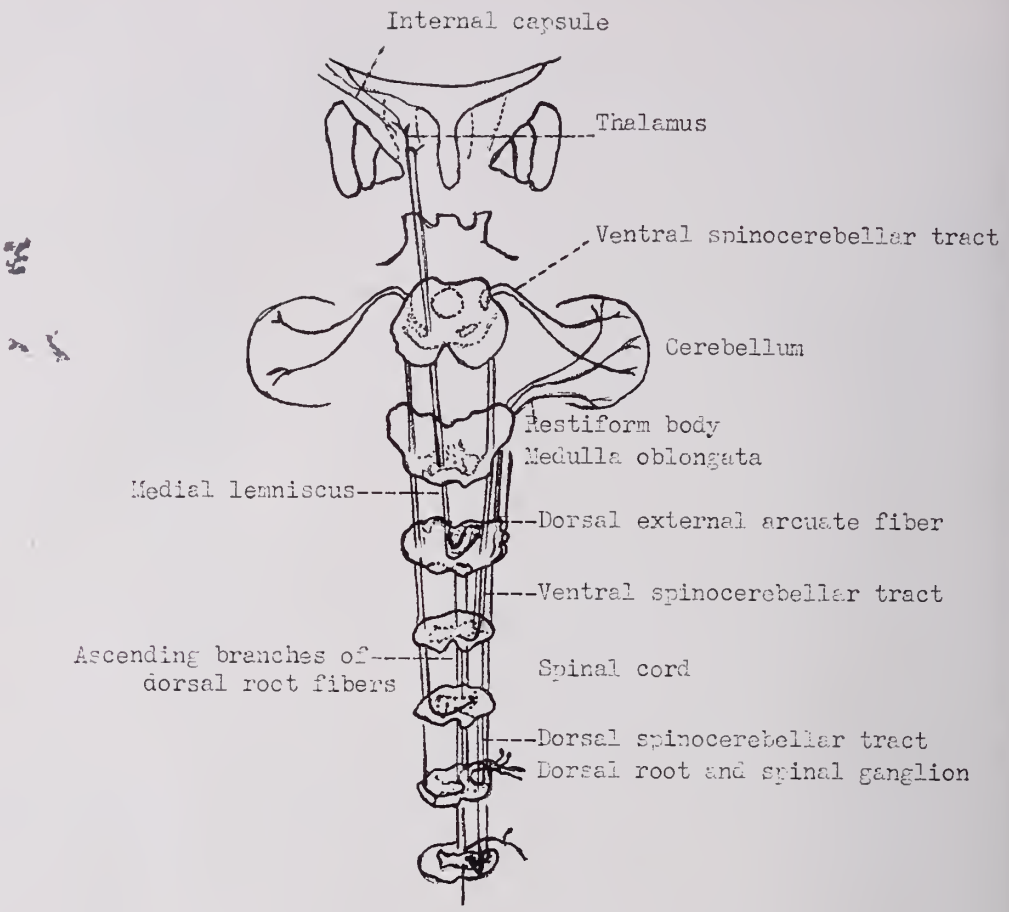



Fig. 4.—The proprioceptive paths.

hot, and one cold water, or by two pieces of metal, one cool and the other hot. Position, or proprioception sense is determined by passively moving part of one extremity while the patient's eyes are closed and having the patient describe or imitate the changed position. Stereognostic sense is tested by placing various objects, such as coins, knives, safety-pins, etc., in the patient's hands and asking him to name the objects. It is always well to make use of the easily available sensory charts and to mark on these charts the sensory changes noted in the examination.

## Reflexes

Reflex action is a fundamental function of the nervous system and plays a very important role in the diagnosis of neurologic lesions. The simplest form of reflex is that of the primary reflex arc (fig. 5). This is made up of (1) the receptor or sensory nerve ending; (2) the afferent conductor which conveys the sensory stimuli to (3) the synaptic center (motor cell) within the spinal cord; (4) the efferent conductor which conveys the motor impulse from the synaptic motor center to (5) the effector mechanism or muscle fibers. This is the reflex arc that exists in one segment of the spinal cord. The addition of further segments joined together by association fibers makes this reflex arc more complex. As the afferent conductors enter the spinal cord, ascending and descending branches synapse with motor cells at other levels and, in this way, complicate the motor responses. Finally, the ascending branches reach the sensory portion of the brain and motor responses are then initiated in the brain and relayed to the spinal cord to initiate widespread or gross movements. Reflexes which involve stimulation of muscle tendons to evoke muscular response are termed deep tendon reflexes. Samples of these are the biceps, triceps, patellar and Achilles reflexes. Reflexes which are produced by stimulation of the skin to produce muscular action are termed superficial reflexes. Examples of these are the abdominals, cremasterics and plantar reflexes. In the normal state, both the deep tendon and superficial reflexes require the integrity of the simple reflex arc but are under definite influence of the cerebral mechanism. If there is a break in the simple reflex arc, the reflex is completely abolished,

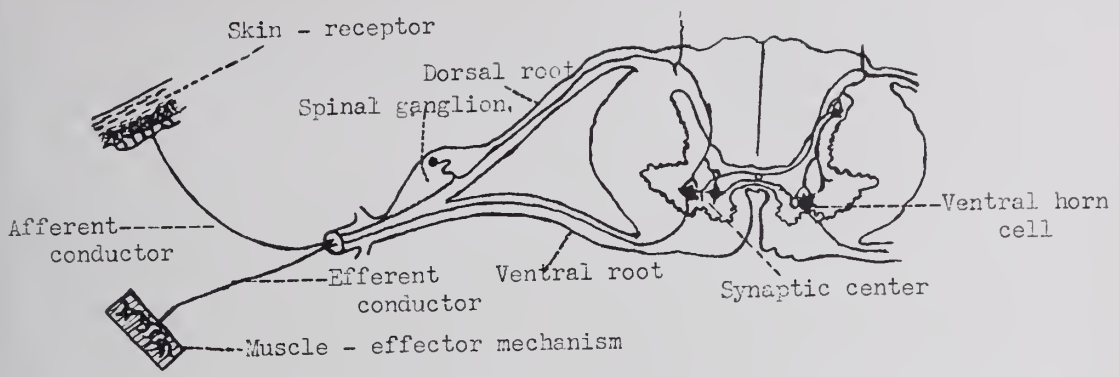



Fig. 5.—Diagrammatic section through the spinal cord and a spinal nerve to illustrate a simple reflex arc.

but if the reflex arc is intact but severed from influence of the cerebrum, the reflex activity is increased because of loss of the governing or inhibiting action of the cerebrum. The effect upon the superficial reflexes is somewhat different than that upon the deep tendon reflexes. The pathway of these is considered very complex and reaches the cerebrum. Severance of the cerebral connections causes a loss of superficial reflexes. Pathologic reflexes may occur in the absence of the normal superficial responses. The Babinski phenomenon or extension of the large toe with fanning of the small toes upon plantar stimulation is an example of this. The anal and bladder reflexes are somewhat comparable to the superficial reflexes. The sphincter muscles of these contract reflexly upon foreign body stimulation. Disturbance in the normal reflex will result in retention or in incontinence of urine. An automatic bladder may result from spinal cord lesions, in which case the bladder empties itself automatically after being distended with urine. Unfortunately, overstretching of the distended bladder or presence of infection commonly prevents the development of the automatic bladder.

Examination of the deep tendon and superficial reflexes is easily performed. However, the interpretation requires considerable judgment. There is a normal physiologic variation in reflex activity which not only differs in individuals, but frequently differs in the same person, depending upon his general state and upon whether or not he is fatigued, excited or nervous. Although superficial reflexes vary, in judging their activity and significance, one must also consider all of the deep tendon reflexes and how each one compares with the same reflex of the opposite side. The presence of diminished or very active deep tendon reflexes, but with normally active superficial reflexes, is not of great diagnostic importance. On the other hand, the presence of diminished or hyperactive reflexes on the one side, associated with diminished or pathologic superficial reflexes, is of great importance and is diagnostic of a neurologic lesion. The response to plantar stimulation is frequently misinterpreted. When the leg is fully extended and the sole of the foot is stimulated, the associated further extension of the muscles of the leg, in the patient's attempt to get away from the unpleasant or tickling sensation, may result in a false Babinski response. When there is a question as to the accuracy of a plantar response, the patient should be turned on his abdomen with the leg flexed at the knee. If plantar stimulation then evokes dorsiflexion of the large toe with fanning of the other toes, the response can be judged as being definitely pathologic. Obesity, abdominal operations, childbearing or abdominal muscle flaccidity, may result in inability to evoke an abdominal reflex. These points must be taken into consideration in the evaluation of abdominal reflexes. The abdominal reflexes may also be easily fatigued upon repeated examinations. It is suggestive of pyramidal tract disease if the abdominal reflexes on one side fatigue before those of the opposite side.

Examination of the deep tendon reflexes should always be done by means of a fairly heavy and well balanced reflex hammer, one that will always deliver the same blow. Tapping the tendon with one's finger is of no value and may lead to error in diagnosis. In stroking the medial surface of the thigh for the cremasteric reflex, the gluteal region for the gluteal reflex or the abdomen for the abdominal reflexes, one should use the same stroke with the same instrument and in the same anatomic position on the two sides. A pencil is an ideal instrument for this purpose because the point is not too sharp to be painful and yet is sufficiently irritating to evoke a reflex.

*Author's Note.*—In subsequent papers on the diagnosis and treatment of neurologic lesions, further physiologic and anatomic points will be brought out in the attempt to correlate these points with clinical findings.

See page 1119 for Index to Advertisers. Many *Journal* advertisers offer valuable samples,—all offer valuable information.

# Tuberculosis Case Finding in Industry*

By O. A. SANDER, M. D.
*Milwaukee*

TUBERCULOSIS case finding among apparently healthy persons has become firmly established as the most effective weapon in the control of tuberculosis. The early case finding programs were limited to school children, for whom the incidence of significant infection was found too low to warrant the rather high cost of discovery. The later extension of the programs to college students and to the homes of the reactors to tuberculin among the school children gave more productive results.

There still were not as many infected persons being found, however, as there should be per unit cost, and the majority of those who were found represented an advanced stage of the disease. Since no program for the control of tuberculosis is on a sound basis until the majority of the cases is discovered in the minimal stage of the disease, it became apparent that efforts would have to be directed toward a case finding program among the workers in industry, who form a vast group of apparently healthy adults.

Dublin[1] has estimated that the death rate for tuberculosis of the general industrial population is from two and one-half to four times that of so-called white collar workers. Jessamine Whitney[2] has grouped large numbers of occupations by economic levels and has shown that the death rates for tuberculosis vary inversely with the economic status. Riddell[3] has considered other factors as at least partly responsible, such as overcrowding of workers in shops and plants, posture at work which interferes with ventilation of the lungs, poor ventilation in plants and exposure to various types of dust or fumes. Lanza and Vane,[4] in their analysis of the Metropolitan Life Insurance Company death rates, have suggested that the influence of exposure to silica dust is considerable, over and above the economic factor. Numerous studies on industries involving exposure to dust in this country and elsewhere all are in agreement on this effect of such exposure.

TABLE 1.—*Incidence of Primary Tuberculous Scars*

| Type of Lesion | Nondusty Occupation (average age, 23) | Dusty Occupation (average age, 40) |
|---|---|---|
| 1. None | 6,760— 95% | 9,374— 92% |
| 2. Positive | 351— 5% | 870— 8% |
| | 7,111—100% | 10,244—100% |

* Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

## Incidence of Tuberculosis in Milwaukee Industry

Although the primary purpose of this study was to determine the extent of the silicosis hazard in Milwaukee's dusty trades, it became fully as important a tuberculosis case finding project as any that has been carried on. Not only has analysis of the findings given valuable information on the relation between exposure to dust and an increased rate of tuberculosis, but the study has had the more practical result of making known many cases of tuberculosis that were previously unsuspected. Of the 17,355 workers who had been examined to the time of this report, a total of 520 with significant tuberculous lesions had been discovered at their original examinations, a crude incidence of 3 per cent of the total. In this group of 520 there were 58 with clinically active tuberculosis (0.3 per cent of the total), all of whom were promptly isolated in a sanatorium. Periodic examinations of about 6,000 workers have revealed an additional 40 with reactivated and new active infection which required sanatorium care, so that approximately 100 sources or reservoirs of tubercle bacilli have been removed from the plants represented in this study.

In tables 1 and 2 and charts 1 and 2 the results are shown of an analysis of the incidence of tuberculosis according to the presence or absence in the occupation of a dust hazard and according to the ages of the workers examined.

The first difference noted in the two charts is in the age distribution of workers: 51 per cent of the persons in nondusty occupations were under 25; 9.6 per cent of those exposed to dust were under 25. The second difference is in the incidence of significant tuberculosis in the advanced age groups in dusty occupations. The incidence in the two types of occupations varies little to age 40. Beyond this age there is a sharp increase of significant tuberculosis in the dusty occupations but no increase in the nondusty occupations.

TABLE 2.—*Incidence of Adult Type of Tuberculous Lesions*

| Type of Lesion | Nondusty Occupation (average age, 23) | Dusty Occupation (average age, 40) |
|---|---|---|
| 1. None | 6,949— 97.7% | 9,458— 92.3% |
| 2. Calcified adult scars | 68— 1.0% | 341— 3.4% |
| 3. Healed miliary calcifications | 6— 0.1% | 13— 0.1% |
| 4. Indeterminate activity (arrested) | 75— 1.0% | 387— 3.8% |
| 5. Clinically active | 13— 0.2% | 45— 0.4% |
| Total | 7,111—100 % | 10,244—100 % |

It appears likely from the charts that exposure to dust has been a factor in the increasing rate of significant tuberculous lesions after age 40. Previous reports[5] on smaller groups of these workers indicate that the increasing incidence of active and arrested lesions occurs only among the workers with roentgen evidence of silicosis. When the workers with silicosis are excluded from the group engaged in dusty trades, the incidence of significant tuberculosis is approximately the same for the two groups. In other words, exposure to dust per se is not a factor in the increased incidence of tuberculosis in the dusty trades. Exposure must have been long enough and severe enough to have caused recognizable silicosis before it can be said to have had a causal relation to tuberculosis. The obvious conclusion to be drawn from this observation is that if exposure to dust is kept below a safe limit (which means a limit insuring that silicosis will not develop during a working life time), there is no more danger from active tuberculosis than there is in the nondusty industries. That is the goal most dusty trades are now approaching.

## Methods of Case Finding

It is clear from these studies that the older industrial workers offer a fertile field for a greater yield of cases of active tuberculosis. Only a small percentage of industries in the Milwaukee area have carried on a case finding project. Most plants that have thus far been surveyed have had some type of occupational hazard from dust or fumes. Only a few employers in industries without such hazards have become educated to the belief that the results obtained in a case finding program are worth its cost Industry is interested only in procedures which will yield the largest results per unit of time and money expended. The methods of case finding should, therefore, be carefully studied to see which is most adaptable to industry.

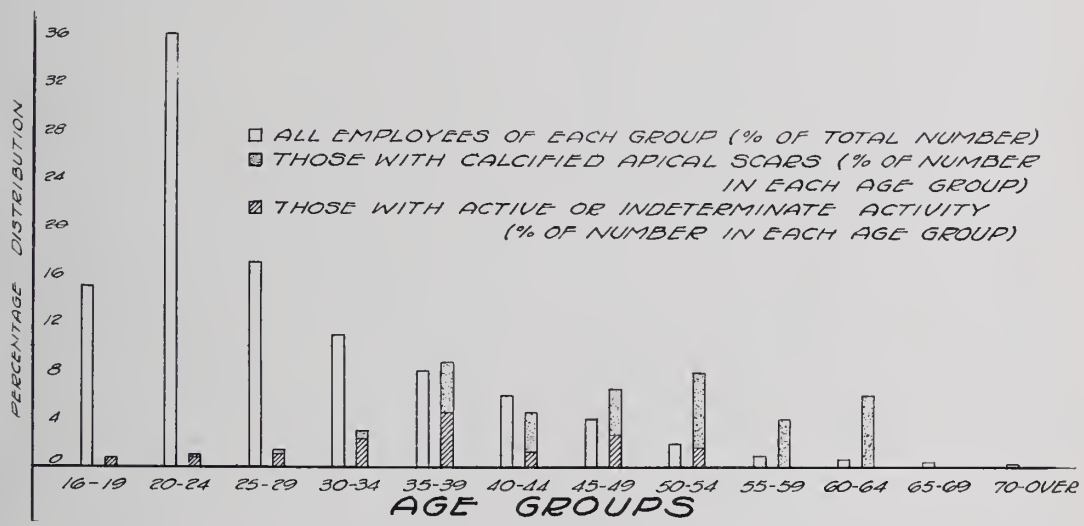



Chart 1.—Percentage distribution by age groups of tuberculous lesions among 7,111 employes in nondusty occupations.

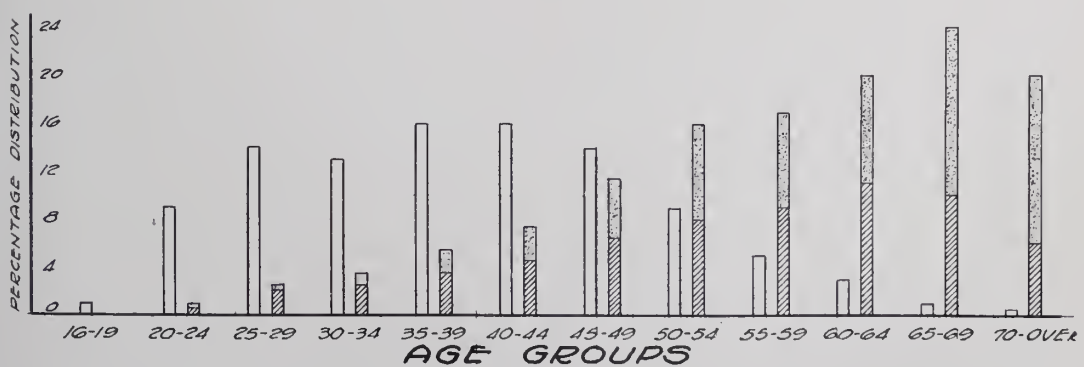



Chart 2.—Percentage distribution by age groups of tuberculous lesions among 10,244 employes in dusty trades.

1. *Physical examination alone.*—It now is well known that most pulmonary tuberculosis lesions are "silent" until they have reached the moderately advanced stage. Minimal lesions frequently not only cause none of the classic symptoms of tuberculosis but cannot be discovered with the stethoscope by the most highly trained ears. In my experience, only one-fourth of the persons with active tuberculosis in this study would have been discovered by physical examination alone. Sawyer[6] has stated that the stethoscope today is an almost obsolete instrument in the discovery of incipient tuberculosis. This does not mean that physicians should throw away their stethoscopes, for these always will be useful for differential diagnosis of pulmonary disease. I repeat, however, that they cannot be depended on to rule out early to moderately advanced tuberculous lesions.

2. *Tuberculin testing and roentgenographing reactors.*—This procedure has been successfully used in high school and college surveys for over ten years but is not adaptable to industrial groups. Among adults in industry the percentage of nonreactors is too low to give sufficient saving in the cost of roentgenograms. Moreover, the time factor is increased because of the necessity of reading the reaction forty-eight hours after injection. Besides, the natural fear of many persons of any kind of injection will always prevent such a study from being a 100 per cent survey. In the study reported here, tuberculin testing was used only in isolated cases for differential diagnosis.

3. *Fluoroscopy.*—This method has many advantages, chief of which is speed and low cost. With fluoroscopy unusually experienced examiners can find most minimal lesions. However, the percentage of accuracy is wholly dependent on the experience of the examiner. Fellows,[7] of the Metropolitan Life Insurance Company, who has used this method most extensively, has reported a 13 per cent error in findings when checked by roentgenograms. With less expert examiners, this percentage will increase considerably, to the point where the procedure becomes dangerous because of the false sense of security that it gives. Its chief drawback is that it leaves no record for future comparison except the statement of the examiner, for which reason it has not been adopted as a case-finding method in industry. been adopted as a case finding method in industry.

4. *Paper Roentgenograms.*—This method is available only through a New York commercial company on a rental basis and has not been used in Milwaukee. The New York Department of Health[8] in its mass case finding surveys has x-rayed on paper plates upward of 225,000 adults, with excellent results. However, the finer lung detail is not as clearly visible with the reflected light from these prints as with transmitted light of films. For industry, the visibility of fine lung detail often is very important for future comparison of films. For this reason, paper x-ray plates have not been widely used for case finding in industry.

5. *Roentgen examination.*—By far the most reliable and practical procedure for industry is to secure a well taken roentgenogram, or stereoscopic film, for each employe. With careful interpretation, particularly of the apices behind the clavicles and first ribs, the most minimal of infiltrations can be found. In addition, nontuberculous pulmonary lesions, mediastinal disease and cardiovascular abnormalities are not missed. Were it not for the still excessive cost of making a 14 by 17 inch film of the chest, it would not be long before all industrial workers, as well as the general population, would be examined by this method. The recently developed photoroentgenography,[9] whereby 35 mm., or 4 by 5 inch, films are made from the fluoroscopic image, may be the solution for this problem. Because of its speed and much lower cost per film, it should become much more widely used.

6. *Complete examinations, including laboratory studies and roentgenograms of the chest.*—If industry is to pay the expense of tuberculosis case finding, it expects more for its medical costs than the finding of its tuberculous workers alone, and rightly so. Although the discovery of active and open infections in industries is of tremendous value, tuberculous disease is, after all, a relatively minor problem as compared to the general health of industrial workers.

One of the large items in industrial costs which has too often been overlooked in the past is that caused by general sickness absenteeism. Numerous studies have shown that losses of efficiency of production from this cause may be materially reduced by a well planned program of general health examinations. Not only are persons with tuberculosis discovered, but remediable defects of all kinds are found and corrected and workers with permanent handicaps are properly placed at occupations which they are able to carry on without danger to themselves and others. Moreover, preventive measures are taken to reduce the incidence of the more common causes of sickness absenteeism, such as infections of the upper respiratory tract and the common cold. In other words, the medical adviser of an industry is responsible for the maintenance of the general health of the workers in that industry. If he does his job well, he has automatically joined the campaign against tuberculosis and is finding the actively infected employes early and getting them under treatment promptly. But, in doing so, he also is helping maintain the general health of the workers in that industry at a relatively small increase in cost over that of a survey for tuberculosis alone.

The Wisconsin Industrial Commission has recognized the value of complete physical examinations in the maintenance of industrial health in its plan of physical examinations in industry. This plan has been proposed not only for plants having specific occupational disease hazard but for all employers who have people working for them, whether in a shop or in an office. The proposed program has recognized the existence of tuberculosis in any employe group, regardless of the kind of work it carries on,

by suggesting that a single roentgenogram of the chest be included as part of the complete examination. This plan, therefore, is an adequate tuberculosis case finding implement in addition to being valuable in the discovery and control of other diseases.

### Frequency of Examination

For tuberculosis as well as for any other disease, absence at a single examination gives no assurance that it will not develop at some subsequent date. If the health of industrial workers is to be properly controlled, periodic examinations are necessary. It is well known that the appearance of symptoms cannot be relied on to reveal new tuberculous infection at a sufficiently early stage. Periodic roentgenograms of the chest, on the other hand, not only will disclose very early infiltrations but will allow one to study the behavior of these lesions long before symptoms or physical signs appear. Such serial films are, moreover, of inestimable value in improving knowledge of the pathogenesis and epidemiology of tuberculosis.

Sawyer[6] has found that a period of three years between films is satisfactory for persons over 30 years of age with no previous pulmonary lesion. For persons under 30 roentgenograms are still made annually in an industry having no special occupational disease hazard. In the study reported here, three-year periodic examinations are made in all plants and for all occupations not having a serious occupational disease hazard and for persons showing no previous pulmonary disease. Where dust hazards are still not as well controlled as they should be, the workers are examined every two years. Those with previously arrested tuberculous lesions or with silicosis are examined yearly or oftener. In this way, reactivations and new infiltrations have been discovered before the lesions have become too widespread and before other employes have become infected by contact exposure.

## Who Should Carry on Tuberculosis and General Health Surveys?

I believe that the discovery of tuberculosis in industrial workers should eventually become an inconspicuous part of a general plan of examinations in all plants, as outlined in the Wisconsin Industrial Commission plan. However, isolated case finding projects may serve the very useful purpose of making many employers more health minded, particularly those who have never had a health program beyond provisions for first aid. Experience has shown that employers in whose plants infected workers are found acquire a profound interest in their employes' general health and soon become conscious of the need for a more complete medical program. Whether the isolated tuberculosis case finding is done by the tuberculosis association, the public health department or a private physician should make little difference as far as the general medical profession is concerned. Obviously, the tuberculosis agencies or the public health departments cannot carry on the complete medical programs, nor would they be interested in doing so. The general profession will be called on for this service.

Plants that are large enough have employed a physician on a full-time or part-time basis and have installed their own x-ray apparatus. Smaller plants have sent their employes to this or that physician who had adequate x-ray equipment. Such a procedure has allowed the small plants to carry on fully as complete a medical program as is found in many large plants. There is no need of a high degree of specialization to carry on this work. The general practitioner is fully able to do it provided he has x-ray equipment which is adequate for examination of the chest and provided he has learned to differentiate normal from pathologic shadows on a roentgenogram of the chest. In addition, he should have sufficient interest in preventive medicine to acquaint himself with the special problems presented by industry. This necessitates occasional visits to the plants whose employes he examines, not only to determine whether any special occupational disease hazards are involved but to study the types of required physical exertion. In this way he can more intelligently place the workers at jobs for which they are best suited physically. Moreover, his increasing interest in industrial health stimulates a desire to solve problems which are still causing excessive sickness in this or that plant.

Such a desirable situation can be brought about only when one physician is responsible for the maintenance of the health of the employes in any one plant. Because he is studying large groups of workers instead of isolated workers, he becomes increasingly accurate in making the all important decision of when a tuberculous employe requires removal from his job and isolation in a sanatorium. This is one of the most difficult problems confronting the physician responsible. He must take into consideration not only the degree of activity of the tuberculous lesion but the type of work being done by that employe, the economic status of the employe and the psychologic effect on him of removal from his job. Depriving a worker with an arrested lesion of his job when it is doubtful that rest will have any therapeutic value is almost as harmful as not isolating early enough the one with an active infection. Only experience with large numbers of such workers in industry makes it possible to have treatment start at just the right time. No case finding program in industry is adequate until this ideal has been reached.

Finally, with as many as 85 per cent of the patients admitted to sanatoriums still being in an advanced stage of the disease, it is obvious that many adult groups in the community should have more thorough-going case discovery programs. Foci of spread of the infection will not disappear if physicians wait until the individual patients come to them with symptoms. Since industrial workers are an ac-

cessible group who are known to be harboring more than the average number of active cases, increasing efforts to find them should be welcomed and supported by the general medical profession. The incidence of tuberculosis in the industrial population is reducible below that of the general population if the active foci of infection are found and isolated. The general medical profession is urged to take advantage of the opportunity to help achieve this goal.

### Summary and Conclusions

A statistical analysis by age groups of the incidence of tuberculosis among 17,355 industrial workers has been presented.

These studies show that workers above the age of 30 offer the most fertile field for the discovery of tuberculosis.

Although the incidence of significant tuberculosis is considerably higher among employes in dusty trades, the percentages are sufficiently high among those not exposed to dust to warrant more thorough case finding projects in industry generally.

A well-taken roentgenogram of the chest repeated periodically for all employes is the least that should be done to assure an adequate program for the control of tuberculosis in industry.

It is recommended that roentgenologic studies eventually be included in a general health program rather than carried on as an isolated project in any industry.

Experience shows that it is advisable that one physician be made responsible for the health of the workers in any one plant rather than to allow each worker to have his own physician make the necessary examinations.

The general physician who has adequate x-ray equipment and a genuine interest in preventive medicine is competent to assume the responsibility for the control of tuberculosis and the general health in any plant.

#### REFERENCES


1. Dublin, Louis, and Vane, R. L., Jr.: Causes of Death by Occupation, Bulletin 507, U. S. Bureau of Labor Statistics, Washington, D. C., 1930, p. 9.
2. Whitney, Jessamine S.: Death Rates by Occupation, National Tuberculosis Association, June, 1934.
3. Riddell, A. R.: Tuberculosis in Industry, Indust. Med. 6: 283–287 (May) 1937.
4. Lanza, A. J., and Vane, R. J.: The Prevalence of Silicosis in the General Population and Its Significance Upon the Incidence of Tuberculosis. Rev. Tuberc. 29: 8–16 (Jan.) 1934.
5. Sander, O. A.: Tuberculosis and Its Relation to Silicosis, Indust. Med. 7: 399–405 (July) 1938; Clinical Picture and X-ray Findings of Silicosis in the Foundry Industry, Proceedings of Saranac Laboratory Symposium on Silicosis, June, 1939.
6. Sawyer, W. A.: Tuberculous Control in Industry, Am. Rev. Tuberc. 39: 456–478 (April) 1939.
7. Fellows, H. H., and Ordway, W. H.: Fluoroscopy versus Physical Findings in the Detection of Pulmonary Tuberculosis, Tr. Nat. A. Prev., Tuberc. 1937.
8. Edwards, H. R.: Tuberculosis Case-Finding, Suppl. Am. Rev. Tuberc., 41, June, 1940.
9. Potter, Hollis: The Miniature X-ray Chest Film, Radiology, 34: 283–291 (March) 1940.


# Sulfanilamide and Its Derivatives in the Treatment of Escherichia Coli Septicemia*

## Report of a Case With Recovery


By M. L. CARNS, M. D., and R. B. LARSEN, M. D.

*Department of Medicine, State of Wisconsin General Hospital, and University of Wisconsin Madison*


### Historical Data

ROUTINE cultures of blood taken from many patients exhibiting a febrile reaction are positive. Infrequently, the colon bacillus is cultured. A review of the literature for a fifty-year period by Davis and Turner[1] has shown a total of 110 authentic cases of colon bacillus septicemia, of which the majority were reported in the European literature.

It is difficult to ascertain the portal of entry into the blood stream in many cases. The primary focus may be in the biliary, urinary, gastrointestinal or genital tract, but the exact pathway remains obscure. One may suspect that the traumatization of a mucosal surface in the presence of a colon bacillus flora allows the spread of organisms through the lymphatic channels to the blood stream.

Long and Bliss[2] reported sulfathiazole to be as effective a bacteriostatic agent as is sulfapyridine in broth cultures of several organisms which included Escherichia coli. Experimental studies on the susceptibility of organisms to the action of sulfathiazole, sulfapyridine and sulfanilamide by

* Submitted for publication on February 1, 1941.

Libby and Joyner[3] showed considerably greater action by sulfathiazole than by the other drugs on organisms in the colon-typhoid-dysentery group. Other papers concerning in vitro studies of the thiazole derivatives of sulfanilamide on organisms commonly associated with infections of the urinary tract have appeared and confirm this finding.[4, 5, 6]

Recently Rammelkamp and Stoneburner[7] in reporting the use of sulfathiazole in treatment of infections of the urinary tract, cited a case in which Escherichia coli was found in both urine and blood. An excellent response was obtained with chemotherapy. Herrell and Brown[8] reported a series of cases from the Mayo Clinic from 1934 to 1939 in which blood cultures positive for Escherichia coli were obtained in 35 cases. Sulfanilamide compounds were given in 14 cases, with recovery in 11 (78.6 per cent). No sulfamilamide compound was given in 21, but recovery occurred in 13 (60.7 per cent).

It is our purpose in this communication to report a case of Escherichia coli septicemia with complete recovery following therapy with sulfathiazole and neoprontosil.

## Case Report

Mrs. H. B., a white woman aged 32, entered the State of Wisconsin General Hospital on Nov. 17, 1940, with a chief complaint of fever and chills. On the evening of November 9 she had had six or seven "shots" of whiskey, an amount which she had taken on many previous occasions with impunity. At 6 o'clock the following morning she had a sudden onset of pain which started in the epigestrium and radiated to both hypochondria, around both sides to the back and to both scapulas. In the two years previous to admission she had had four such painful episodes, which usually lasted two to three days and were accompanied by only moderate fever and chills. Recovery had been spontaneous.

On this occasion she had been nauseated and vomited frequently for the first three days. The pain had then subsided, but in the interim she began having chills and fever, with temperature varying from normal to 106° F. There had been one loose greenish stool every day. Other history was irrelevant.

At the time of admission, one week after the onset of her illness, physical examination revealed that she was acutely ill, was dehydrated, and had a slight icteric tinge of the scleras. Her temperature was 106 F., pulse rate 136 and respiratory rate 24. There was pain on pressure over the right mastoid. The heart and lungs were normal. The abdomen was moderately distended. There was tenderness over the gallbladder area; Murphy's sign was present and spasm of the right rectus abdominis was so pronounced that we could not determine whether the gallbladder was palpable. The remainder of the examination, including a proctoscopic study, gave essentially negative results.

Urinalysis revealed nothing abnormal except a trace of albumin. The hemoglobin content was 11.9 Gm., the red blood cell count 4,010,000 and the white blood cell count 13,250 with 89 per cent neutrophils and 11 per cent lymphocytes. The blood sugar content was 125 mg. per hundred cubic centimeters, during fasting, the alkali reserve 45.7 volumes per cent, the level of blood chlorides 450 mg. per hundred cubic centimeters, the icterus index 18 units and the serum protein content 4.6 Gm. per hundred cubic centimeters, with albumin 2.6 Gm., globulin 2 Gm. and a ratio of 1:3. The cephalin cholesterol test gave a value of 3 plus. No malarial parasites were seen in a smear, and agglutination tests for typhoid, paratyphoid, brucellosis and tularemia gave negative results. Blood for culture was taken at the time of admission and showed Escherichia coli of the communis type.

The initial therapy was the administration of 1.3 Gm. of neoprontosil every six hours. This drug was decided on before the positive blood culture was obtained and was chosen chiefly because of its probably lower toxicity, in view of the suspected hepatic damage. Since, after two days of this therapy, no improvement was apparent and the blood culture showed Escherichia coli, sulfathiazole was given, with an initial dose of 2 Gm. and thereafter 1 Gm. every four hours. This dosage was continued for twelve consecutive days. In the first fifteen days of the patient's stay in the hospital, she had five blood transfusions, a total of 1,700 cc. being given.

Her temperature fluctuated at high levels for the first nine days, passing 105° F. daily and showing a dramatic fluctuation from 107° to 98° F. in six hours on one occasion. In spite of frequent chills and sweats, she was relatively comfortable. She had no significant abdominal pain after the first day of her illness. Three days after admission, her general condition seemed less favorable, bilateral basal rales appeared and a roentgenogram confirmed the clinical impression of bilateral bronchopneumonia. The icterus index had risen to 28 units. The level of sulfathiazole in the blood varied from 4.2 to 5.1 mg. per hundred cubic centimeters. An attempt at duodenal drainage was unsuccessful.

An erythematous, papular eruption appeared on the face, neck and left thigh, eleven days after the institution of sulfathiazole therapy. The following day the erythema was widespread, and the drug was therefore discontinued. The eruption cleared rapidly, but the temperature, which had then remained normal for two days, began to rise rapidly, and on the third day administration of sulfathiazole was resumed. After three days of the second course the patient complained of severe pains in the joints, and conjunctivitis and a recurrence of the rash were noted. On this account the administration of neoprontosil 1 Gm. every four hours, was again begun. The temperature, however, dropped to normal on the day following discontinuance of sulfathiazole and did not rise again. The subsequent course was one of rapid improvement. Neoprontosil was given

in decreasing doses for eleven days. The patient received a total of 92 Gm. of sulfathiazole, 62 Gm. of neoprontosil and 1,700 cc. of blood in five transfusions. The total period of hospitalization was thirty-seven days. Additional studies were carried out when she had sufficiently recovered. A series of roentgenograms of the gastrointestinal tract and a barium enema gave negative results and a cholecystogram showed a normally functioning gallbladder with no evidence of calculi. Subsequent communications from the patient have reported continued good health.

### Summary and Conclusion

A patient with colon bacillus septicemia recovered under sulfathiazole and neoprontosil therapy. Our clinical impression was pylephlebitis with possible abscesses of the liver. However, as pointed out by other authors[9], doubt must always exist as to the nature of a condition regarded as pylephlebitis when recovery has occurred without laparotomy and examination of the liver. Cases of this type should serve as a stimulus to the culture of blood from patients with chills and fever and indicate prompt use of the sulfonomide best suited to combat the organisms found.

#### REFERENCES


1. Davis, N. P., and Turner, O. E.: Colon Bacillus Septicemia Associated with Calculus Obstruction of the Common Duct: Review of the Literature and Report of a Case, Pennsylvania M. J. 43: 26–28 (Oct.) 1939.
2. Long, H. P., and Bliss, E. A.: Bacteriostatic Effects of Sulfathiazole on Various Micro-Organisms: Its Therapeutic Effect in Experimental Pneumococcal Infections, Proc. Soc. Exper. Biol. & Med. 43: 324–327, 1940.
3. Libby, R. L., and Joyner, A. L.: Action of Sulfathiazole on Colon-Typhoid-Dysenteriae Group of Organisms, J. Infect. Dis. 67: 67–69 (July–Aug.) 1940.
4. Hill, J. N.: The Comparative in Vitro Action of Sulfanilamide, Sulfapyridine and Sulfathlazole, J. Urol. 43: 491–495, 1940.
5. Helmholz, H. F.: The Bactericidal Effect of Sulfathiazole and Sulfamethylthiazole in Bacteria found in Urinary Tract Infections, Proc. Staff Meet., Mayo Clin. 15: 65–68, 1940.
6. Lawrence, C. A.: Bacteriostatic Effects of Sulfanilamide and Its Pyridine and Thiazole Derivatives upon Colon-Typhoid Dysentery Group, Proc. Soc Exper. Biol. & Med. 44: 162–165 (May) 1940.
7. Rammelkamp, C. H., and Stoneburner, L. T.: Sulfathiazole: A Clinical and in Vitro Study of Its Use in Infections of the Urinary Tract, New Eng. J. Med. 224: 45–52 (Jan. 9) 1941.
8. Herrell, W. E., and Brown, A. E.: The Treatment of Septicemia: Results Before and Since the Advent of Sulfamido Compounds, J.A.M.A. 116: 179–183 (Jan. 18) 1941.
9. Ottenberg, R., and Berck, M.: Sulfanilamide Therapy for Suppurative Pylephlebitis and Liver Abscesses, J.A.M.A. 111: 1374–75 (Oct. 8) 1938.


# Sciatica

By VERNON J. HITTNER, M. D.
*Seymour*

SCIATICA is a symptom or disease which causes considerable suffering. There has been no one satisfactory treatment, and because of the multiplicity of remedies offered it must be admitted that the ultimate goal has not been reached. This brief discussion will attempt to review some of the etiologic factors and types of treatment and will contain a report on one form of therapy.

### Etiology

I. Primary lesions of the sciatic nerve, such as von Recklinghausen's neurofibroma, hemorrhage into the nerve and direct trauma.

II. Posture.
- A. Acute strain, such as a sudden twist.
- B. Chronic strain, which may be due to flatfoot, rickets, weakness of the abdominal muscles or localized muscle spasm.

III. Trauma.
- A. Injuries involving the vertebra, such as fractures.
- B. Injuries involving the disks—protrusion of intervertebral disks occasionally occurs.

IV. Infections.
- A. Of demonstrable etiology as infectious arthritis, spondylitis deformans, fibrositis, tuberculosis, staphyloccic and gonorrheal arthritis of the sacroiliac joint, foci of infection as teeth, tonsils, prostate, hemorrhoids and infected cervix.
- B. Of unknown etiology.

V. Metabolic and conditions due to senescence.
- A. Hypertrophic changes.
- B. Osteoporosis, with pathologic fracture.

VI. Congenital anomalies.
- A. Spina bifida.
- B. Sacralization of the fifth lumbar vertebra or lumbarization of first sacral vertebra.

C. Anomalous facets.
D. Spondylolisthesis and spondylolysis.
VII. Neoplastic conditions.
A. Benign tumors.
B. Malignant tumors.
VIII. Neurologic conditions, such as tumors of the spinal cord.
IX. Lesions in neighboring systems.
A. Gastro-intestinal.
B. Genito-urinary.

This outline shows that sciatica may result from mechanical disturbances of the upper and lateral joints of the sacrum; from direct pressure or irritation of the nerve, the sacral plexus or the nerve roots, or from pressure due to muscular spasm or to inflammation.

### Symptoms

Sciatica may be constant and last for weeks, months or years. Recovery may be spontaneous. Pain is the cardinal symptom. It follows the distribution of the nerve as well as appearing in the lumbosacral region. Flexion of the extended leg on the trunk accentuates the pain in about 80 per cent of the cases. Flexion of the head on the thorax also accentuates the pain. The pain is aggravated by activity and relieved by rest. The nights are more comfortable than the days. The Achilles tendon reflex is often reduced or absent. Sensation may be impaired, and there is commonly tenderness over the trunk of the sciatic nerve. Involuntary listing of the pelvis may occur. The pain is increased by coughing or sneezing.

### Treatment

This is a brief outline of the various methods used in treating sciatica, all of which have been successful in certain cases.

I. Rest in bed on a firm mattress with a lumbar support and sometimes a plaster spica.
II. Strapping the back or use of a Taylor brace.
III. Elimination of possible etiologic factors, such as
A. Toxic foci or sources of referred pain (and this includes insulin in diabetics).
B. Correction of faulty posture by exercises (usually have lordosis).
C. Correction of flatfoot.
IV. Measures to absorb local fibrosis and free adhesions, such as
A. Local heat, such as diathermy.
B. Massage.
C. Passive motions.
D. Nerve stretching.
1. Postural and open methods.
2. Endoneural sciatic injection.
3. Epidural introsacral injection.
4. Buck's extension applied to one or both legs to relieve muscle spasm. Eight to ten pounds are used and the traction may be constant or intermittent.
E. Perineural injection and injection of the pyriformis muscle.
V. Intravenous shock therapy, such as triple typhoid for non-specific foreign protein.
VI. Operative enlargement of intervertebral foramens if narrowed due to arthritic change.
VII. Section of the iliotibial fascial band when due to tension of the tensor fasciae latae.
VIII. Separation of adhesions along nerve trunks by open operation.
IX. Laminectomy with removal of protruded intervertebral disks.
X. Salicylates still remain the medicine of choice.

The following method of treatment for the relief of sciatic pain is applicable in those cases in which the etiology, after careful physical and x-ray examination, is not known or cannot be otherwise eliminated, and to relieve the suffering until other measures are instituted. It is of value in that the relief is usually miraculous and no hospitalization or prolonged absence from work is required.

Intraneural injection results in a localized fusiform swelling which stretches the surrounding nerve sheath and tends to separate the individual nerve bundles inside it.

Two points of injection are selected. In the first, a line is drawn from the junction of the sacrum and coccyx to the posterolateral external border of the greater trochanter. A 20 gage needle 6 inches (15 cm.) long is introduced at a point a thumb's width outside the junction of the inner and middle thirds of the line mentioned. The patient is asked to tell when the nerve is reached as the pain radiates to the foot. Then 100 cc. of physiologic solution of sodium chloride is injected.

In the second, the point of insertion of the needle is determined by the intersection of a line projected from 3 inches (7.6 cm.) in the male to 3½ inches (8.9 cm.) in the female directly laterally from, and at the level of, the apex of the intergluteal fold, and an

TABLE I

| | |
|---|---|
| Patients treated: | |
| 1. Total number of patients | 197 |
| 2. Age | |
| Youngest | 12 |
| Oldest | 79 |
| Average | 46 |
| 3. Sex | |
| Male | 124 |
| Female | 73 |
| 4. Symptoms—Duration | |
| Shortest | 8 days |
| Longest | 5 months |
| Average | 20 days |
| 5. Injections—Number of times.—These were repeated if necessary within 10 days. | |
| One | 141 |
| Two | 48 |
| Three or more | 8 |
| 6. Additional therapy at the same time as injection | |
| Tonsillectomies | 22 |
| Triple typhoid injections | 3 |
| 7. Results | |
| Complete or near complete relief | 105 |
| Partial relief | 60 |
| No relief | 32 |
| 8. Complications | None |

TABLE II

| | |
|---|---|
| Cases according to months: | |
| January | 10 |
| February | 10 |
| March | 16 |
| April | 17 |
| May | 29 |
| June | 14 |
| July | 20 |
| August | 19 |
| September | 26 |
| October | 12 |
| November | 14 |
| December | 10 |

imaginary perpendicular line erected from the ischial tuberosity. The point of injection is further checked by drawing another imaginary line from the mid-lateral aspect of the greater trochanter to the spinous process of the fifth lumbar vertebra. This line intersects the two lines already mentioned at the same point. A 20 gage 6-inch (15 cm.) needle is passed in an antero-medial direction from this point at an angle of 45 degrees with the skin surface. As the needle strikes the sciatic nerve a sharp pain is produced. This needle enters the greater sciatic foramen. Thirty cc. of 1 per cent procaine hydrochloride solution are injected into the nerve and pyriformis muscle.

## Summary and Conclusions

An effort has been made to present a series of cases of sciatica treated by the intraneural and perineural injection of procaine hydrochloride and isotonic sodium chloride solution. From this examination it was concluded that the cause for the vast majority of cases of sciatica was strain, both acute and chronic, and especially increased tension of the pyriformis muscle. The relaxation produced by the injection of procaine hydrochloride and sodium chloride solution relieved the tension and strain with a resulting relief of symptoms. From the results obtained it appears this therapy has a definite place in the treatment of sciatica.

### REFERENCES

1. Ghormley, R. K.: Low Back Pain, J. A. M. A. 101: 1773–1777 (Dec. 2) 1933.
2. Walker, L. J. A.: Low Back Pain and Sciatica, Canad. Med. M. A. J. 40: 240–246 (March) 1939.
3. Steel, W. M.: Non-Operative Procedures for Relief of Lumbo-Sciatica, A. J. Surg. 44: 76–87 (April) 1939.
4. Haggart, G. E.: Sciatic Pain of Unknown Origin, J. Bone & Joint Surg. 20: 851–859 (Oct.) 1938.

## HEALTH ACHIEVEMENTS FILM STRIP MEETS APPROVAL

Members of the Society who have availed themselves of the use of the film strip entitled "Health Achievements in Wisconsin," when called upon to appear before lay audiences, have reported that the film strip and the information contained in the manuscript which accompanies it hold the attention of audiences throughout the entire presentation period.

The Committee on Health and Public Instruction, which developed the film strip for use by members of the Society, is gratified to learn of this enthusiastic acceptance and wide use of the film strip, and take this opportunity to remind members again of the availability of the film strip, manuscript, and projectors. Physicians who are called upon to give talks before such groups as Parent–Teacher Associations, Lions, Rotary, community groups, rural schools, and other groups, are welcome to use this health education material by requesting it from the State Medical Society's office.

County medical societies wishing to have this film strip shown and explained at a meeting may have scheduled as a speaker on their program either a representative from the State Medical Society office or a member of the Committee on Health and Public Instruction, under whose guidance the film was prepared.

# Some Common Everyday Injuries of the Knee Joint*

By KELLOGG SPEED, M. D.
*Chicago*

I WILL discuss the common, everyday mishaps that occur to both the working male and the female in the household, in industry, and in automobile and other accidents. These mishaps occur to persons of almost any age, from the adolescent to those of advanced years.

## "The Intimate Anatomy . . ."

It seems to me that the physician should keep in mind the intimate anatomy of the knee just as he thinks of the liver and various other parts of the abdominal contents when he palpates the abdomen. Not only is the knee stabilized by the kneecap and tendons, but also by the various ligaments about and within the joint which, aided by the crucial ligaments and by the semilunar cartilages within the joint, restrain the angle of its motion and lend to physiologic fixation. The lateral ligaments are well defined and have reflections running on the back and front of the joint. It is my opinion that the crucial ligaments are not of any great importance in the ordinary stability of the joint. A slip from the internal lateral ligament extends at the joint level to give attachment to the internal semilunar cartilage. There always exists a discrepancy in size between the two semilunar cartilages, that on the inner side being larger and perhaps more oval in shape, whereas the external is rounder and fits a little more securely on the tibial surface, although they are both movable and fit into place when the knee comes into full extension. This aids to lock the joint in rigidity.

Not the least important factor, also, after some injuries is consideration of the fat pads that lie in the subpatellar region and below the patellar ligament. These pads act as a sort of cushion, perhaps as a source of synovial or oily material to help the joint, and they fit in, in different angles of flexion and extension, to act as a buffer in that portion of the knee. They may become elongated or pedunculated and, of themselves, cause derangements and trouble on occasion when pinched or torn within the joint.

## "Detailed History . . ."

These knee injuries occur to almost anyone following slight twists, falls and turns, and the physician must take a detailed history of the immediate trauma and how the accident occurred. Especially is that true in compensation cases because, as we shall see, many individuals may have pre-existing disease, and the trauma may bring it to their attention or produce a flare-up. This leads to a claim for compensation. Consequently the physician should make a careful record of the history so that he may prove which knee was injured and when and how the accident took place.

## "General Physical Examination . . ."

Everyone with a knee injury should have a general physical examination, including a search for sources of infection (not omitting the pulmonary area), a white blood count and an examination of the urine, to be sure that the condition is purely and simply a localized trauma or disease.

Then, with the patient supine, the physician should look at both legs carefully and palpate them. He should look for atrophy, indicating perhaps a pre-existing condition, with loss of normal use of the muscles and discrepancies in muscle strength. He should note the length of the legs, evidence of old injuries, operations, or infectious effusion in the joint. He should feel the patella for its mobility, its ballottement or floating on the joint; look for the normal contour of the joint, heat, localized bulgings or swellings which occur in some of the bursae about the joint, and for tenderness as found by thumb or finger pressure applied locally during various motions. Finally, for the physician's own defense, as well as the diagnosis, I believe it is wise, if possible, to x-ray both knees.

A patient may arrive within a few hours or three or four days after a fall, sprain or twist, and the knee is often partially or completely filled with an effusion. The outline of the patellar ligament, as seen in the normal knee, is lost. About all the physician can see is a distended joint with the patella slightly floating, with no landmarks except his own knowledge of the correct position of the ligamentous and other structures.

## "To Make a Diagnosis . . ."

Finally, to make a diagnosis, after the physician has eliminated infection and some of the other things, such as pre-existing scars of injury and operation (omitting fractures), with the patient supine, he may make pressure of the thumb right over the joint level, which is somewhat lower down than he might be inclined to think. By pressing first on one side of the joint and then on the other

* Presented at the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

during the patient's act of flexion and extension, he may find an area of isolated and distinct tenderness which gives the key to the diagnosis. The tenderness may be directly in front or on the side when the semilunar cartilage or the fat tags within the joint are loosened or contused.

There are consequently many different things to take note of during the examination of the joint, and not the least important is rupture of the patellar tendon itself. I have in mind such an injury that was overlooked. It had been present for ten or twelve days, with early calcification already beginning in the patellar tendon, where it had been torn away from the tibia. In this condition the patella rises higher, the joint has some effusion in it, but without the help of the x-ray or knowledge of the position of the patella the diagnosis might be difficult. There is always loss of extension power of the leg.

On the other hand, there may be rupture of the quadriceps tendon above the patella. This acts in a similar way as far as the joint swelling is concerned, but it lets the patella retract downward slightly. The quadriceps muscle retracts upward. There may be early atrophy in the quadriceps muscle and early deposition of calcium in the area of the rupture. A depression or dimple just above or below the edge of the patella may be the first diagnostic point. Loss of power in extension of the leg may be the second point.

Some cases of injury include small intra-articular fractures, and although I am excluding fractures, I mention this fact because fractures of the spines of the tibia do occur and are difficult to diagnose. There may be grating within and some looseness of the knee joint, but the massive intra-articular effusion is so rapidly formed that palpation avails little and diagnosis must be made by help of the x-ray film. The medial spine is the one most frequently torn off, although both may be loosened in one mass. Such a knee may be operated upon and the spines drilled and fastened in perfect apposition to the head of the tibia by an absorbent mattress stitch. Some of the so-called ruptures of the crucial ligaments are nothing more or less than fractures of the spine of the tibia.

Another finding after trauma, of which there are unusual instances, is exostosis on the top of the tibia on the tibial plateau. The patient may never know he has it until he falls, as in playing football, and wrenches his knee.

Other injuries involve, in the adolescent, the tuberosity of the tibia and lead to the so-called Osgood–Schlatter disease or Schlatter's sprain, in which the force of the powerful quadriceps muscle of the young football player or hurdler, or even of the girl playing tennis, will pull out the tubercle from the front of the tibia and cause effusion in the joint. This injury causes local effusion over the tubercle of the tibia, but gives about the same general appearance and physical findings on a whole as the ordinary internal derangement. The difference of findings is in the x-ray film. The physician must therefore be on guard to eliminate this condition as a possibility.

Other patients, following a history of twist or fall, show effusion in the joint, swelling, and definite x-ray findings of loose bodies or loose fragments, the origin of which cannot be determined. This condition is common, especially in older people, such as overweight women who have an osteochondritis of the joint. The sources of loose bodies, when revealed, are sometimes difficult to find, but at other times the physician may see on the x-ray film the concave area in the intercondylar notch from which the pieces were shed or are about to be shed as in desiccating osteochondritis. On the lateral view he may see one or several of such bodies. In advanced cases there may be great difficulty in making a diagnosis. In the case of a recent patient of mine, a man aged fifty-eight, who twisted his knee on the golf course, the anteroposterior film showed very little, but on the interior condyle of the femur there was some evidence of a change of density and an unnatural curved linear shadow. The lateral view showed an osteochondritis dissecans. The fragment was about to shed and was further loosened by the twist of the knee, and yet the fragment from the surface of the femur did not come completely out of position.

These disturbed knees, the site of osteochondritis, are amenable to cure by removal of the loose pieces, and sometimes by trimming down the cartilaginous edge if it is undermined, overhangs or in any way interferes with the weight-bearing surface of the joint. The loosened fragments which may wander into the joint practically all have an osseous center. They may grow, fed by synovial fluid, become quite large and rounded in shape, and eventually wander, interfering with the joint on occasion, to cause locking.

Others are not so definite from their standpoint of origin, but the loose bodies are easily recognized. Some joints show fragments beneath the quadriceps tendon beside the patella and others show loose bodies in the middle. Even in advanced cases the patient may deny he ever had any trouble with the knee until a trauma occurred. Some patients are more definite in their history of development, and the small body may wander into the subpatellar pouch and be evident in the film, changing position from day to day as does a real joint mouse. They may be speared and removed through small incisions or by a more extensive, properly planned arthrotomy to expose the whole joint, so that other disease or injury not shown by the x-ray film may be treated. Sometimes a diagonal view of the joint is required to determine the number of these loose bodies or possibly the concavities from which they arose.

As an example of this, I operated recently upon a young man, aged eighteen years, who was injured in a football game. The condition in his knee had existed for a long while previously but was denied until the trauma of the accident. Large free bodies within the joint were removed by arthrotomy. Not a true desiccating osteochondritis, but one of that type, existed. All these free bodies have osseous centers, and yet there may form around them quite a large amount of cartilage which may show the age of the loosened body and the fact that, unknown to the patient, this process had gone on for some time. A small proportion is difficult to recognize, but the x-ray is of enormous help in making the final diagnosis.

Once in a while one sees in the film an unusual shadow indicating a large object in the joint. A woman who had slipped on the wet floor while washing dishes at the sink had never had the slightest trouble with her knee, but I found a large, easily palpable, bony mass in the front part of the knee. There was also effusion and local tenderness as in an ordinary injury, but it was not until I got the full lateral view in the x-ray film that the diagnosis of bipartite patella could be made. The patella took origin from two centers about equal in size, but the abnormality had never caused the patient the slightest difficulty until her injury. The extra patella, the one situated below in the patella tendon, was removed. The joint immediately recovered and functioned perfectly.

The physician may find a bipartite or even tripartite patella and must be on the lookout for them. They may not be in apposition but usually present a distinct hiatus between the bones. They may lie laterally on the sides of the joint or directly on the circumference of the patella.

Not the least annoying thing about knee injuries with no definite x-ray findings and no indication for primary operation are stiffness and pain above the knee on the inner side. This is the so-called Pellegrini–Stieda disease, which is—and I have seen a number of them—an effusion of blood following a tear of the lateral ligament underneath the periosteum of the femur where the lateral ligament is inserted. Sometimes it may result without any evidence of fracture but with a tear of the ligament, with effusion forming and spreading underneath the periosteum. When undiagnosed, the fracture being unseen in the early x-ray film and not immobilized, the organization of the hemorrhage may lead to a deposit of calcific material. This type of shadow in the film develops subsequently rather rapidly, and within three to four weeks after injury may assume large size.

I know of one case in which this condition was mistaken for osteogenic sarcoma, and the young man's leg was amputated in the belief that malignancy was present. However, it was all the result of trauma. If rest,

quiet, and heat are employed, the condition will absorb and eventually completely disappear. Surgery is not indicated for this condition.

### "Concomitant Diagnoses . . ."

These knee joint injuries must also include a discussion or exclusion of concomitant diagnoses which I have grouped under ten heads. First are the lesions of the semilunar cartilage.

There is the simple trauma, simple loosening or just a nicking of the anterior portion of the cartilage and a complete loosening of the whole cartilage which may give severe pain and locking of the joint. There may be a splitting of the cartilage in a diagonal or any other direction with displacement. There may be a displacing or split axis, the so-called bucket handle type, with eventually a complete tearing off, so that the cartilaginous body wanders into the joint but does not take origin as in the desiccating osteochondritis, from the femoral condyle. Lesions of both cartilages are rare; however, do not overlook them. While symptoms may be more dominant on one side, both cartilages may have been injured. Also, cysts of the cartilage, which are rather rare, may develop. There may be loose bodies in the knee from torn off tags originating from hypertrophic synovia, cartilage in other parts of the joint, or the mass of fat tag previously mentioned. There may be simply pinched fat tags, and upon opening the joint filled with effusion after this type of injury there is blood-stained fluid. On exposure and retraction of the opening into the joint, the fat shows evidence of ecchymoses and pinching and perhaps edema and swelling, with nothing else wrong with the joint. Removal of the fat, the excess, or the pedunculated masses will effect a perfect cure. Rupture of the strong lateral ligaments of the knee may occur. This is quite common in skiing accidents, in which there is great violence. There may be intro-articular exostosis, spurs, intra-articular adhesions, or old osteo-arthritis that was stirred up and broken off in the twisting violence affecting the knee.

### "Not the Least Important . . ."

Not the least important is the presence of foreign bodies within the joint, which may include glass, wood, or metal. Glass seldom shows much shadow unless it is highly leaded. Following automobile accidents in which there are puncture wounds in and around the knee, the physician may find that a piece of glass has gone clear into the joint. In one case in which nothing abnormal was seen in an x-ray film and the cut was sewed up without investigation of the true depth and nature of the wound, the patient in a few weeks had evidence of a foreign body in the knee. When the physician opens a joint because of a complaint he may find once in a while a piece of glass or wood.

Osteochondritis dissecans, which I have talked about, is not uncommon but rupture of the crucial ligaments, with loose backward and forward movement of the joint, is very rare from the clinical standpoint.

Periarticular ganglia in the hamstring tendons are encountered once in a while, as well as tuberculosis in all stages. That is one of the things the physician must try to eliminate by careful preliminary general examination.

### Summary

In 300 consecutive injuries of the knee joint, we found 186 males and 114 females, a rather higher proportion of the latter than one would anticipate. The age range was from 18 to 63. There were 161 operations. The diagnosis and findings were mostly internal semilunar cartilage injury (153 instances), external semilunar cartilage injuries averaging about 1 to 6. Osteo-arthritis, periarticular ganglia, osteochondritis, acute infectious gonitis, of which the physician must be careful to eliminate myositis ossificans, Pellegrini–Stieda disease, and Schlatter's disease, enter into the differential diagnosis and treatment. We had one fatality in 139 operations on the knee, and that was due to embolism three weeks after operation.

## WORKMEN'S COMPENSATION PANELS UNDER PREPARATION

The Society's office was deluged with mail occasioned by members returning their applications for listing on the Workmen's Compensation Panels which are being prepared by the Society for distribution to over 40,000 employers subject to the Workmen's Compensation Act. Work has begun also on the addressing of envelopes to employers who are to receive panels as soon as printed.

# Fractures About the Wrist*

By HENRY L. GREENE, M. D.
*Madison*

I SHALL limit this short discussion to fractures of the lower end of the radius, of which there are multiple variations but which are commonly referred to as Colles' fractures. It has been observed all too frequently that a fracture of the lower end of the radius, with or without an associated fracture of the ulnar styloid process, requires an estimate of permanent disability of 10 to 15 per cent as a result of failure to reduce the fragments accurately and maintain them in their normal anatomic relation.

I must necessarily review briefly the mechanical structure of the normal articulating surfaces of the radius and the carpus.

Figure 1 shows a roentgenogram of a normal wrist joint in the anterior-posterior view, revealing the articular surface of the radius pointing inward at an angle of about 25 degrees. The styloid process of the radius projects about ⅜ to ½ inch distal to the styloid process of the ulna. The lateral view reveals that the angle of the articulating surface of the radius points forward at an angle of about 15 degrees beyond a perpendicular line.

Figure 2 shows a typical fracture of the lower end of the radius. Such a fracture usually follows a fall on the outstretched hand, resulting in an upward displacement of the lower fragment and producing a "silver fork" deformity with a reversal and backward tilting of the joint line. There is frequently some impaction of the radial fragments and proximal displacement of the distal fragment, with the radial styloid process lying on a level with or even proximal to the ulnar styloid process. This allows the hand to be displaced radially. There may or may not be an associated avulsion of the ulnar styloid process.

Unless the fragments in this type of radial deformity are reduced to a nearly normal relation there will be residual disability in the form of pain, limitation of motion and radial deviation. The fractured ulnar styloid process usually unites by fibrous union, and permanent disability rarely results.

Failure to correct the reversal of the angle of the joint results in a change of the leverage action of the tendons crossing the wrist joint, usually terminating in traumatic arthritis, permanent weakness and disability.

### Treatment

The reduction and accurate maintenance of the fragments of this type of fracture should not be regarded as easy or simple. Too frequently crippling of the wrist and hand occurs because of improper and incom-

Fig. 1.—Anterior-posterior view of a normal wrist joint.

Fig. 2.—A typical fracture of the lower end of the radius.

* Presented before the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

plete reduction of a Colles' fracture by an inexperienced graduate. The proper function of the complicated mechanism of the hand and fingers depends on complete restoration of the fragments in their normal anatomic relation. Reduction of this type of fracture should not be delayed except in the presence of complications.

Prompt and accurate reduction should be carried out with the patient under anesthesia, either general or local. I prefer general anesthesia with reduction controlled by means of the fluoroscope. The fluoroscope aids in determining the stability of the reduction and the degree of splinting necessary.

The operator should grasp the hand of the patient as in a handclasp, with the thumb of the other hand over the dorsum of the distally displaced radial fragment. Traction and slight hyperextension, if necessary, should be applied to break up any existing impaction of the fragments. Violent hyperextension should be avoided, as the jagged edge of the lower end of the upper fragment will be jammed into important soft structures above the wrist joint. More often than not disimpaction is not required and the reduction can be accomplished by direct longitudinal traction and thumb pressure. Strong longitudinal traction is applied as the hand is brought down in palmar flexion and ulnar deviation, the ulna being used as a fulcrum. After this maneuver, the amount of flexion necessary to maintain a correct angle of the joint can be readily determined with the fluoroscope. With an assistant holding the forearm and hand in the correct position, a light molded posterior plaster of paris splint is applied over a stockinette or a few turns of sheet wadding and held firmly with an ace bandage. The splint should extend from the knuckles to the elbow. Any splint restricting active motion of the fingers is to be condemned. A closely molded plaster of paris splint is far more satisfactory than a metal splint.

Figure 3 shows a roentgenogram taken immediately after application of the splint to verify the reduction and is preserved as a part of the record. The angle of the joint has been restored to its normal position.

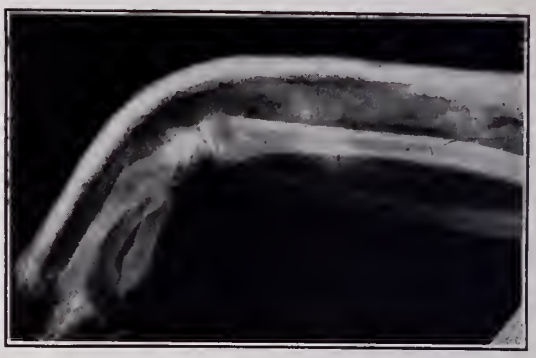


Fig. 3.—Roentgenogram taken immediately after application of the splint.

### After-Care

Soon after reduction of the fracture and throughout the convalescent period the patient is instructed to exercise actively his fingers and elbow and to elevate the arm above the level of the shoulder. I wish to emphasize particularly motion of the shoulder joint. A contracted shoulder with limitation of active motion is a common result of carrying the injured arm in a sling at the side over a period of weeks. The day after reduction of the fracture specific instructions are given as to complete passive and active exercises of the fingers and thumb and of the shoulder and elbow joints.

A check-up roentgenogram should be taken about the tenth day after the reduction, as there is a tendency for the deformity to recur, and a second reduction, if necessary, may then be performed. At the end of three weeks the posterior molded splint may be removed and the hand brought up in extension to about the midposition. Thereafter, the hand, fingers and wrist can be exercised daily by applying a removable anterior molded splint in the midposition. At the end of four or five weeks all splints may be removed and active exercise be vigorously performed. The splint should not be left on over a long period. Oversplinting results in contractures with painful limitation of motion. In the average case, the patient should be able to return to his duties in about eight or ten weeks.

Figure 4 is a reproduction of a roentgenogram showing the final result of the frac-

Fig. 4.—Roentgenogram showing the final result with complete healing.

ture, with complete healing and restoration of the anatomic relation.

Figure 5 shows the normal function in flexion and extension of the fractured wrist as compared with the normal wrist.

### Complications

Complications may arise which require altering this form of treatment. Markedly comminuted fractures of the lower end of the radius may require traction by some means, such as a Kirschner wire through the metacarpal bones. Rarely is open operation necessary for this type of fracture.

One common complication is acute posttraumatic atrophy, or Sudeck's atrophy, which is probably a neurotropic disturbance. This serious condition appears about three weeks after the injury in the form of intense swelling, pain, shining whiteness of the skin and marked limitation of motion of the wrist and fingers. The roentgenogram will reveal a patchy demineralization of the bones distal to the site of the injury. This complication requires a long period of convalescence and long-continued physical therapy. Roentgen therapy is of distinct value. The patient is entitled to consideration for his disability and the pathological process should be recognized. He should not be persuaded or forced back into active work until his prolonged period of healing has ended.

In conclusion I wish to emphasize the importance of early and accurate reduction of the fractured fragments and early mobilization of the fingers and shoulder.

Fig. 5.—Normal function in flexion and extension of the fractured and of the normal wrist.

## BLUE BOOK BEING PREPARED

Legal counsel and personnel of the State Medical Society of Wisconsin are now compiling up-to-date information on laws of Wisconsin relating to medical practice; services, facilities and officers of Wisconsin medical institutions, boards, commissions, and societies; the names and addresses of the entire membership of the State Medical Society, etc., for the Blue Book number of *The Wisconsin Medical Journal*, to be issued on December 10.

# Fractures About the Ankle*

By WALTER P. BLOUNT, M. D.
*Milwaukee*

IN THE days of Hippocrates no differentiation was made between dislocation and fracture dislocation of the ankle, and for many centuries this confusion persisted. Not until the time of Petit (1723) was the significance of the accompanying fracture recognized. The success of the reduction of the dislocation was then thought to depend on the level of the fracture. Petit advised either reduction or amputation with equal hope of success. When in 1769 Pott[1] described a fracture which did not exist and fifty years later Dupuytren[2] (1819) in a 212 page monograph commended him for his accurate observation, milestones were reached which have served to fasten the names of Pott and Dupuytren on certain fractures about the ankle. But there is no agreement among several writers as to which names go with which fractures. In the interest of accuracy the vaguely applied proper names should be dropped and descriptive anatomic terms used instead. It is as accurate to say "fracture of the ankle" as to say "Pott's fracture," because many of the fractures described by him probably included posterior marginal fractures. Pott described the common lateral displacement of the foot as associated with fracture of the fibula "within two or three inches of its lower extremity." He said that the "inferior fractured end of the fibula falls inward toward the tibia." It requires only a casual knowledge of fractures about the ankle to recognize the fact that the fibula and the tibia are already closely approximated at this point and separation of the fibula from the tibia with distortion of the ankle mortise is the frequent injury. Pott and Dupuytren thought that eversion of the foot was responsible for the characteristic deformity, while it is now known that external torsion is more frequently the cause.

* Presented before the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

## "A Long Way Has Been Traversed . . ."

These pioneers were working without anesthesia and without roentgen examination. A long way has been traversed since then. Anesthesia has been a blessing. Roentgen examination has done much good and some harm. It has helped make possible an understanding of the displacement of bone fragments, but it has distracted the surgeon from the injuries of nerves, blood vessels, ligaments and muscles, which are just as important as those of the bones. With the perfection of asepsis, the use of open reduction was at first hailed as the solution of many difficulties. It has been recognized recently, however, that the use of skeletal traction and fixation has been even more important in the treatment of both simple and compound fractures about the ankle. This is particularly true of the complicated and serious injuries which occur as a result of rapid transportation and modern industry.

In this day of refined roentgenologic technic it would seem almost superfluous to say anything on the subject of diagnosis. This is far from true. In the early days the clinician was skilled in the approximate estimation of injury to bone by inspection and palpation. An accurate history was taken. Now all too often the industrial surgeon relies exclusively on the roentgen examination, to his great detriment. A history of the mechanism of the injury is still necessary, and a physical examination must be made.

If the patient falls from a height and lands on one or both feet in a position of inversion or eversion, or if some of the tremendous forces which are harnessed in modern industry are inadvertently applied to the foot or ankle, something must let go. This is not always bone. A sprain, whether or not associated with a chip fracture, cannot be characterized as "just" a sprain. Severe sprains are very painful and frequently more disabling than simple fractures. Even mild sprains, if overlooked or neglected, may give

rise to the reflex patchy atrophy of bone which was so well described by Sudeck and is now known by his name. This secondary atrophy of bone may be disabling for months or years.

It is often necessary that the clinician guide the roentgenologist in the identification of a fracture. If there is clinical evidence of an injury to bone which does not appear on the film, one should not be satisfied with routine positioning. In no case is this truer than in the case of injuries about the ankle. Conventional views are rarely sufficient to demonstrate an obscure fracture or, what is just as important from an industrial standpoint, to identify a congenital anomaly which may simulate a fracture. Symmetrical roentgenograms must frequently be taken of both ankles or both feet; oblique and tangential views of the ankle are frequently necessary. Oblique views of the foot and plantar dorsal views of the calcaneus should be routine for injuries of these parts. There may be accessory bones at the tip of either malleolus, near the scaphoid or the cuboid or at the base of the fifth metatarsal bone. These and the frequent os trigonum are not uncommonly mistaken for fractures. Failure to recognize a coalition of the scaphoid and the calcaneus or other congenital anomaly may give rise to confusion in diagnosis and great injustice in the payment of disability claims.

### "Principles Which May Serve as a Guide . . ."

Ashhurst[3] wrote a masterly discussion of fractures of the ankle in 1922, and several excellent textbooks on fractures have appeared in the last few years. It is not my purpose to reiterate or summarize these discussions of fractures about the ankle, which can be easily obtained, but rather to emphasize principles which may serve as a guide in the treatment of the more common fractures about the ankle.

The simple fracture of the lower end of the fibula without displacement is easily distinguished clinically from a sprain and is rarely missed in the roentgenogram if two views are made. It is usually best treated by an unpadded cast from the toes to the knee with the foot in a neutral position. In a few days a walking iron is added and the patient is able to bear some weight while using crutches. In ten days to two weeks he should bear all his weight. This activity is not only permissible but most desirable, because it promotes normal circulation and shortens the period of disability. The cast should certainly not remain on longer than eight weeks. Frequently after four to six weeks a strapping of adhesive plaster may be substituted for the cast. Such strapping alone is sufficient when the trauma is slight or when the injury to soft tissue causes most of the disability.

Displaced fractures of the ankle are easily recognized in the roentgenogram. Reduction should always be performed with the patient under anesthesia, general in most cases and local or regional in a few. Fractures of both the inner and the outer malleolus, commonly called bimalleolar, can usually be pushed into place and held well enough by a simple cast from toes to groin with the knee flexed. It is usually well to invert the hind part of the foot but to evert the forepart. Most of these fractures are produced by torsion of the foot, and they cannot be securely held by a cast extending only to the knee. If the reduction is accomplished very soon after the injury and before excessive swelling has appeared, an unpadded cast may be applied and then split up the front to prevent constriction. Even when the fracture is seen late it is usually better to reduce the displacement at once and apply a cast without waiting for the swelling to recede. This cast may then be changed in ten days or two weeks for one which fits more closely. The common practice of waiting for the swelling to go down should be condemned in general, as it tends to prolong the swelling and greatly lengthen the period of disability.

Often the bimalleolar fracture is complicated by a fracture of the posterior margin. The fragment may be small or may comprise more than half of the area of the tibial articular surface. This fracture is aptly called a trimalleolar fracture by Dr. M. S. Henderson,[4] of the Mayo Clinic. It was well described by him in this journal in 1931. Such a fracture, with a posterior marginal fragment of any size, is rarely retained effec-

ively without skeletal fixation. The simplest and perhaps the best method in use is to transfix the calcaneus with one Kirschner wire and the tibial crest 8 inches above the ankle with another. Traction is made on the first wire, and with it the foot is forced forward. The knee is supported in the flexed position with a sling. The proximal tibial fragment is pushed backward with the second Kirschner wire. A cast is applied to the groin, the wires being incorporated.

Because of rupture of the posterior ligaments it is sometimes impossible to pull a small or even a large posterior fragment distally enough to overcome the irregularity of the weight-bearing surface of the ankle joint. In such a case it may be possible to lever the fragment down with a single spike introduced through a puncture wound. When this is possible it is to be preferred to the more formidable open operation.

Most trimalleolar fractures can be secured by skeletal traction more advantageously than by open operation. The time away from work and the ultimate disability are apt to be greater with open reduction. Occasionally a piece of bone is wedged between the fragments. In this case simple removal of the bone through a posterior incision may permit accurate reduction and fixation with a spike which can be removed through the cast in three weeks. It may be necessary to apply counter pressure with a second spike anteriorly.

In the case of many of these more complicated fractures of the ankle for which a long leg cast has been used with the knee flexed, it is well at the end of six weeks to remove the cast and the skeletal fixation and to substitute a short unpadded leg cast from ties to knee. To this a walking iron should be added so that the patient can begin weight bearing. Boehler's greatest contribution to the treatment of fractures was his insistence on the fact that actual early use of the part is much more effective than physical therapy in reducing the time lost from work and the ultimate disability.

Fractures of the weight-bearing articular surfaces in young patients if accurately reduced frequently give rise to surprisingly little disability. If such a fracture is poorly reduced there is invariably serious impairment of function. Traumatic arthrosis of the ankle or the subastragalar joints in young patients frequently requires surgical fusion of the affected articulations. Older patients may permanently require braces.

In the treatment of any fracture of the ankle it is of the greatest importance to maintain the integrity of the ankle mortise. The entire weight of the body is borne on the trochlea of the astragalus, which is accurately fitted into the space between the two malleoli. All the upward thrust is received by the flat end of the tibia. The astragalus is held in position by its shape and by ligaments. No lateral mobility, but only dorsiflexion and plantarflexion are possible at this joint. This situation must be preserved after a fracture of the ankle joint. The malleoli must not seem clinically to be spread. There must be no separation of the fibula and the tibia in the roentgenogram.[5] It is impossible to know that there is actual separation unless a true anteroposterior view of the ankle joint is made. Such a projection cannot be obtained unless the central ray of the x-ray falls directly through the center of the ankle joint. Even slight rotation will cause overlapping of the bones and mask the actual displacement. If the overlapping of the tibia is less than one third of the width of the fibula, there is probably a diastasis and a roentgenogram of the opposite ankle should be made for comparison. If the position of the foot or the retentive apparatus obscures the landmarks so that the anteroposterior view is distorted, repeated roentgenograms must be made until an accurate one is obtained.

## Summary

The proper management of fractures of the ankle requires:

1. An accurate diagnosis based on a good history and careful clinical and roentgenologic examination.
2. Prompt reduction. In difficult cases, skeletal traction is to be preferred to open reduction.

3. Efficient fixation with plaster. Skeletal traction should be incorporated.
4. Elevation of the leg and absolute rest until the swelling and general reaction have subsided.
5. Change to a short, unpadded cast in four to six weeks. With this the patient is to walk and improve circulation by function rather than by some form of physical therapy which necessitates removal of the cast.

These measures will result in a saving of time and money. Slipshod methods with incomplete reduction, often without anesthesia, inadequate fixation with improper splints or casts, too early movement and too early insistence on work may save a few pennies at the time but are expensive in the long run and will not be tolerated by thoughtful physicians or insurance carriers.

REFERENCES

1. Pott, Percival: Some Few General Remarks on Fractures and Dislocations, London, 1769; reprinted in M. Classics 1: 333 (Dec.) 1936.
2. Dupuytren, William: Ann. méd.-chir. d. hôp. et hosp. civ. de Paris, 1819.
3. Ashhurst, A. P. C., and Bromer, R. S.: Classification and Mechanism of Fractures of the Leg Bones Involving the Ankle, Arch. Surg. 4: 51 (Jan.) 1922.
4. Henderson, Melvin S.: Fractures of the Ankle, Wisconsin M. J. 31: 684 (Oct.) 1932.
5. Haglund, Patrik: Studies of Separation of the Ankle Mortise, Acta chir. Scandinav. 71: 280, 1932.

# First Aid Treatment of Fractures*

By HERMAN C. SCHUMM, M. D.
*Milwaukee*

THE machine age of the present day has brought with it a stupendous increase in the number of accidents. According to the report of the National Safety Council for the year 1935, 100,000 American lives were lost through accidents and, in addition, almost 10,000,000 people sustained nonfatal injuries. That is, one of every fourteen persons was hurt in an accident that year. The estimated cost of these accidents was $9,500,000 each day, or a total of $3,450,000,000 for the year. Any practical method, therefore, which will improve the treatment of persons injured means an immense saving both socially and economically.

A survey on the treatment of fractures made by the Committee on Fractures and Other Traumas of the American College of Surgeons has shown that fractures of the long bones and fractures of the spine receive adequate care in the majority of cases only after the patient has reached the hospital and that what has transpired between injury and arrival at the hospital is often a sad story. Let me quote from "An Outline of the Treatment of Fractures," American College of Surgeons, second edition:

> The injuries resulting from fractures are not limited to those occurring at the time of the accident. Unwise attempts to use the injured extremity may cause or increase displacement of fragments, increase the lacerations of soft parts and perhaps lead to penetration of the skin by the ends of the bone. Similar additional trauma is often due to the awkward efforts of the bystander. A man is struck by an automobile, thus breaking his leg. Except for the broken bone, without displacement, the original injury may be merely a slight periosteal tear and a mild contusion of the soft parts but he is helped to his feet and the leg gives way and the fragments slide by each other, thus stripping off the periosteum and tearing the muscles. He falls to the ground only to be picked up and carried to the sidewalk with the leg dangling. Larger blood vessels are torn and the end of the bone comes through the fascia, perhaps the skin and even the trouser. He is laid at rest with a coat beneath his head and surrounded by people anxious to help. Someone sees that his leg is crooked and straightens it out. The exposed end of the bone re-enters the wound with a bit of trouser and the dirt of the street. He is lifted up and carried to a car or ambulance. This time, someone carries the injured leg with better intentions than coordination and the ends of the bone are churned around in their bed of lacerated tissue and the contaminating organisms are well disseminated throughout the area. During his ride and in the transfer to the accident ward or the doctor's office, unless he has been carefully splinted there is more jolting and more damage.

* Presented before the 99th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1940.

Would that his troubles were over but too often the sad story continues. Lack of sufficient protection as he is lifted to and from the x-ray table and as he is being anaesthetized, results in still more injury.

Compare this exaggerated picture with a similarly injured man who is allowed to remain where he is until a proper splint can be applied or at least until he can have someone pull hard on his foot as he is being lifted and carried, whose examination is thoroughly but gently carried out, and whose treatment is instituted with but little additional injury. The difference in these two cases as regards periods of disability and amount of permanent functional disturbance is great.

Transporting without a splint patients who have sustained fractures of the long bones not only is cruel but usually increases the pain, overriding and shock. In all cases the application of a splint (preferably a Thomas splint) would alleviate pain and prevent further damage, thereby lessening the disability and shortening the convalescence. The initial care at the site of an accident is given in the majority of cases by lay persons. With nearly 10,000,000 accidents a year, one cannot expect a physician to be present whenever an accident occurs or in general to arrive before something is done. The initial care is frequently the deciding factor between life and death, partial and permanent disability and a long or a short period of hospitalization. It is the duty of physicians to be well versed in first-aid methods not only because they may occasionally be called on to give it themselves but, largely, because they should direct the training of nonmedical persons.

The present shadow of war should be an additional incentive for physicians to learn the proper methods of first aid.

First aid is considered to be temporary assistance rendered a sufferer until the arrival of medical aid. There is no intention or desire that it be a substitute for proper medical treatment. Members of the medical profession should not object to the training of laymen in first-aid treatment, as is sometimes unfortunately the case, but rather should lead in giving them instruction. Physicians have a perfect right to inform the public of the dangers of improper first aid. The desire to help is fine, but often it is harmful. It would be an excellent thing if the public could be made to understand that it is not always necessary to do something. As one physician puts it, "When in doubt, don't."

The patient should not be picked up hastily, hurriedly placed in the first automobile and rushed to a hospital or to a physician's office. It is far better to cover him where he lies and let him remain until he is gently examined and properly splinted and then, more safely, transfer him to a hospital. This fact has given rise to the motto which is so well known "Splint them where they lie."

Until recently there has been no organized effort to train members of the medical profession in the transportation of the injured. Few medical schools give instruction along this line, and there certainly is little written or said to inform the general practitioner as to the best methods. The result is that the average medical student on receiving his medical degree knows less about transportation of the injured than a first-class Boy Scout. The rank and file of physicians consider the subject outside their field or are not aware of its extent or importance. Efforts have been made by the Red Cross and by the American College of Surgeons to overcome this lack of knowledge and to improve the methods used. The former, in 1935, started its campaign to increase the number of highway emergency first-aid stations. Within sixteen months the organization had 1,149 stations in operation. Several times that many stations were promised, but their establishment was delayed owing to the lack of trained personnel. According to Dickson, the Red Cross has at present in the United States 2,652 fixed highway emergency first-aid stations and 2,363 mobile units. The Red Cross requested the assistance of the medical profession to supervise the training of personnel. In many places this cooperation has been obtained with difficulty if at all, the real reason being that physicians themselves have not been educated in first aid.

### "The Ideal Method of First Aid . . ."

Before closing I should like to express briefly my own thoughts on the ideal method of first aid and the transportation of the injured and to present a method for the sur-

gical treatment of a fracture, if one is present.

First, an injured person should be encouraged to lie quietly, covered with a blanket if he is cold, until a rapid but sufficient examination can be made to determine the extent of the injury, that is, to learn whether there is hemorrhage, which usually indicates an open wound, or a fracture. If a hemorrhage is present, the clothes should be cut to expose the source. A compression bandage is usually sufficient to control the bleeding. If the hemorrhage is great and the site is favorable, a tourniquet should be applied; it should be carefully watched and should be loosened every half to three quarters of an hour until it can be permanently removed.

If sterile dressings are not at hand, a clean handkerchief makes the best dressing to cover an open wound.

For fractures of long bones, traction and immobilization in a traction splint of the Thomas type, which also provides countertraction, give the best results. No effort except straight traction should be made to reduce a compound fracture of a long bone until everything is set for the final reduction in a hospital.

An adequate first-aid splint should not be removed from any fracture until all preparations have been made for final reduction.

If a fracture of the spine is suspected, the patient should be rolled on his abdomen. If sufficient help is present, traction on his head or under his arms, as well as on both legs, should be performed while he is rolled. The back seat of an automobile or a blanket held taut makes a satisfactory stretcher for the transportation of a person with an injured back. On admittance to the physician's office or to the hospital, the patient should not be moved any more than is necessary. Morphine, tetanus antitoxin and gas bacillus antitoxin, when indicated, should be administered as early as possible. A sufficient number of roentgenograms to give one an idea of the condition can be made without undue handling of the patient. If a severe hemorrhage was initially present or a compound fracture is present, the operating room should be ready and the physician scrubbed before the first-aid dressings are removed.

The wound is then thoroughly cleansed with green soap and water and ether and a thorough debridement done, care being taken that all damaged tissue, parts of clothing and dirt are thoroughly removed. Reduction of the fracture and proper immobilization for retention should then be performed. It has been my experience that an adequate plaster cast with fixed traction, by means of incorporated Kirschner wires below, and if possible above, the site of fracture, gives the best results. Careful observation of the cast, as well as of the patient, is required to detect any possible infection at its beginning.

The administration of sulfanilamide both locally in the wound and orally should be considered in all cases in which the wound is badly contaminated.

If both the laity and the medical profession could be adequately instructed in the proper methods of first aid and transportation of the injured and the medical profession would make adequate use of the methods of treatment now at its command, the results would be startling and could be considered among the greatest advancements in medicine.

REFERENCES

1. Accident Facts, Chicago, National Safety Council, 1936.
2. Kennedy, R. H.: The Medical Problem in First Aid, Bull. New York Acad. Med. 13:2 (Feb.) 1937.
3. Kennedy, R. H.: Progress in Transportation of Fracture Patients. Bull. Am. Coll. Surgeons, 25: 107–108, (April) 1940.
4. Dickson, Frank: Emergency Treatment and Transportation: Splinting of Fractures of the Femur, Am. J. Surg. 44: 136–139 (July) 1940.

S. H. Camp and Company, Jackson, Michigan, has established The Samuel Higby Camp Institute for Better Posture (see page 1018). This is dedicated to those who are furthering the Health Education of the American Public . . . to assist them in their work toward Better Health through Better Posture.

# Comments on Treatment

EDITORS
A. J. Quick M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

## Treatment of Acute Bacillary Dysentery With Sulfanilylguanidine

Acute bacillary dysentery, particularly in children, is a serious infectious disease occurring endemically in the rural areas of the east central states, but is by no means limited to this section. Although the incidence of the disease has been greatly reduced by modern sanitary measures, particularly by the fight for pure milk, a certain number of cases still occur. Especially in rural areas, the summer diarrheas often present a difficult problem. Even with the best medical care the disease may drag out over two to three weeks and utterly exhaust the patient.

The lack of satisfactory intestinal antiseptics has long been recognized. While salol, bismuth subcarbonate, and calomel are useful and valuable, their limitations are all too well recognized. With the recent developments in chemotherapy, it was hoped that among the new compounds one would be found that might be useful in the treatment of intestinal infections. The ideal drug for this purpose should be one which would act effectively against the pathogenic organism, be poorly absorbed and therefore never reach a high concentration in the blood stream. Sulfanilylguanidine has been found to fulfill these requirements. When given orally a high concentration can be maintained in the intestinal tract since little is absorbed. The concentration in the blood therefore remains low and the toxicity of the drug is correspondingly diminished.

The plan of treatment is to give an initial dose of 0.1 Gm. of sulfanilylguanidine per kilogram of body weight and to continue the drug at 0.05 Gm. per kilogram every four hours until the number of stools are reduced to five or less per twenty-four hours. Thereafter the dose is 0.05 Gm. per kilogram of body weight every eight hours. Usually medication can be stopped in two to three days. Generally no trouble is encountered in administering the drug. It is a fine powder, relatively insoluble and therefore must be suspended in a vehicle such as milk. It may be given by oral gavage suspended in lactic acid milk or in some other suitable medium.

During treatment the feeding routine of the child is not disturbed. A bland, high protein, low fat diet with the carbohydrate in the form of glucose is recommended. Cultured whole lactic acid milk is well tolerated. If the infant is still breast-fed, this is continued. Drugs other than sulfanilylguanidine should not be given unless specifically indicated. A sedative to relieve restlessness and tenesmus is not contraindicated. One should not neglect to give general supportive treatment. If dehydration is present, fluids should be given by the route which seems most suitable. Plasma or whole blood transfusions and intravenous glucose should be administered without hesitation if demanded by the condition of the child.

The results obtained by Marshall and by Lyon, who have developed this form of treatment, are most encouraging. They recommend starting treatment early in the disease and this requires prompt diagnosis. Bacillary dysentery is easily recognized. The severe diarrhea with blood, pus, and mucus in the stools immediately suggests the Flexner bacillus type of infection. A stool culture is necessary for a positive diagnosis but this is not altogether essential. A microscopic examination of the purulant material is valuable since the presence of polymorphonuclear cells is good presumptive evidence of bacillary dysentery. Little is known at present concerning the effectiveness of this drug in other intestinal infections but because of its low toxicity it seems advisable to use the drug promptly even before a positive diagnosis of bacillary dysentery is made.
A. J. Q.

# THE WISCONSIN MEDICAL JOURNAL



## The Council on Scientific Work

G. W. KRAHN, Oconto Falls, *Chairman*

F. D. MURPHY, Milwaukee — E. R. SCHMIDT, Madison — W. S. MIDDLETON, Madison *(ex officio)*

C. J. SMILES, Ashland — K. H. DOEGE, Marshfield — E. J. CAREY, Milwaukee *(ex officio)*

## Editorial Staff

KARL H. DOEGE, Marshfield, Medical Editor

## Collaborators

THE COUNCIL

H. P. BOWEN ---------- Watertown
C. E. PECHOUS ---------- Kenosha
W. T. CLARK ---------- Janesville
B. I. PIPPIN ---------- Richland Center
A. H. HEIDNER ---------- West Bend
S. E. GAVIN ---------- Fond du Lac
H. A. JEGI ---------- Galesville
G. W. KRAHN ---------- Oconto Falls
H. H. CHRISTOFFERSON ---- Colby
R. G. ARVESON ---------- Frederic
F. G. JOHNSON ---------- Iron River
H. J. GRAMLING ---------- Milwaukee
R. E. FITZGERALD ---- Milwaukee
ROBERT W. BLUMENTHAL ---------- Milwaukee
J. W. LAMBERT ---------- Antigo
R. P. SPROULE ---------- Milwaukee (Past-President)



**Annual Subscription ---------- Three Dollars-Fifty Cents  Single Copies ---------- Fifty Cents**

Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Ill.

**Address all communications to THE WISCONSIN MEDICAL JOURNAL, Madison**

Volume 40 — NOVEMBER, 1941 — Number 11

**OFFICIAL PUBLICATION OF THE STATE MEDICAL SOCIETY OF WISCONSIN**



**Copyright by the Society, 1941**


« « « EDITORIAL » » »

## The Cornerstones

THE cornerstones and the very foundations upon which the continuance of medical education is based are the county medical societies. The practice of medicine is a combination of both the art of medicine and the science of medicine. Consequently, not all of the vast fund of knowledge necessary for the greatest measure of fulfillment of the obligation of medicine "to extend medical knowledge and advance medical science" is to be obtained in medical schools, textbooks, or medical literature. These modes of education must be enriched with personal experience, as well as the experiences of other practicing physicians. No physician, regardless of how extensive his classroom and hospital training may be, is big enough in mentality to disregard or ignore the most valuable teacher of all—experience.

A medical society presents the best opportunity to learn of the experiences of others. The society affords the physician an opportunity for continuous personal and professional growth, with the end result that he will be of greater usefulness to his patients, his colleagues, and himself. It has been stated in many ways but with one meaning—that nothing living is static—either there is advancement or retrogression —there is no middle ground. So it is in the practice of medicine. Either the physician's medical education (and his practice) goes forward or it falls behind. One good means of going forward and of keeping up to date in medical education is to attend with regularity the meetings of your county medical society and thereby benefit by the experiences and studies of colleagues and guest speakers.

The period of increased activity in the county medical societies throughout the state is at hand. The winter season brings the resumption of meetings that are sometimes suspended during the summer months. Attend your county medical society functions—it will pay you dividends.

## Tribute to the Secretary*

FOUNDATION of the American Medical Association is the county medical society, to which every U. S. physician who would maintain his good standing in the profession must belong. He must abide by the laws of his own local organization and if he errs he must first be judged by members of that group. Fundamental, therefore, in the organization of medicine is the county society and most important in it is the one person upon whom its smooth operation depends, the secretary.

Perhaps the importance of this office has not always been given its due. Perhaps the great amount of work done by the secretary has not always been appreciated. Perhaps the business of the society goes on so smoothly that the great amount of work and self-sacrifice of the secretary are not always appreciated. If so, it would be well to stop for a moment to survey this most important position and its possibilities.

The secretary must first know everything about the society, including an intimate knowledge of its constitution and by-laws. He must know every official action taken by the society or its committees. This much demands that he attend all important meetings. He must keep records of meetings, official decisions, correspondence and membership. He must be ready at any time to provide information or aid for the office of the state organization and through it for the national body. In many cases he must also collect, hold and disburse the funds of the society. He acts as a consultant and advisor to the president and must see to it that committeemen discharge their duties and make their reports. He must often arrange for meetings and provide speakers for the program. These and many other things he must do without remuneration and often without proper appreciation from his fellows.

Frequently the secretary is done an injustice by limiting his term of office. It takes almost a year of service for one in such a position to learn the various duties or even to grasp the full meaning of all functions of the society. It would, therefore, seem wise to give the secretary opportunity to continue for at least two and preferably more years in office. Thus his experience would be of direct benefit to the society and would also make it easier for him to perform his duties in the second or subsequent years.

While the position is one which demands much in time and effort, there are few which offer as much in downright satisfaction. A good secretary may look with pride upon every accomplishment of his society and every successful meeting, realizing that each accomplishment and each success depends much on his own effort, knowledge and skill. He becomes a part of his organization as does no other officer and its every action reflects the quality of his judgment and experience. His position deserves far more in honor and credit than it is usually given. His work should have the commendation of every member of his society.

* Editorial. *Northwest Medicine*, October, 1941.

# THE PRESS

## When Self Comes Second*

SO MANY scoundrelly and bloody deeds going on in the world; so few, obscure and little recognized fine and decent acts! So it is a doubled pleasure to record this one:

Three faculty members of the Western Reserve University Medical School were awarded a $1,000 prize for having made the most important contribution to the study of high blood pressure published in any medical journal in the first half of 1941. Dr. Harry Goldblatt, Dr. Joseph R. Kahn, and Dr. Harry Weinstein were given the award by a poll of physicians all over the country.

They promptly ordered the check for the award made out to the university's medical research fund rather than to themselves. Unless these physicians are unusually situated, they could probably have used the money. But self came second, and research that will benefit others came first. If we could find 20 such incidents a day it would be a pleasure to record them.

* Editorial. *Superior Evening Telegram*, October 17, 1941.

# . . . . THE PRESIDENT'S PAGE . . . .

## Acknowledgment and Appreciation

THE Centennial Meeting of our Society is now history. The State Medical Society of Wisconsin will ever be grateful to the local committees of earnest and loyal Madison physicians whose tireless work and energy contributed to the success of the meeting.

For years our Society has taken pardonable pride in the dispatch with which it has been able to run its program. The program of the Centennial Meeting was no exception. In this respect we have a tradition to uphold and a standard to maintain for future program committees to emulate.

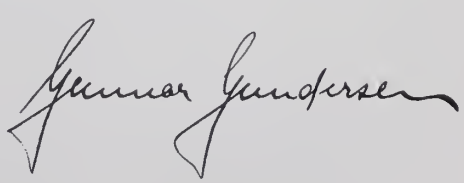
The gratitude of the Society goes to the Council on Scientific Work for the excellence of the program, to the individual participants from our own membership for their contributions and efforts toward the success of the meeting, and, lastly, to our guest speakers from adjacent states as well as those from remote parts of our country. It was particularly fitting in this period of international unrest that a distinguished representative from our friendly neighbor to the north was present to counsel with us. The Council on Scientific Work, constituted as it now is, guarantees to the membership continuity of service of the same high order as has existed during the past several years.

That the Woman's Auxiliary had one of its most successful meetings, is the word which has reached the ear of your president. The growth of this lateral branch of our Society, which from year to year is becoming ever stronger and more influential as a factor promoting good will and cooperation in the profession of medicine, should be a source of joy to the physicians of Wisconsin.

The loss of George Crownhart three months before the Centennial Meeting threatened to precipitate a major disruption in the smooth functioning of the Society. That the plans for the meeting were carried out and the meeting successfully concluded without even a minor hitch is a signal tribute to the tireless work of the entire loyal and devoted office staff under the efficient direction of the acting secretary, George B. Larson.

Only those of the Society close to headquarters know of the endless hours of conscientious service given us by Charles H. Crownhart since the death of George. Only a devoted brother, knowing the mind and ways of George, would be in a position to render the service he has given during the past months. The confidence the Council has placed in this group headed by George B. Larson and Charles H. Crownhart, charging them with the duty of carrying on, has been fully justified in the results obtained to date.

Now that the Centennial Meeting is over, the office staff is entitled to a well-deserved breathing spell. But apparently the staff is not so constituted for already meetings of some committees have been held and plans are under way to lay the foundation for the Society's activities in the year immediately ahead. It is this spirit, so abundantly manifest during the past months, which makes the prospect of working with the officers of the Society and the personnel of the office a pleasant one. For your incoming president, this prospect offers a real challenge.



# THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. J. S. Supernaw, Madison, President
Mrs. E. S. Schmidt, Green Bay, President-Elect
Mrs. J. Gurney Taylor, Milwaukee, Vice-President
Mrs. E. H. Townsend, La Crosse, Recording Secretary
Mrs. H. L. Greene, Madison, Corresponding Secretary
Mrs. E. P. Bickler, Milwaukee, Treasurer
Mrs. W. E. Sullivan, Madison, Parliamentarian

COMMITTEE CHAIRMEN

Archives—
Mrs. J. P. Connell, Fond du Lac
Convention—
Mrs. E. J. Carey, Wauwatosa
Finance—
Mrs. R. E. Fitzgerald, Wauwatosa
Hygeia—
Mrs. A. C. Taylor, Appleton
Organization—
Mrs. O. W. Friske, Beloit
Philanthropic—
Mrs. J. W. MacGregor, Portage
Press and Publicity—
Mrs. F. W. Aplin, Waukesha
Program—
Mrs. C. N. Neupert, Madison
Public Relations—
Mrs. D. H. Jeffers, Lake Geneva
National Exhibit (special committee)—
Mrs. W. Homer Krehl, Madison
Circulation of Bulletin (special committee)—
Mrs. Charles Fidler, Milwaukee
Legislation (special committee)—
Mrs. H. Kent Tenney, Madison

## Health Defense*

By MRS. R. E. MOSIMAN

*President, Woman's Auxiliary, American Medical Association*
*Seattle, Washington*

THE national organization of the Woman's Auxiliary has outlined its program on the broad basis of health defense. For the purpose of carrying out its objectives it will present its plans and policies in an early issue of the *Bulletin* of the Woman's Auxiliary. The fall issue of this publication will contain suggestions from the Bureau of Health Education, American Medical Association, for a program on nutrition which is one of our major problems of national defense.

The strength of a nation depends on the strength of its people. For this reason nutrition for defense is occupying the attention of a committee appointed by President Roosevelt to serve under the leadership of the Federal Security Administrator, Paul V. McNutt. In May, 1941, a conference was called to consider the problem of better nutrition for all. The delegates to this conference were physicians, dentists, nutritionists, public health administrators, teachers, nurses, dietitians, social workers, food manufacturers and representatives from many other groups interested in this subject.

* Presented at the 13th anniversary meeting of the Woman's Auxiliary to the State Medical Society of Wisconsin, Madison, September 10, 1941.

### "Defense Against Poor Health . . ."

What do we mean by nutrition for defense? Defense against what? First of all, of course, defense against poor health. While it is true that our nation is considered the world leader in health accomplishments and that our mortality and morbidity statistics do not show to any great extent the prevalence of nutritional deficiency diseases, it is equally true that a large percentage of our people are living on diets which are definitely inadequate. Studies made by the United States Bureau of Home Economics in 1936 have indicated this. The draft has also shown that over 40 per cent of our young men are unfit physically for military service. Many of these defects are thought to be due to improper diets.

Poor nutrition is not always a result of low incomes. A large percentage of our most prosperous people may be poorly fed. Knowledge of nutrition and nutritional diseases has greatly increased since the World War. The application of this knowledge to everyday living is what is needed now.

The members of the Woman's Auxiliary can aid in disseminating authentic information on nutrition. The subject of nutrition has been made the basis of propaganda for the various theories and schemes of the

faddist, the cultist and the individual who would advance his own interests.

### "Defense Against Propaganda . . ."

This brings us to the second point in the program on nutrition: defense against propaganda.

We cannot wage an aggressive war against those who would exploit us. We *can* offer authentic material on health whenever the opportunity presents itself. *Hygeia*, The Health Magazine, will contain many articles on the subject of nutrition throughout the year. *Hygeia* presents scientifically sound information on health for lay readers. The constant and consistent promotion of this magazine will be a contribution toward national defense.

### "Defense Against High Prices . . ."

The third point in the program on nutrition for defense is defense against high prices. It is going to be necessary to know how to buy and what to buy if we are to have adequate diets at moderate cost. There is ample information from reliable sources on this subject, chief among which, for the layman, is *Hygeia*. Auxiliary members should study this problem earnestly and cooperate with their medical societies in disseminating reliable information on its various aspects.

In addition to plans for nutrition study, there are several interesting programs for county auxiliaries this year. Cooperation with local defense committees, the Red Cross and other relief organizations is urged. Plans for material aid for physicians and their families in military camps are outlined in the program on public relations. The study of medical and social problems of other American nations is stressed in the interest of Pan-American defense.

The outline on the practical workings of politics, as presented in the *Bulletin* by the chairman on legislation, is a well-prepared discussion of the basis and structure of the political party system in the United States. The Woman's Auxiliary must be guided by the legislative committee of the medical society to which it is an auxiliary in all matters relating to political activity. However, we can study legislative procedure and should do so that we may be good citizens in a democracy, the ideals and principles of which we are striving to maintain.

### "A State of Liberal Thinkers . . ."

Wisconsin is a state of liberal thinkers. As members of the Woman's Auxiliary, you should be well informed on all medical questions of the day. Every doctor's wife should enroll for the work of health defense. Wisconsin has contributed largely in the past; she will do her part in the present emergency.

I cannot close without expressing to you my deep appreciation for the many courtesies extended to me by your president and the members of the various committees. I thank you and wish for you a year of great success in the work of our organization.

## THE BULLETIN

Subscriptions to the National Auxiliary publication may be obtained from

MRS. CHARLES FIDLER
707 East Wisconsin Avenue
Milwaukee, Wisconsin
or
MRS. H. E. CHRISTENBERRY
Highland Drive
Knoxville, Tennessee

A one-year subscription, four issues, for $1.

## IN THE CENTENNIAL SECTION

The attention of Auxiliary members is called to the Centennial Anniversary Section of this issue of *The Journal*. The history of a pioneer physician appearing therein represents the ninth installment of material contributed by county auxiliaries.

# Program Committee

By MRS. C. N. NEUPERT
*Madison*

THE success of any club program depends to a great extent on the continuity of projects from year to year. A project of our Auxiliary can seldom be completed in one year. It therefore seems timely to review some of Mrs. Fuller's excellent suggestions from last year.

1. Increase the sale and distribution of *Hygeia* and the *Bulletin*.
2. Undertake active work in public relations.
3. Develop in each county auxiliary an alert legislative committee which is ready to act on advice from its respective county medical society on health legislative problems that enlist the active interest of the organized medical profession, and keep your members informed on legislative work by distributing bulletins edited by representatives of your county medical society. Our state legislative chairman, Mrs. H. K. Tenney (2110 Chadbourne Avenue, Madison) will be glad to give advice on this subject.
4. Give serious thought to the social side of our organization and plan meetings throughout the year designed to promote a friendly relationship among members.
5. Follow developments of what can be done to help our country in the great defense projects.
6. Incorporate in our program some talks on health topics, as well as on problems that confront the medical profession today, such as socio-economic subjects, health insurance, and extension of health activities through the field of nursing.

## Self Education

This year the Program Committee is encouraging the adoption of a plan whereby each county may have study groups on the subjects interesting to its members. In Dane County these groups will meet at eleven o'clock on the day of the regular meeting. At this time its members will also sew for the Red Cross.

The following topics for programs and study groups are suggested.

1. *Nutrition.*—Speakers on this subject may be obtained from the Home Economics Extension Department, University of Wisconsin. A list of qualified local speakers prepared by Miss Frances Zuill, director of the Home Economics Department, will be sent to program chairmen soon.
2. *Socialized medicine.*—Material for study, such as Mr. J. G. Crownhart's book entitled "Sickness Insurance in Europe," may be obtained from the office of the State Medical Society of Wisconsin, 917 Tenney Building, Madison.
3. *Parliamentary law.*—Most societies have a parliamentarian who would be glad to lead a study group on this subject. Such a review is advisable to refresh our minds on the procedures of conducting a meeting.
4. *Public health*—the organization and aims of the State Board of Health.—Speakers are obtainable from the central office of the State Board of Health in Madison and at district headquarters in the following cities: Ashland, Neillsville, Green Bay, Sparta, Fond du Lac, and Elkhorn. A study of the history of the advancement of public health and what can be done to continue the reduction in the incidence of communicable diseases is highly recommended.
5. *Women's Field Army.*—Our organization has been asked to cooperate with the work the Women's Field Army is doing. Speakers for your county auxiliary or lay groups may be obtained by writing the state commander, Mrs. G. E. Stoddart of Beaver Dam.

## "Information Please . . ."

The Program Committee passes on to you the following excerpts from "Information, Please, of the Woman's Auxiliary to the American Medical Association."

### Organization

1. *Question:* May the Woman's Auxiliary affiliate with other organizations?
   *Answer:* No. Nor can it provide for representation by other organizations on its Board of Directors, nor can it be officially represented on the board of other organizations.
2. *Question:* What is one of the main projects of the Woman's Auxiliary?
   *Answer:* The promotion of *Hygeia*, the Health Magazine.
3. *Question:* Why is *Hygeia* one of our projects?
   *Answer:* Because the House of Delegates of the American Medical Association urged us to make it one of our main projects.

4. *Question:* Why does the House of Delegates feel that we should do this?
   *Answer:* Because *Hygeia* is the finest instrument available for combating the theories and schemes of cultists, faddists and quacks who would exploit the layman in health matters.
5. *Question:* What are the principal contributions which the Woman's Auxiliary has made in recent years?
   *Answer:* It has promoted friendship among the families of physicians.
   It has broadened the knowledge of doctors' wives regarding health and problems related thereto.
   It has assisted the American Medical Association in its work of health education.
6. *Question:* Has anyone ever received honorary membership in the Woman's Auxiliary to the American Medical Association?
   *Answer:* These four women have received honorary memberships for their outstanding work during the early years of organization:
   Mrs. S. C. Red, Houston, Texas (1940)
   Mrs. Franklin Gengenbach, Denver, Colorado (1941)
   Mrs. John O. McReynolds, Dallas, Texas (1941)
   Mrs. Willard Bartlett, St. Louis, Missouri (1941)
7. *Question:* How does an Auxiliary member support her Auxiliary?
   *Answer:* By paying dues promptly.
   By attending all meetings and promoting good fellowship.
   By accepting offices and chairmanships in her Auxiliary and in other organizations especially those related to health.
   By attending state and national meetings when possible.
   By encouraging and supporting all officers and committee chairmen.
   By fulfilling the charges given by the advisory committee.
   By promoting *Hygeia,* the Health Magazine, which is a special project given to the Woman's Auxiliary by the House of Delegates of the American Medical Association.

**American Medical Association**

1. *Question:* What service is rendered to the consumer by the Council on Foods of the American Medical Association?
   *Answer:* The information on foods disseminated by the Council on Foods enables the consumer to evaluate claims about nutrition and the relation of foods to health and disease and to be more discriminating about the selection of foods.
2. *Question:* Who receives benefit from the material that is published each week in *The Journal of the American Medical Association?*
   *Answer:* Physicians in more than eighty foreign countries and possessions, including Afghanistan, Cyprus, Guatemala, Mesopotamia, Malta, and Straits Settlements, receive and read *The Journal* and render service to all humanity.
3. *Question:* Why was the Council on Foods established by the American Medical Association?
   *Answer:* Because advances in nutrition in the past two decades have been spectacular and far-reaching in their human applications.
4. *Question:* What year was the first classification of medical schools made?
   *Answer:* In 1907, the American Medical Association first classified medical schools after a personal inspection of each institution. Since 1910, a list of acceptable schools has been published annually by the American Medical Association.
5. *Question:* Where can a doctor find a permanent record of all licenses issued by the state medical examining boards and a file of all hospitals in the United States?
   *Answer:* At the offices of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois.
6. *Question:* What is the function of the American Medical Association's chemical laboratory?
   *Answer:* To assist the Council on Pharmacy and Chemistry in the investigation of medicinal preparations offered to the medical profession.
7. *Question:* Do you know what the minimum standard of preliminary education for physicians was in 1914?
   *Answer:* Fourteen units of high school. It was raised to one year of college work in 1916; to two years in 1918, including specified achievement in physics, chemistry and biology. At present three years of college work are strongly urged.

**Public Relations**

1. *Question:* Why a public relations program?
   *Answer:* To give facts from organization to individual.
   To create a better understanding between members of the profession and the laity.
   To advance health education in the proper manner.
   To give practical, useful service to the community in health matters.
2. *Question:* How can Auxiliary members further good public relations?
   *Answer:* By keeping in mind the proper status of an Auxiliary member and confining all activities within these limits.
   By proper conduct in forum or argument on health subjects.
   By serving on program committees in all clubs interested in health education.

By working on committees serving libraries to give authentic information concerning books on health.

By keeping a close watch on medical films and opposing untrue or misleading medical features.

By sponsoring health contests and exhibitions of health posters.

By supplying competent speakers to talk on questions of health before lay groups.

By promoting the attitude and aims of American medicine on all questions related to health when the occasion arises.

3. *Question:* Why *Hygeia* as public relations agent?

*Answer:* It teaches the laity the only authentic way to health.

It tells health stories as physicians would have them told.

It creates confidence in the physician instead of in the cultist, the fanatic and the quack.

It makes the public aware of the work and aims of American medicine.

It overcomes prejudices and wrong ideas in medical matters.

It advances the needs for immunization from communicable diseases thereby performing an inestimable service for the community.

It tells the story of scientific research.

It teaches in non-technical language the rules for health.

It is a clearing house for health news and views and health activity in all parts of the world.

4. *Question:* What can committees on public relations do about national defense?

*Answer:* They can encourage individual cooperation with the activities of the Red Cross.

They can promote authentic information on nutrition by providing authoritative speakers for programs of lay groups.

They can point out the danger of accepting the theories and various schemes of cultists, faddists and overenthusiastic individuals on nutrition on radio programs and in newspapers and periodicals.

They can study consumer problems and cooperate with the medical society in disseminating information on adequate diets at low cost.

They can cooperate with local civilian defense committees in all plans for home defense.

They can cooperate with the medical society in giving material aid to physicians and their families in military camps.

They can stress on every occasion the importance of maintaining the democratic way of life.

5. *Question:* What is the story of American medicine?

*Answer:* It is the most effective medical system in the world.

It has for its objective the prevention of disease instead of working toward selfish aims. In this respect it might be said that it works toward the elimination of its own existence.

Its physician–patient relationship has raised the health standards of America to the highest in the world.

It has brought about the control of many diseases.

In five decades it has seen more marvels than any other science.

Its medical schools and hospitals have high standards through the efforts of organized medicine.

It has raised the life expectancy by very many years.

It has reduced infant mortality, fought for healthier living conditions and promoted educational programs for the laity on every phase of health.

In this world crisis it is cooperating in every way to raise the health standards of the nation and to meet the requirements of the army and navy and for military preparedness.

**Legislation**

1. *Question:* What are the three objectives of the committee on legislation?

*Answer:* Self education, intelligent cooperation with your local medical society, and education of the public.

2. *Question:* Name at least three ways by which we can inform ourselves about matters pertaining to legislation.

*Answer:* Study groups, studying local and federal legislation and medical current events at Auxiliary meetings; reading of the *Bulletin, Hygeia* and medical journals.

Keeping a file of newspaper clippings and pamphlets pertaining to medical legislation is also helpful.

3. *Question:* How can we best cooperate with the medical society in legislative activities?

*Answer:* By having an active Auxiliary; encouraging the members to register and to vote; upon the approval of the medical society, contacting the representatives and senators.

4. *Question:* Name some ways whereby the Auxiliary can help educate the public.

*Answer:* Provide able speakers from the speaker's bureau of the medical society for radio, P.T.A., school and club programs. They can also assist by placing *Hygeia* and other authentic material on health in the schools and public libraries.

5. *Question:* How can the individual members assist in public education regarding health?

*Answer:* By being active in other clubs and seeing that authentic information on health is presented at their meetings.

6. *Question:* Is it necessary and important for Auxiliary members to be thoroughly familiar with the working of politics? If so, why?
   *Answer:* Yes. They must have this information in order to combat undesirable legislation as well as to promote measures that are needed.
7. *Question:* How can members of the Auxiliary participate politically for good government?
   *Answer:* By knowing their own precincts, legislative and congressional districts and by getting all possible information concerning the candidates in office and of those who are running for office.
8. *Question:* Upon what does the basis of foundation of political parties in the United States rest?
   *Answer:* It rests primarily upon the precinct organization within the two parties.
9. *Question:* What political officers in a precinct have tremendous power?
   *Answer:* The precinct committeemen and committeewomen.
10. *Question:* Who are the people generally elected to the offices of precinct committeemen?
    *Answer:* Records show that they come from all walks of life, but the medical profession is very seldom, if ever, properly represented.
11. *Question:* What are a few of the duties and privileges of the precinct committeemen?
    *Answer:* They have appointive powers; preside over the precinct caucus; are delegates to the district caucus and county conventions; indirectly they influence the choice of delegates to the national convention, who in turn nominate the president.
12. *Question:* Are the precinct committeemen elected by a representative number of voters?
    *Answer:* No. Records show that they are elected by less than one half of 1 per cent of the registered voters.
13. *Question:* Why is the above condition true?
    *Answer:* Because very few people realize the importance of the office or the far-reaching influence of the person holding it.
14. *Question:* How might the medical profession perfect a strong organization to safeguard the interests of its profession and of public health?
    *Answer:* They can form county and central committees from among the medical, dental, nursing, pharmaceutical and hospital association and their respective auxiliaries, if such organizations are in accord with the ideals and principles of the medical association.
15. *Question:* May the Auxiliary on its own responsibility promote such organization plans as are mentioned in the former question?
    *Answer:* No. It must be guided by the legislative committee of the medical society of which it is an auxiliary organization in *all* matters relating to political activity.

## Brown—Kewaunee—Door

The Woman's Auxiliary to the Brown–Kewaunee–Door County Medical Society held its annual meeting at 1 o'clock on October 16 in the Beaumont Hotel, Green Bay. Reports were read of the recent convention in Madison and the organization's work for the last year.

Officers for the ensuing year were elected. Mrs. J. P. Lenfestey of De Pere is the president-elect and will assume the office of president a year hence. Mrs. I. E. Levitas of Green Bay is first vice-president; Mrs. W. E. Leaper of Green Bay, second vice-president; Mrs. J. R. Goggins of Pulaski, recording secretary, and Mrs. W. W. Ford of Green Bay, treasurer.

The retiring president, Mrs. L. D. Quigley of Green Bay, presented the gavel to Mrs. George Goggins of Green Bay, incoming president.

## Dane

The Woman's Auxiliary to the Dane County Medical Society met on October 13 at the home of Mrs. A. S. Jackson of Madison. The chairman in charge of the meeting was Mrs. J. P. Malec of Madison. She was assisted by Mrs. A. C. Stehr, Mrs. C. W. Aageson, and Mrs. H. L. Greene. After luncheon Mrs. W. D. Bird of Madison discussed the work of the Red Cross, particularly with reference to the sewing division.

## Dodge

Members of the Woman's Auxiliary to the Dodge County Medical Society held their first meeting of the fall session in the evening on September 25 at the home of Mrs. Roland Schoen, Beaver Dam.

During the meeting reports were given on the thirteenth annual convention held in Madison on September 10 and 11, and also on the conference for the Women's Field Army on September 12. Four members of the Woman's Auxiliary to the Dodge County Medical Society were among those who assisted at the tea which concluded the latter conference.

Public health was also under discussion, with special reference to articles on nutrition appearing in *Hygeia* as a part of the national defense program.

## Douglas

The Woman's Auxiliary to the Douglas County Medical Society met at the Superior Hotel, Superior, October 6, for a 1 o'clock luncheon. Twelve members were present.

The high light of the meeting was Mrs. T. J. Doyle's review of Ann Fearn's book "My Days of Strength."

A nominating committee was appointed, and election of officers is scheduled for the meeting to be held December 1.

## La Crosse

The Woman's Auxiliary to the La Crosse County Medical Society held its first fall meeting on October 14 at the Trane tea rooms, La Crosse. Following the dinner Mrs. R. C. Johnston outlined the year's tentative program. Reports were given by Mrs. P. C. Gatterdam, history and archives; Mrs. F. A. Douglas, Red Cross work plans; Mrs. G. W. Lueck, state convention, and Mrs. E. H. Townsend, recently elected state recording secretary.

Mrs. J. S. Supernaw of Madison, state president, outlined a number of suggestions for work for the local auxiliary. Other out-of-town guests were Miss Lucia Stolp from the office of the State Medical Society of Wisconsin, and Mrs. A. F. Walters of Cazenovia, New York.

New members of the La Crosse Auxiliary are Mrs. T. E. Shea and Mrs. F. J. Gallagher, both of La Crosse.

## Milwaukee

The Woman's Auxiliary to the Medical Society of Milwaukee County opened its new season on Friday, October 10, with a delightful tea at the City Club.

Mrs. R. D. Champney, the new president, greeted the members and their guests and introduced the following new officers and committee chairmen:

*Officers*

President-elect—Mrs. H. O. Zurheide
Vice-president—Mrs. A. R. Langjahr
Recording secretary—Mrs. L. B. Uszler
Treasurer—Mrs. M. C. Borman
Corresponding secretary—Mrs. P. A. Lee
Parliamentarian—Mrs. W. M. Jermain
Board members—Mmes. W. B. Ford, V. F. Lang, W. C. Liefert, C. D. Partridge, F. R. Janney, E. F. Barta, W. A. Ryan

*Committee Chairmen*

Study group—Mmes. C. D. Partridge, chairman; E. J. Behnke
Program—Mmes. R. E. McDonald, chairman; R. P. Sproule
Membership—Mmes. A. R. Langjahr, chairman; J. M. Jekel
Public relations—Mmes. H. O. Zurheide, chairman; Irwin Schulz
*Hygeia*—Mmes. R. T. Gilchrist, chairman; G. H. Hoffmann
Local press and publicity—Mmes. E. M. Lawler, chairman; D. E. W. Wenstrand
State publicity—Mmes. J. J. Adamkiewicz, chairman; Joseph Lettenberger
Social—Mmes. E. F. Barta, chairman; J. J. Gramling, Jr.; W. M. Jermain
Archives and history—Mmes. E. F. Peterson, chairman; E. P. Bickler
Music—Mmes. R. D. Bergen, chairman; R. H. Feldt
Philanthropic—Mmes. W. A. Joseph, chairman; H. O. Zurheide
Educational—Mmes. E. J. Behnke, chairman; A. S. Kult
Courtesy—Mmes. W. C. Liefert, chairman; M. Q. Howard
Budget—Mrs. C. D. Partridge, chairman
Visiting nurse—Mmes. J. L. Kinsey, chairman; M. C. Borman
Telephone—Mmes. H. A. Cunningham, chairman; A. D. Kilian

After the business was dispensed with, Mrs. Champney turned the meeting over to Mrs. R. E. McDonald, program chairman, who had planned a delightful style show. The lovely new fall and winter costumes and hats were shown through the courtesy of the Florence Danford Shoppe and the Katherine Price Millinery Shop respectively. The following members of the Auxiliary acted as models:

Mmes. N. W. Bourne, D. A. Cleveland, A. R. Langjahr, W. M. Jermain, R. D. Champney, Frank Rettig, M. J. Bach, V. L. Baker, A. I. Rosenberger, R. D. Bergen, and J. J. McGovern.

While the models were showing the newest styles, Mrs. Arno Fischer entertained at the piano. Afterward the new officers and board members received the members in the lounge of the City Club. This was followed by tea; Mmes. H. J. Heeb, R. E. Fitzgerald, R. G. Washburn, and C. D. Partridge poured.

## Rock

A former national and state president of the Medical Auxiliary, Mrs. R. E. Fitzgerald, Wauwatosa, spoke to the Woman's Auxiliary to the Rock County Medical Society at a luncheon meeting at the Woman's Club on September 23. Mrs. Fitzgerald, who is also international president of Gamma Phi Beta Sorority, is serving now as parliamentarian of the Woman's Auxiliary to the American Medical Association. She stressed study clubs as a project, suggesting a program of legislation, the nutrition campaign of the American Medical Association, and book reviews. Mrs. Fitzgerald's talk was provocative of thought and interest, and the discussion following brought out some interesting reactions.

Other honored guests at the meeting included Mrs. E. P. Bickler, Milwaukee, state treasurer; Dr. Jessie P. Allen, Beloit, who organized the Rock County Auxiliary; Dr. J. R. Harvey, Footville, vice-president of the Rock County Medical Society, and Dr. W. T. Clark, Janesville, councilor for that district.

Mrs. W. T. Clark and Mrs. T. J. Snodgrass, both of Janesville, gave reports of the state convention held recently in Madison. The meeting was conducted by the president, Mrs. H. E. Kasten, Beloit,

while Mrs. V. W. Koch, Janesville, introduced the speaker.

Mrs. Kasten appointed the following two committees:

Nominating—Mmes. F. C. Binnewies, Janesville; V. W. Koch, Janesville; L. J. Friend, Beloit; H. A. Raube, Beloit

Auditing—Mmes. W. W. Crockett, Beloit; O. W. Friske, Beloit

## Sheboygan

At a 1 o'clock luncheon meeting held at the Heidelberg Club, Sheboygan, on October 1, Mrs. H. J. Hansen of Sheboygan Falls, president of the Sheboygan County Medical Auxiliary, announced her committees as follows:

Program and social—Mmes. L. M. Simonson, Sheboygan, chairman; E. T. Hougen, Jr., Oostburg; A. J. Schmitt, Sheboygan

*Hygeia*—Mmes. G. J. Hildebrand, Sheboygan, chairman; J. A. Russell, Random Lake; W. A. Ford, Sheboygan; T. J. Gunther, Sheboygan

Membership—Mmes. C. M. Yoran, Plymouth, chairman; H. F. Deicher, Plymouth

Public relations—Mmes. A. J. Brickbauer, Plymouth, chairman; I. M. Bemis, Batavia; J. J. Boersma, Sheboygan

Press and publicity—Mrs. W. W. Van Zanten, Sheboygan

Historian—Mrs. P. B. Mason, Sheboygan

Telephone—Mmes. Ludwig Gruenewald, Sheboygan, chairman; C. J. Weber, Sheboygan

Bulletin board—Mrs. A. G. Pheiler, Sheboygan Falls

Reports concerning the thirteenth annual convention in Madison were given. During the coming year members plan to do either Red Cross or "Bundles for Britain" work.

Bridge followed the business meeting, high scores being awarded to Mrs. L. M. Simonson, Sheboygan, and Mrs. A. J. Brickbauer, Plymouth.

## Washington—Ozaukee

The Woman's Auxiliary to the Washington–Ozaukee County Medical Society met on October 9 at West Bend for a 1 o'clock luncheon, followed by a business session and bridge, at the home of Mrs. K. T. Bauer. The occasion was the installation of officers and the fifth anniversary of the organization. Fifteen members and one guest, Mrs. A. E. Peterson, Milwaukee, attended.

Mrs. M. E. Monroe, Hartford, was in charge of decorations for the luncheon table. The anniversary cake with five candles was cut by the Auxiliary's first president, Mrs. H. M. Lynch, West Bend.

The minutes of the organization's first meeting, held at the home of the late Mrs. P. M. Kauth, West Bend, were read by the first secretary, Mrs. R. S. Fisher, Allenton. In appreciation of her fine attendance record (she has missed only one meeting in five years), Mrs. Fisher was presented with a silver bowl by Mrs. A. H. Heidner, West Bend.

The meeting was turned over to the new officers: Mrs. M. E. Monroe, Hartford, president, and Mrs. T. J. Kern, Richfield, secretary-treasurer. Mrs. Monroe appointed the following committees:

Nominating—Mmes. O. J. Hurth, Cedarburg; H. M. Lynch, West Bend; F. W. Lehmann, Hartford

Press and publicity—Mmes. F. W. Lehmann, Hartford; P. B. Blanchard, Cedarburg; A. H. Heidner, West Bend; W. H. Drissen, Port Washington.

Public relations—Mmes. R. S. Fisher, Allenton; O. W. Hurth, Cedarburg; K. F. Prefontaine, Slinger; H. E. Froede, Jackson

Program—Mmes. A. H. Barr, Port Washington; David Fisher, Fond du Lac; J. E. Reichert, West Bend; C. H. Kalb, Grafton

*Hygeia*—Mmes. A. H. Heidner, West Bend; O. W. Hurth, Cedarburg; C. H. Kalb, Grafton; M. E. Monroe, Hartford

Philanthropic—Mmes. C. P. Kauth, Port Washington; H. M. Lynch, West Bend; O. J. Hurth, Cedarburg

Scrap book—Mmes. K. T. Bauer, West Bend; R. S. Fisher, Allenton; P. B. Blanchard, Cedarburg

Membership—Mmes. W. J. Wehle, West Bend; A. H. C. Carthaus, Thiensville; K. F. Prefontaine, Slinger.

The next meeting will be held in Allenton on November 13.

## Waukesha

Nineteen members assembled on October 1 at the home of Mrs. H. A. Peters, Oconomowoc, for a meeting of the Waukesha County Medical Auxiliary. Annual election of officers resulted as follows:

President—Mrs. T. H. Nammacher, Oconomowoc
President-elect—Mrs. J. C. Frick, Waukesha
Vice-president—Miss Hertha Voje, Oconomowoc
Secretary—Mrs. F. W. Aplin, Waukesha
Treasurer—Mrs. W. H. Oatway, Waukesha

Reports of the state convention held in Madison were given by Mrs. Oatway, delegate, and Mrs. W. T. Murphy of Waukesha, alternate delegate. Annual reports were presented by officers and committee chairmen.

A delicious dinner followed the meeting, the hostess being assisted by Mmes. Elizabeth Doege, A. Loughnan, and P. B. Theobald, all of Oconomowoc. Mrs. Peterson of Florida, a house guest of Mrs. H. G. B. Nixon of Hartland, was a guest at the meeting.

### Winnebago

A luncheon at Stein's, Oshkosh, preceded the business meeting of the Winnebago County Medical Auxiliary, held on September 23. Election of officers resulted as follows:

President—Mrs. W. N. Linn, Oshkosh
President-elect—Mrs. G. C. Owen, Oshkosh
Secretary-treasurer — Mrs. E. B. Williams, Oshkosh
Parliamentarian—Mrs. J. W. Lockhart, Oshkosh

Mrs. Owen had charge of the program and read an interesting article entitled "The Doctor's Wife in the Defense Program," taken from a medical bulletin. The article provided interesting suggestions for a program of activities for the new year, and it was decided that such a program was to be prepared and presented at the next meeting.

A report of the national convention held at Cleveland in June was given by Mrs. Marvin Steen, Oshkosh, who attended as a delegate. Mrs. T. D. Smith, Neenah, reported on the state convention held in Madison early in September.

Seventeen members were in attendance, and Mrs. Rodger Moon, Neenah, was a guest.

# Society Proceedings

### Brown—Kewaunee—Door

With thirty members present, the Brown–Kewaunee–Door County Medical Society held a dinner meeting in the Beaumont Hotel, Green Bay, at 6:30 p. m. on October 9. Their guest speaker was Dr. D. A. Cleveland, associate professor of neurosurgery and assistant professor of anatomy at Marquette University School of Medicine. His topic was "Management of Head Injuries."

### Dane

The Dane County Medical Society held a meeting, with election of officers, at the Madison Club on October 14. Dr. C. O. Vingom, president-elect, assumed the office of president. Officers elected were: Dr. J. S. Supernaw, Madison, president-elect; Dr. M. J. J. Coluccy, Madison, vice-president; Dr. D. L. Williams, Madison, secretary-treasurer; and Drs. A. T. Smedal, Stoughton, C. L. Ingwell, Deerfield, R. M. Wheeler, Madison, August Sauthoff, Mendota, and F. F. Bowman, Madison, trustees. Dr. Louis Fauerbach, Madison, and A. T. Smedal were named delegates to the annual convention of the State Medical Society. Drs. L. R. Cole and N. A. Hill, Madison, were named as alternate delegates.

Mr. C. H. Crownhart, counsel for the State Medical Society, addressed the group on "Some Legal Aspects of Chemical Tests for Alcoholism."

The Society adopted a resolution congratulating Dr. A. G. Sullivan, Madison, who was recently made managing director of the International Medical Assembly.

### Dodge

Dr. C. R. Marquardt, assistant clinical professor of urology at Marquette University School of Medicine, was the guest speaker at the meeting in Juneau on September 25 of the Dodge County Medical Society. His subject was "Injuries of the Bladder," his remarks being illustrated by slides and x-ray films.

### Douglas

Dr. S. H. Perrin, Superior, was elected president of the Douglas County Medical Society at their October meeting. Dr. J. C. Kyllo, Superior, was elected vice-president and Dr. Fred Johnson, Jr., Superior, was re-elected secretary.

### Fond du Lac

At a dinner meeting at the Retlaw Hotel, Fond du Lac, at 6:30 p. m. on September 25 the Fond du Lac County Medical Society heard an address on "Modern Trends in Anesthesia" by Dr. H. C. Slocum, instructor in anesthesia at the University of Wisconsin Medical School. Twenty-four members attended this meeting.

It was recently announced by Dr. S. A. Theisen, secretary of the Fond du Lac County Medical Society that a countywide program designed to protect children against disease will be conducted for its fourth successive year in the schools under approval of the County Medical Society.

This year's program is the fourth of the five-year plan approved by the physicians and carried out through the office of the county nurse and city health officials with the cooperation of the county board of supervisors which has made the necessary funds available.

### Green Lake—Waushara

Dr. O. O. Meyer, associate professor of medicine at the University of Wisconsin Medical School, addressed the members of the Green Lake–Waushara County Medical Society at their meeting on October 8 at the Berlin Memorial Hospital, Berlin. The topic of Dr. Meyer's address was "The Treatment of Congestive Cardic Failure."

### Manitowoc

Members of the Manitowoc County Medical Society and the Holy Family Hospital staff, at a meeting on October 2, had as their guest speaker, Dr. F. L.

Kozelka, assistant professor of toxicology, University of Wisconsin Medical School, who spoke to them on "The Relation of Toxicology to Clinical Medicine."

### Milwaukee

The Medical Society of Milwaukee County held a meeting at the Milwaukee Athletic Club, at 8:30 p. m., October 10. The main speaker was Dr. S. W. Harrington, The Mayo Clinic; professor of surgery at the University of Minnesota Graduate School. Dr. Harrington spoke to the group on "The Diagnosis and Treatment of Carcinoma of the Breast."

Dr. J. W. Smith, Milwaukee, also spoke to the members on "The Early Detection of Skin Cancer."

### Outagamie

About forty members of the Outagamie County Medical Society heard a talk by Dr. R. E. McDonald of Milwaukee, assistant clinical professor of obstetrics and gynecology at Marquette University School of Medicine, at a dinner meeting on September 23 at the Riverview Country Club, Appleton. His subject was "The Diagnosis and Management of Obstetrical Complications with Hemorrhage."

### Price—Taylor

The Price–Taylor County Medical Society held a noon meeting on October 8 at the Fayette Hotel, Medford, with eight members present. At a business session Dr. J. L. Murphy, Park Falls, was elected to membership in the society.

### Racine

At their meeting at the Elks Club in Racine on October 16 the members of the Racine County Medical Society heard talks by two Northwestern University Medical School lecturers. Dr. P. F. Schneider, instructor in obstetrics and gynecology, addressed the group on "The Vaginal Smear in Estrogenic Therapy," and Dr. R. A. Reis, assistant professor of obstetrics and gynecology, spoke on "Medical and Surgical Problems Associated with Pregnancy."

### Winnebago

The Winnebago County Medical Society had a good attendance at their dinner meeting in the Athearn Hotel, Oshkosh, on October 2. Dr. G. A. Cooper, Madison, delivered a lecture on "The Diagnosis and Treatment of Common Types of Skin Diseases." His lecture was illustrated with color photography of the lesions.

### Tenth Councilor District

The forty-first annual meeting of the Tenth Councilor District Medical Society was held at the Sacred Heart Hospital in Eau Claire on September 25, with about 100 members in attendance. At a business session the following officers were re-elected for the ensuing year: Dr. H. M. Stang, Eau Claire, president, and Dr. C. N. B. Hatleberg, Chippewa Falls, secretary. The program follows:

**Morning session:**

9:30 Surgical Clinic—Dr. J. R. Head, assistant professor of surgery at the University of Illinois College of Medicine.

10:30 Medical Clinic—Dr. C. J. Watson, associate professor of medicine at the University of Minnesota Medical School.

11:30 Clinic, Endocrine Disturbances in the Female—Dr. E. L. Sevringhaus, professor of medicine at the University of Wisconsin Medical School.

12:30 Luncheon—Sacred Heart Hospital.

**Afternoon session:**

1:30 "Obesity"—Dr. E. L. Sevringhaus, professor of medicine at the University of Wisconsin Medical School.

"Pathological Diseases of the Chest"—Dr. J. R. Head, associate professor of surgery at the University of Illinois College of Medicine.

"Uremia"—Dr. C. J. Watson, associate professor of medicine at the University of Minnesota Medical School.

"Diagnosis of Spinal Cord Diseases"—Dr. E. M. Hammes, professor of nervous and mental diseases at the University of Minnesota Medical School.

"Portal Cirrhosis"—Dr. A. M. Snell, Mayo Clinic; professor of medicine at the University of Minnesota Graduate School.

**Evening session:**

6:30 Dinner—Eau Claire Country Club.

7:30 "Believe it or Not in Medicine"—Dr. E. M. Hammes.

### Milwaukee Neuro-Psychiatric Society

At their dinner meeting at the University Club, Milwaukee, on September 25, the Milwaukee Neuro-Psychiatric Society had as its guest speaker Dr. L. J. Pollock, professor of nervous and mental diseases at Northwestern University Medical School. The subject of Dr. Pollock's presentation was "Some Neuro-Psychiatric Observations Made During World War I, Which Might Relate to Present National Defense."

### Milwaukee Oto-Ophthalmic Society

For their first regular fall meeting members of the Milwaukee Oto-Ophthalmic Society met on October 14 at the University Club, for a 6:30 dinner, which was followed at 7:30 by a clinical

meeting (presentation of cases), a new feature of their meetings begun this season. The scientific program which had been arranged consisted of a paper entitled, "The Nutritional Aspects of Cataract" by Dr. John Bellows, of Northwestern University, which was discussed by Dr. P. F. Swindle of Marquette University, and a paper entitled "Maxillary Sinusitis Resulting from Dental Surgery" by Dr. O. P. Schoofs, Milwaukee.

### The Wisconsin Orthopaedic Society

At their annual meeting members of the Wisconsin Orthopaedic Society (the Orthopaedic Section of the State Medical Society) elected the following officers for the ensuing year: Dr. C. C. Schneider, Milwaukee, chairman; Dr. W. P. Blount, Milwaukee, secretary-treasurer; Dr. H. L. Greene, Madison, delegate, and Dr. R. P. Montgomery, Milwaukee, alternate delegate.

# News Items and Personals

Three hundred and fifty persons were present at the golden anniversary banquet on October 2 in Kaukauna to honor *Dr. C. D. Boyd* of Kaukauna, who has served that community for a half century.

The Honorable W. J. Gantter, mayor of the City of Kaukauna, in his address of welcome said that *Dr. Boyd* was not only a faithful servant to the medical profession but was civic-minded as well, serving in the past as mayor and alderman and at present as city health officer.

*Dr. S. E. Gavin*, Fond du Lac, councilor of the sixth district of the State Medical Society of Wisconsin, was the principal speaker. He paid high tribute to *Dr. Boyd* in the name of the State Society and described some of the differences in the medical profession fifty years ago compared with the present time. In speaking of the improvement in medical care, *Dr. Gavin* told of *Dr. Boyd's* intense interest in the prevention and cure of tuberculosis. He said that formerly this disease was a hopeless problem and a death warrant, but that through the long and faithful efforts of men like *Dr. Boyd* it is no longer the hopeless thing it was a half century ago. *Dr. Gavin* commended *Dr. Boyd* on his efforts through his county and State Society to help advance public health in the state.

Among other speakers was *Dr. W. H. Towne*, of Hortonville, president of the Outagamie County Medical Society, who extended hearty congratulations to *Dr. Boyd* from the members of the county society.

—△—

*Dr. A. E. Rector*, Appleton, past-president of the State Medical Society of Wisconsin, described the steady yearly improvement of health of Wisconsin citizens in a talk before the Appleton Rotary Club on October 7. Reporting that the state ranks third in health accomplishments, *Dr. Rector* said that the average Wisconsin worker loses only two and a half days a year because of illness and cited the increased span of life made possible by the state's health program.

—△—

Mr. George B. Larson, acting secretary of the Society, participated in the Institute on Public Health Education presented under the auspices of the American Public Health Association held in Atlantic City in October. Mr. Larson presented the Society's film strip on "Health Achievements in Wisconsin" to the discussion group entitled "Participation of Professional Groups in Health Education."

—△—

The work of building future citizens was discussed by *Dr. Eben J. Carey*, dean of Marquette University School of Medicine, in an address entitled "Youth and Its Challenge," presented before the Wisconsin Federation of Women's Clubs in Green Bay on October 7.

—△—

*Dr. R. R. Rath* recently observed the thirty-fifth anniversary of his arrival in Granton to practice medicine. He recalled that his equipment was brought to the village by his father in a lumber wagon.

—△—

"The visiting nurses deserve and have my support as a physician; they deserve your support as citizens of the community," *Dr. W. A. Ryan*, Milwaukee, told persons attending the annual banquet meeting of the Twin City Visiting Nurse Association in Menasha on October 8. *Dr. Ryan* spoke principally upon accidents in the home, pointing out specifically and with illustrations from personal experiences how the accidents occur and how they can be avoided.

—△—

Describing the organization of the American Medical Association and the State Medical Society of Wisconsin, of which he was recently named president-elect, *Dr. F. E. Butler* of Menomonie on September 25 outlined for his fellow Rotarians, some of the aims and achievements of the medical profession. During his address he distributed copies of a recent publication of the State Medical Society entitled "Health Achievements in Wisconsin," which graphically portrays Wisconsin's fine record in the field of health.

The office of the University of Wisconsin Medical School has been moved from 408 North Charter Street, Madison, to 418 North Randall Street.

—△—

*Drs. J. B. MacLaren, D. M. Gallaher,* and *R. V. Landis,* Appleton, announce the association of Dr. J. W. Laird, formerly on the resident staff of St. Luke's Hospital, Chicago. Dr. Laird will give special attention to the field of urology.

—△—

*Dr. J. H. Karsten,* Horicon, was recently named physician for the blind in Dodge County by the chairman of the board of supervisors. *Dr. Karsten* succeeds *Dr. H. J. Heath,* Juneau. *Dr. Heath* replaces *Dr. A. J. Hebenstreit,* Juneau, as county physician, *Dr. Hebenstreit* having resigned to take a position at the state prison in Waupun. *Dr. Heath* has also been named as physician for the county home and asylum.

—△—

On October 14, *Dr. S. A. McCormick,* Madison, spoke on "Medical Aspects of Selective Service" at the meeting of the third district of the Wisconsin State Nurses Association in Madison.

—△—

An insight into the duties of a coroner was given by *Dr. G. A. Steele,* Oshkosh, in an address to the members of the Menasha Rotary Club on October 15. *Dr. Steele,* the coroner for Winnebago County, in describing the powers and duties vested in this office, also commented on the fact that the office of coroner originated in England in the eleventh century.

—△—

Students and faculty members of Marquette University School of Medicine heard an address by *Dr. Gunnar Gundersen* of La Crosse, president of the State Medical Society of Wisconsin, on September 29. *Dr. Gundersen* discussed the personal qualifications for the practice of medicine and the advantages of organized medicine to the individual physician.

—△—

*Dr. C. F. Park,* venereal disease officer for the City of Milwaukee, was one of the guest speakers at the meeting of the Wisconsin Pharmaceutical Association in Milwaukee on September 30. The title of *Dr. Park's* address was "Wisconsin's Venereal Disease Program."

—△—

At the opening session for 1941–1942 on October 1 of the staff of Beloit Municipal Hospital, the following program was presented, the emphasis being on physical therapy. *Drs. T. H. Flarity, C. M. Carney,* and *O. W. Friske,* Beloit, presented some cases of fractures treated by physiotherapy. Mr. B. E. Kuechle, vice-president and director of the curative workshop, Employers Mutuals, Wausau, discussed the question of "When to Ask for Help From Your Physiotherapy Department." Two films were presented by *Dr. R. F. Wilson,* Beloit. The first covered the program of a typical day in the Junior League Curative Workshop, Milwaukee, and the second showed the technique in treating two industrial cases.

—△—

*Dr. A. E. Dillman,* who has been located at Soldiers Grove, has retired from active practice and is living at Steuben.

—△—

The Wisconsin Association of Medical Record Librarians held its annual convention at Superior on September 24 and 25. Among the speakers on the program were four members of the State Medical Society: *Drs. H. J. Orchard, T. J. O'Leary, J. W. McGill,* and *V. E. Ekblad,* all of Superior.

—△—

*Dr. Norbert Enzer,* Milwaukee, was one of the guest speakers at the annual meeting of the Wisconsin Association of Medical Technologists which was held at the Pfister Hotel, Milwaukee, and the Milwaukee County Hospital, on October 11 and 12. The subject of *Dr. Enzer's* address was "Present Day Opinion Concerning Jaundice."

—△—

Members of the Wisconsin Society of X-ray Technicians met at the Monterey Hotel and the Nuzum Clinic, Janesville, on October 3 and 4, for their annual convention. Included on their program were six members of the State Medical Society: *Dr. E. A. Pohle,* professor of radiology at the University of Wisconsin Medical School, was toastmaster at the banquet, and the following Janesville doctors presented papers:

*Dr. T. O. Nuzum*—"Fundamentals of Electrocardiography"
*Dr. W. T. Clark*—"Anatomy from an X-ray Standpoint"
*Dr. S. A. Freitag*—"Intravenous Pyelography"
*Dr. M. M. Baumgartner*—"Multiple Views as an Aid in Diagnosis to the Radiologist"
*Dr. T. J. Snodgrass*—"Transportation of the Injured—with Practical Demonstration"

—△—

Mr. George B. Larson, acting secretary of the Society, was invited by the Rotary Club at Stoughton to present the Society's newly developed film strip entitled "Health Achievements in Wisconsin," on October 29. Many fine comments have been received on this film strip, which was prepared under the guidance of the Committee on Health and Public Instruction.

—△—

Effective July 1, 1941, the responsibility of enforcing the provisions of the Medical Practice Act was transferred to the State Board of Medical Examiners. The Board has now organized this division of its responsibilities, and has appointed Attorney S. E. Gavin, Jr., 110 East Main Street, Madison, as its legal counsel and investigator. Information concerning the Medical Practice Act and its enforcement may be obtained by writing directly to the investigator, or to the secretary of the Board, *Dr. H. W. Shutter,* 425 East Wisconsin Avenue, Milwaukee.

# COMING EVENTS

## Mayo Foundation

The Mayo Foundation announces that a series of lectures, demonstrations and clinics by members of the faculty and invited guests will be held during the week of November 10 at the Mayo Clinic, Rochester, Minnesota. Problems related to medical and surgical emergencies encountered in civilian and military practice will be emphasized. Physicians are invited to attend.

—△—

## Clinics, Milwaukee County Hospital and Marquette University School of Medicine

Clinics are held weekly on Friday from 10:30 a.m. to 12 noon at the Milwaukee County Hospital. Subjects for discussion in November, December and January are as follows:

**November 14**—Discussion of anemia. Dr. W. P. Murphy, associate professor of medicine, Harvard Medical School.

**November 21**—No conference.

**November 28**—Agranulocytosis and its causes.

**December 5**—1. Endrometriosis. 2. First aid treatment of tendon and nerve injuries.

**December 12**—Newer aspects of treatment of hypertension, including preliminary discussion of renal extract.

**December 19**—Traumatic urology.

**December 26**—No conference.

**January 2**—No conference.

**January 9**—Diagnosis, management and prognosis of kidney infections.

**January 16**—Neurological subject.

**January 23**—1. Treatment of heart failure and cardiac irregularities. 2. Surgery in the puerperium.

**January 30**—Anuria—causes and treatment.

—△—

## Central States Society of Industrial Medicine and Surgery

**Component Society of American Association of Industrial Physicians and Surgeons**

**Mid-Winter Meeting, Chicago, Illinois, December 5, 1941**

**9:00 a. m., Main Amphitheatre, Cook County Hospital**

1. Fracture—Nonunion and Delayed Union—Dr. Carlos S. Scuderi, Chicago
2. Neurological Cases—Dr. A. H. Verbrugghen, Chicago
3. Diseases of the Skin—Dr. David V. Omens, Chicago
4. Hand Infection—Diagnosis and Treatment—Dr. Michael L. Mason, Chicago
5. Cardiovascular Disease—Dr. Chauncey C. Maher, Chicago
6. Peripheral Vascular Disease—Dr. Chester C. Guy, Chicago

**2 p. m., Palmer House**

1. Medical and Surgical Service in a Large Plant—Dr. J. H. Chivers, Chicago
   Discussion—Dr. Frank Smith, Chicago
2. Preventive Medicine in Industry (small plants)—Dr. C. O. Sappington, Chicago
   Discussion—Dr. O. A. Sander, Milwaukee
3. Hospital Management of Industrial Cases—Dr. George N. Beecher, Chicago
   Discussion—Dr. E. C. Holmblad, Chicago
4. Insurance and Compensation Aspects of Industrial Medicine and Surgery—Mr. Ambrose Kelly, Chicago
   Discussion—Mr. Frank Atkinson, Chicago
5. Nursing Service in Industry—Miss Joanna M. Johnson, R. N., Milwaukee
   Discussion—Miss Gertrude Jaeger, R. N., Chicago

**7 p. m., Palmer House**

1. Diagnosis—Dr. Paul C. Bucy, Chicago
2. X-Ray Demonstration—Dr. Hollis E. Potter, Chicago
3. Orthopedic Aspects—Dr. Herman C. Schumm, Milwaukee
4. Neurological Phases—Dr. Lewis J. Pollock, Chicago
5. Treatment—Dr. Eric Oldberg, Chicago

—△—

## Milwaukee County Hospital Interne's Association

The Milwaukee County Hospital Interne's Association has announced that its next meeting will be held on January 31, 1942.

—△—

## The Fourth Annual Forum on Allergy

Detroit, Michigan

January 10 and 11, 1942

—△—

## Milwaukee Children's Hospital

**Schedule of Clinical Presentations**

The Staff of the Milwaukee Children's Hospital has arranged a schedule of clinical presentations for the coming fall and winter months. Surgical clinics will be conducted on Mondays, orthopedic and fracture clinics on Tuesdays, and pediatric clinics on Fridays. Dr. Stanley J. Seeger will direct the surgical clinics, Dr. Walter P. Blount will direct the orthopedic and fracture clinics, and Dr. A. L. Kastner will direct the pediatric clinics. These men will be assisted in the presentations by staff members of the hospital. A partial tentative program follows. Ample notice will be given concerning guest clinicians who will be invited from time to time, and any other changes in the program. The time of the clinical presentations will be from 12:30 to 1:30 p. m.

**NOVEMBER, 1941**

Pediatric Clinic—Friday, November 14

Obesity in Children. Discussion by Walter Polacheck, M. D., Milwaukee.

Surgical Clinic—Monday, November 17

Presentation of cases. Discussion of Spina Bifida.

Orthopedic and Fracture Clinic—Tuesday, November 18

Fractures About the Wrist in Children. Discussion by A. A. Schaefer, M. D., Milwaukee.

Pediatric Clinic—Friday, November 21

Some Phases of Endocrinology in Childhood. Discussion by Elmer L. Sevringhaus, M. D., Madison.

Surgical Clinic—Monday, November 24

Presentation of cases. Discussion of Intussusception.

Orthopedic and Fracture Clinic—Tuesday, November 25

Tuberculosis of Bones and Joints. Discussion by L. D. Smith, M. D., Milwaukee.

Pediatric Clinic—Friday, November 28

Open.

**DECEMBER, 1941**

Surgical Clinic—Monday, December 1

Presentation of cases. Discussion of Anesthesia in Children.

Orthopedic and Fracture Clinic—Tuesday, December 2

Osteomyelitis and Septic Arthritis in Children. Discussion by R. P. Montgomery, M. D., Milwaukee.

Pediatric Clinic—Friday, December 5

Subject open. Discussion by S. E. Kohn, M. D., Milwaukee.

Surgical Clinic—Monday, December 8

Presentation of cases. Discussion of Blood Transfusion and Water Balance.

Orthopedic and Fracture Clinic—Tuesday, December 9

Compound Fractures in Children. Discussion by H. C. Schumm, M. D., Milwaukee.

Pediatric Clinic—Friday, December 12

Review of Methods of Control of Hospital Infection. Discussion by K. J. Winters, M. D., and Katharine H. Baird, M. D., Milwaukee.

—△—

### Wisconsin Board of Examiners in the Basic Sciences

The next examination by the Wisconsin Board of Examiners in the Basic Sciences will be on December 6, 1941, at the Hotel Pfister, Milwaukee, Wisconsin. For application form please write to Professor Robert N. Bauer, secretary, 152 West Wisconsin Avenue, Milwaukee, Wisconsin.

—△—

### The Salmon Committee on Psychiatry and Mental Hygiene of the New York Academy of Medicine

The Thomas William Salmon lectures for 1941 will be given by Dr. Robert Dick Gillespie, psychiatric specialist with the British Royal Air Force, on the subject "Psychoneuroses in Peace and War and the Future of Human Relationships." A lecture will be held in Chicago on Friday, November 21, at 8 p.m., at Thorne Hall, Northwestern University, Lake Shore Drive and Superior Street.

—△—

### Course in Geriatrics

The Committee on Postgraduate Education of the Medical Society of Milwaukee County calls attention to the last two lectures in the course in geriatrics, increasingly important field in modern medical practice. These lectures are being held in the Auditorium of the Marquette University School of Medicine, and the lecture dates and names of speakers follow:

November 18:

The problem of aging from the internist's angle —George M. Piersol, M. D., professor of medicine, The Medico-Chirurgical College, Graduate School of Medicine, University of Pennsylvania.

November 25:

The central nervous system in the aged—Hans H. Reese, M. D., professor of neuropsychiatry, University of Wisconsin Medical School, Madison.

## BIRTHS

A son, David Charles, to Dr. and Mrs. E. T. Rechlitz, Station Hospital, Randolph Field, Texas, October 12.

A son, James, to Dr. and Mrs. M. J. Ansfield, Milwaukee, September 15.

A daughter, Jean Marie, to Dr. and Mrs. G. Parke, Jr., Richland Center, September 25.

A daughter, Mary Ann, to Dr. and Mrs. H. A. Cunningham, Milwaukee, October 14.

A son, to Dr. and Mrs. F. A. Kretlow, Milwaukee, October 15.

A son, Perry Lee, to Dr. and Mrs. E. A. Schoenecker, Lake Mills, October 15.

## DEATHS

Dr. Reuben H. Stiehm, Madison, died at a Madison hospital, October 21, after a short illness, at the age of forty.

Dr. Stiehm was born January 24, 1901, at Johnson Creek, Wisconsin. He received his elementary education at Johnson Creek, his secondary at Jefferson, and from 1920 to 1921 he attended the University of Wisconsin. In 1926 he was graduated from Indiana University School of Medicine, following which he served his internship at the State of Wisconsin General Hospital. From 1927 to 1928 he was on the staff of the Student Health Service at the State of Wisconsin General Hospital and instructor in clinical medicine at the University of Wisconsin Medical School and from 1928 to 1930 he was resident at the State of Wisconsin General Hospital.

From 1930 to 1933 Dr. Stiehm served on the staff of the Wisconsin Anti-Tuberculosis Association at Milwaukee, returning to the State of Wisconsin General Hospital and the University of Wisconsin Medical School in 1933. Since then he had served on the staff of the Student Health Service in charge of the tuberculosis program and on the faculty of the Medical School as associate professor of clinical medicine. He was a member of the Dane County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association.

Dr. Stiehm had done considerable research work on tuberculosis, and had published several papers on his work, with one paper in press at the time of his death.

He is survived by his widow, four children, and a sister, Mrs. Edward Baker of Johnson Creek.

**Dr. Nils V. Sandin,** Ashland, died on October 5, at an Ashland hospital, from a heart ailment.

Dr. Sandin was born in Stockholm, Sweden, August 3, 1885. He came to America at the age of 17 and made his home in Mankato, Minnesota. There he attended the public schools, and later studied at Gustavus Adolphus Academy and at Marquette University. He was graduated from the Chicago College of Medicine and Surgery in 1914. He received his license to practice in Wisconsin in 1916 and established a practice at Milltown, Wisconsin. A year later he moved to Amery where he remained for ten years. Before coming to Ashland twelve years ago he also practiced for two years at Maiden Rock. For the last five years Dr. Sandin had been city physician for Ashland and last spring he assumed the office of county physician for Ashland County.

Dr. Sandin held membership in the Ashland–Bayfield–Iron County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association.

He is survived by his widow; a son, Howard, of St. Louis; a daughter, Corrine, of Minneapolis; and four brothers in Sweden.

## SOCIETY RECORDS

### New Members

J. M. Wickham, Marshfield Clinic, Marshfield.

Russell Jackson, Jr., 16 South Henry Street, Madison.

R. R. Davis, Milton.

R. A. Moon, Neenah.

G. V. Hough, Sparta.

J. L. Murphy, Park Falls.

### Changes in Address

H. A. Anderson, Janesville, to River Pines Sanatorium, Stevens Point.

A. J. Hebenstreit, Juneau, to Waupun.

G. E. Howe, Francis Creek, to Morrison Field Air Base, West Palm Beach, Fla.

H. A. Gantz, Camp Forrest, Tenn., to 324 West Main Street, Waukesha.

G. A. Rau, Carlisle, Pa., to Two Rivers.

S. S. Blankstein, Milwaukee, to O'Reilly General Hospital, Springfield, Mo.

W. P. Zmyslony, Camp Forrest, Tenn., to 931 West Mitchell Street, Milwaukee.

Ernest Newman, Boston, Mass., to General Delivery, Las Vegas, Nevada.

H. C. Marsh, Crandon, to 375½ Main Street, De Pere.

R. S. Gearhart, Fort Sill, Okla., to Station Hospital, Camp Wolters, Tex.

K. R. Icks, Green Bay, to U. S. Naval Hospital, Annapolis, Md.

G. D. Quisling, Madison, to Camp Stewart, Ga.

L. F. Kaiser, Gurdon, Ark., to Fifth Medical Supply Depot, Fort Sam Houston, Tex.

D. M. Regan, Berlin, to 7258A Glenthorne Road, Upper Darby, Pa.

L. W. Nowack, Camp Livingston, La., to Gulf Coast Air Training Station, Randolph Field, Tex.

W. H. Jaeschke, Madison, to St. Agnes Hospital, Fond du Lac.

O. G. Moland, Camp Polk, La., to 64th Medical Regiment, Camp Bowie, Tex.

T. S. Slemmons, Waupun, to General Delivery, Ancon, Panama Canal Zone.

O. E. Toenhart, Madison, to Waunakee.

R. C. Richardson, Two Rivers, to P. O. Box 195, Neopit.

T. W. Dasler, Deer Park, to Great Lakes Naval Training Station, Great Lakes, Ill.

G. Davies, French Cameroun, West Africa, to 157 South James Street, Waukesha.

F. J. Erdlitz, Madison, to 4536 North Thirtieth Street, Milwaukee.

(See page 1083 for complete list of men in service.)

## CORRESPONDENCE

LOCKNEY, LOWRY & HUNTER*
Lawyers
Waukesha, Wisconsin

October 20, 1941

The State Medical Society of Wisconsin
Madison, Wisconsin
Gentlemen:

. . .

On behalf of the Guardian we very much appreciate the sentiments expressed in your letter. As lawyers we can well understand the advantages that some collection agencies might take of a widow upon the death of her doctor husband. You may be assured that there will be no such advantage taken in this case.

Your other suggestions are likewise pertinent at a time like this. So far as disposing of the practice is concerned, you will be glad to know that Dr. _____, a recent graduate of _____ Medical School has bought Dr. _____'s equipment and is taking over the practice at _____. Your society is to be congratulated upon the assistance it renders to members of the family of deceased members.

Very truly yours,
LOCKNEY, LOWRY & HUNTER,
By: Richard N. Hunter.

* Reply to a letter of advice sent to survivors of a deceased member.

## MEMBERS IN ACTIVE SERVICE

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Baldwin, R. S., Captain | Marshfield | Headquarters, 6th Corps Area, Chicago, Ill. |
| Becker, W. T., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| Benson, George B., 1st Lt. | Richland Center | School of Aviation Medicine, Randolph Field, Tex. |
| Bergstrom, L. V., 1st Lt. | Milltown | Co. 538, Camp Minidoka, Rupert, Ida. |
| Bitter, R. H., Captain | Oshkosh | 12th Cavalry, Fort Bliss, Tex. |
| Blankstein, S. S., 1st Lt. | Milwaukee | O'Reilly General Hospital, Springfield, Mo. |
| Bleckwenn, W. J., Colonel | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Bohorfoush, J. G., 1st Lt. | Madison | Air Corps Basic Flying School, San Angelo, Tex. |
| Bolles, C. S., 1st Lt. | De Pere | Station Hospital, Camp Wolters, Tex. |
| Boxer, L. M., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| Bristow, J. H., 1st Lt. | Monroe | 5th Medical Battalion, Fort Custer, Mich. |
| Cary, J. F., 1st Lt. | Sheboygan | First Medical Squadron, Fort Bliss, Tex. |
| Christianson, Herbert, 1st Lt. | Superior | Camp Livingston, La. |
| Dasler, T. W., 1st Lt. | Deer Park | Naval Training Station, Great Lakes, Ill. |
| Dietrich, H. W., Captain | Madison | 7th Cavalry, Fort Bliss, Tex. |
| Dockry, L. E., Commander | Kewaunee | Commandant's Office, Naval Training Station, Great Lakes, Ill. |
| Dorr, R. H., 1st Lt. | Milwaukee | 721 West Woodbine, Kirkwood, Mo. |
| Eisele, P. L., Captain | Stateson | Army Induction Station, Milwaukee |
| Feiman, L. H., 1st Lt. | Milwaukee | 46th Medical Battalion, Pine Camp, N. Y. |
| Filek, A. A., Captain | Green Bay | Armored Forces, Fort Benning, Ga. |
| Foley, M. E., 1st Lt. | St. Nazianz | 5th Division, Fort Custer, Mich. |
| Ford, W. A., Lt. Col. | Sheboygan | Station Hospital, Camp Wolters, Tex. |
| Frackelton, W. H., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Frisch, R. A., 1st Lt. | Milwaukee | Army Induction Station, Milwaukee |
| Gearhart, R. S., 1st Lt. | Madison | Station Hospital, Camp Wolters, Tex. |
| Gollin, F. F., 1st Lt. | La Farge | 119th Field Artillery, Fort Leonard Wood, Mo. |
| Goodman, P. P., 1st Lt. | Milwaukee | 53rd Medical Battalion, Camp Claibourne, La. |
| Grab, J. A., Major | Milwaukee | Selective Service Headquarters, Madison |
| Greenstein, Carl, 1st Lt. | Sheboygan | Chanute Field, Rantoul, Ill. |
| Grossmann, E. E. Captain | Milwaukee | Station Hospital, Camp Hulen, Tex. |
| Gueldner, L. H., 1st Lt. | Fort Atkinson | Camp Bowie, Tex. |
| Guzzetta, M. M., 1st Lt. | Milwaukee | Fort Sam Houston, Tex. |
| Hannan, K. D., 1st Lt. | Prairie du Chien | Co. H, 102nd Medical Regiment, 27th Division, Fort McClellan, Ala. |
| Hathaway, G. J., Lt. Col. | Superior | Medical Detachment, 128th Infantry, 32nd Division, Camp Livingston, La. |
| Heiden, H. H., Lt. Col. | Sheboygan | 107th Q. M. Regiment, 32nd Division, Camp Livingston, La. |
| Henske, W. C., Captain | Chippewa Falls | Fort George Meade, Md. |
| Hollenbeck, S. W., Major | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Howe, G. E., 1st Lt. | Francis Creek | Morrison Field Air Base, West Palm Beach, Fla. |
| Huth, M. F., 1st Lt. | Baraboo | Camp Grant, Ill. |
| Icks, K. R., 1st Lt. | Green Bay | U. S. Naval Hospital, Annapolis, Md. |
| James, W. D., 1st Lt. | Oconomowoc | Camp Wolters, Tex. |
| Jerome, Bourne, Captain | Superior | Station Hospital, Fort Sheridan, Ill. |
| Johnson, H. C., Major | Madison | Camp McCoy, Wis. |
| Kaiser, L. F., 1st Lt. | Rhinelander | 5th Medical Supply Depot, Fort Sam Houston, Tex. |
| Keck, E. B., Lt. Commander | Madison | Post Hospital, Marine Barracks, Quantico, Va. |
| Kingsbury, C. H., 1st Lt. | Goodman | Station Hospital, Fort Bliss, Tex. |
| Kocovsky, E. C., 1st Lt. | Milwaukee | Reception Center, Camp Grant, Ill. |
| Kretlow, F. A., 1st Lt. | Milwaukee | 1st Medical Squadron, Fort Bliss, Tex. |
| Krueger, E. R., 1st Lt. | Hayward | 30th Division, Fort Jackson, S. C. |
| Kuehl, F. O., 1st Lt. | Green Bay | Walter Reed General Hospital, Washington, D. C. |
| Lochen, E. L., Major | Waukesha | Station Hospital, Schofield Barracks, Oaku, Honolulu, Hawaii |
| Ludwig, E. P., Captain | Wausau | Company G, 135th Medical Regiment, Camp Shelby, Miss. |
| Lustok, M. J., Captain | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Malec, J. P., 1st Lt. | Madison | 131st Infantry, 3rd Battalion, Camp Robinson, Ark. |
| Martini, H. F., 1st Lt. | Wausau | 5th Division, Fort Custer, Mich. |
| McBain, L. B., Captain | Appleton | 30th Division, Fort Jackson, S. C. |
| McCabe, J. O., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| McCormack, E. A., 1st Lt. | Niagara | 123rd Field Artillery, Camp Forrest, Tenn. |
| McCormick, D. W., 1st Lt. | Madison | Station Hospital, Fort Custer, Mich. |
| Millard, A. L., Major | Marshfield | Second Infantry, Fort Custer, Mich. |

## MEMBERS IN ACTIVE SERVICE (Continued)

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Mitchell, M. T., 1st Lt. | Eau Claire | Medical Detachment, 38th Infantry, Fort Sam Houston, Tex. |
| Mokrohajsky, S. M., 1st Lt. | Green Bay | Station Hospital, Camp Grant, Ill. |
| Moland, O. G., Captain | Augusta | 64th Medical Regiment, Camp Bowie, Tex. |
| Montgomery, S. A., 1st Lt. | La Crosse | Station Hospital, Fort Sam Houston, Tex. |
| Moran, C. J., Captain | La Crosse | 120th Field Artillery, Camp Beauregard, La. |
| Nebel, Harold, Major | Milwaukee | 121st Field Artillery, 32nd Division, Camp Livingston, La. |
| Nelson, E. R., Lt. (j. g.) | Madison | 16th Naval District, Asiatic Station, % Postmaster, San Francisco, Calif. |
| Niver, E. O., 1st Lt. | Eau Claire | Station Hospital, Fort Custer, Mich. |
| Nowack, L. W., Captain | Watertown | Gulf Coast Air Training Station, Randolph Field, Tex. |
| Olson, W. A., 1st Lt. | Greenwood | 128th Infantry, 32nd Division, Camp Livingston, La. |
| Ovitt, D. W. | Milwaukee | Billings General Hospital, Fort Benjamin Harrison, Ind. |
| Pagel, H. F., 1st Lt. | Ladysmith | 14th Medical Regiment, Camp Bowie, Tex. |
| Perssion, L. B., 1st Lt. | Winnebago | 135th Medical Regiment, Camp Shelby, Miss. |
| Peterson, L. W., Lt. Col. | Sun Prairie | 135th Medical Regiment, Camp Shelby, Miss. |
| Peterson, S. C., 1st Lt. | Luck | Randolph Field, Tex. |
| Pomeroy, R. K., Lt., V-(S) | Port Washington | Naval Training School, Navy Pier, Chicago, Ill. |
| Quisling, G. D., 1st Lt. | Madison | Camp Stewart, Ga. |
| Raine, Forrester, Major | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Rechlitz, E. T., 1st Lt. | Milltown | Armored Force Replacement Center, Fort Knox, Ky. |
| Rogers, A. F., 1st Lt. | Milwaukee | Co. E, 108th Medical Regiment, 33rd Division, Camp Forrest, Tenn. |
| Roth, J. A., Captain | Carlinville, Ill. | Camp Grant, Ill. |
| Sarfatty, I. J., Captain | West Allis | Hdqs. Sqd., 2nd A. F., Fort George Wright, Wash. |
| Schramel, A. J., Captain | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Schwade, E. D., Captain | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Schwartz, S. F., 1st Lt. | Milwaukee | Corsicana, Tex. |
| Shabart, E. J., 1st Lt. | Milwaukee | Assistant Commander, Station Hospital, Camp Wheeler, Ga. |
| Shemanski, L. S., 1st Lt. | Menasha | Fort George Meade, Md. |
| Simenson, R. S., 1st Lt. | Valders | Station Hospital, Camp Grant, Ill. |
| Stern, Louis, Captain | Milwaukee | Fort Bliss, Tex. |
| Stone, G. C., 1st Lt. | Berlin | Reception Center, Camp Grant, Ill. |
| Sullivan, J. M., 1st Lt. | Milwaukee | Station Hospital, Fort Sam Houston, Tex. |
| Sverdlin, A. A., Captain | Milwaukee | Fitzsimmons General Hospital, Denver, Colo. |
| Talbot, J. R., 1st Lt. | Marshfield | Fort Riley, Kan. |
| Temkin, M. M., 1st Lt. | Beaver Dam | 108th Medical Regiment, Co. B, A. P. O. 33, Camp Forrest, Tenn. |
| Tousignant, A. N., Captain | Oconto | % Supt. A. T. S., Manila, P. I. |
| Troxel, J. C., 1st Lt. | Appleton | Marine Recruiting Station, Federal Building, Milwaukee. |
| Vedder, C. A., 1st Lt. | Marshfield | 1604th Corps Area, Service Unit, Fort Brady, Mich. |
| Vetter, E. W., Captain | Randolph | Company E, 135th Medical Regiment, Camp Shelby, Miss. |
| Waffle, R. L., Captain | Fond du Lac | Station Hospital, Fort Sheridan, Ill. |
| Wagner, A. J., 1st Lt. | Brillion | Scott Field, Belleville, Ill. |
| Walske, B. R. | Independence | Station Hospital, Camp Grant, Ill. |
| Watry, T. D., 1st Lt. | Milwaukee | 4108 North Richards Street, Milwaukee |
| Weaver, D. F., 1st Lt. | Green Bay | Fort Sam Houston, Tex. |
| Weinshel, L. R., 1st Lt. | Milwaukee | Fort George Meade, Md. |
| Weissmiller, L. L., Captain | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Welsh, S. M., Captain | Prairie du Chien | Station Hospital, Camp Shelby, Miss. |
| Werner, J. J., 1st Lt. | Milwaukee | U. S. Induction Station, Milwaukee |
| Wier, J. S., Major | Fond du Lac | 48th Medical Battalion, 2nd Armored Division, Fort Benning, Ga. |
| Williamson, C. S., Major | Green Bay | Station Hospital, Ponce, Porto Rico |
| Winkler, R. J., 1st Lt. | Hilbert | 45th Medical Battalion, Camp Polk, La. |
| Wood, C. A., Major | Waukesha | Station Hospital, Fort Leavenworth, Kan. |
| Wyatt, T. E., Captain | Marshfield | 128th Infantry, 32nd Division, Station Hospital, Camp Livingston, La. |
| Young, J. J., 1st Lt. | Appleton | Station Hospital, Camp Grant, Ill. |
| Zintek, S. S., Lt. Col. | Milwaukee | 127th Infantry, 32nd Division, Camp Livingston, La. |

# Minutes of the Council; Madison, September 9, 1941

**1. Luncheon**

The Council met for luncheon at 12:00 noon in the Colonial Room of Hotel Loraine, Madison, on Tuesday, September 9, 1941, as a part of the Centennial Meeting of the Society.

**2. Call to Order**

Following luncheon, the Council was called to order in the Pompeian Room of Hotel Loraine at 1:45 p. m.

**3. Roll Call**

The following were present, constituting a quorum: Councilors Gavin, Bowen, Pechous, Clark, Heidner, Jegi, Krahn, Christofferson, Butler, Johnson, Gramling, Fitzgerald and Blumenthal; President Sproule, President-Elect Gundersen, Past-President Arveson, Speaker Kurten, Vice-Speaker Fidler, Treasurer Sisk, Delegates to the American Medical Association Sargent and Smith; Acting Secretary G. B. Larson and C. H. Crownhart, counsel. The members of the State Board of Medical Examiners were invited guests. Aside from those members of the Board who are also councilors, there were present Dr. Jessie P. Allen, Beloit, and Dr. H. W. Shutter, secretary, Milwaukee. Other guests were Dr. C. H. Phifer, Chicago, president of the Illinois State Medical Society; Dr. B. J. Branton, Willmar, president, and Dr. H. Z. Giffin, Rochester, president-elect, Minnesota State Medical Association.

Chairman Gavin announced the presence of the members of the State Board of Medical Examiners, and introduced Dr. H. H. Christofferson, president. After a few remarks, Dr. Christofferson introduced Dr. H. W. Shutter, secretary of the Board, who discussed some of the problems with which that body has to cope. Chairman Gavin then introduced Dr. Jessie P. Allen, a member of the Board, who made appropriate remarks.

**4. Approval of Minutes of June Meeting**

It was moved by Blumenthal–Heidner that the minutes of the June, 1941, meeting of the Council, as published in the September, 1941, issue of the Wisconsin Medical Journal, be approved. The motion was carried.

**5. Note of Appreciation**

Chairman Gavin read a note addressed to the Council from Mrs. J. G. Crownhart, expressing appreciation for flowers and acts of kindness during her recent bereavement.

**6. W. P. A. Health Program**

Acting Secretary Larson explained the proposed plan of the Work Projects Administration under which non-technical lay workers would be provided under certain conditions for routine duties in hospitals. Discussion followed by Councilors Gavin, Clark, Blumenthal and Heidner, Mr. Crownhart and Mr. Larson. This order of business required no action and was of a purely informative character.

**7. Report on Hospital Closed Staff Situation**

Councilor Christofferson reported on actions taken in this situation following the appointment of Drs. Christofferson, Krahn and Butler as a special committee of the Council to make further investigation and to report to the Council. The conclusion of this committee was that no definite steps were indicated at the present time. Discussion followed by Councilors Blumenthal and Christofferson, and Mr. Crownhart. The proposed amendment to the By-Laws to be presented to the 1941 session of the House of Delegates was then read and further discussion followed by Councilors Clark, Krahn and Christofferson, Speaker Kurten and Mr. Crownhart.

It was moved by Councilor Fitzgerald that Councilor Christofferson's recommendation that no immediate action be taken, be considered the position of the Council as a whole. There was no second. Chairman Gavin suggested that the matter might lie on the table until further developments were noted, and there was further discussion by Councilors Heidner, Christofferson, Clark, Speaker Kurten and Acting Secretary Larson.

It was moved by Christofferson–Krahn that no action be taken except the recommendation that the House of Delegates re-affirm the position adopted by the House of Delegates at the 1938 session when the report of the Special Committee to Study the Distribution of Health Services and Sickness Care was adopted. The motion was carried unanimously. The resolution adopted at the 1938 session, and now re-referred to the House of Delegates for affirmation, follows:

> "The committee feels that in large part this situation, like Topsy, 'just growed,' and that it may be corrected by simply directing attention to it. The committee recommends that the extent of privileges of physicians in general hospitals, assuming that their practices are not such as contravene the public interest, be determined on the basis of their individual abilities. As explanation, the committee points out that a physician, if a member of a county medical society and capably trained, even though not elected to the staff, well might be permitted to attend his own patients in the nongovernment general hospital within the limits of his abilities to perform a safe and sound service."

**8. Applications for Life Memberships**

There was discussion of life memberships, qualifications, and other aspects of this matter, by Coun-

cilors Gavin, Butler, Blumenthal, Fitzgerald, Bowen, Heidner and Pechous.

It was moved by Butler–Arveson that the matter of life memberships be referred to the 1941 House of Delegates for consideration, and that the added requirement be attached to issuance of life membership that a physician must have been a member of this Society for forty years instead of thirty-five years.

After further discussion, it was decided that the matter should be referred to the 1941 House of Delegates for consideration and for a re-evaluation of requirements for the granting of life memberships, tending to easy interpretation for the future.

It was then moved by Arveson–Fitzgerald that the physicians whose names were submitted for life memberships be so granted them. These physicians are: Dr. Albert F. Young, Milwaukee; Dr. J. C. Hubenthal, Belmont; Dr. A. J. Hodgson, Waukesha; Dr. U. J. Tibbitts, Waukesha; Dr. W. R. Notbohm, Sullivan; Dr. J. W. Keithley, Beloit.

**9. Report of Auditing Committee**

Councilor Christofferson, chairman of the Auditing Committee read the committee's report, as follows:

"This committee is composed of Dr. H. H. Christofferson, Colby, chairman; Dr. G. W. Krahn, Oconto Falls; and Dr. R. W. Blumenthal, Milwaukee. All three members of the committee met in the office of the State Medical Society of Wisconsin on August 20, and received the report of the auditor of the Society as relates to the secretary's receipts and disbursements, the treasurer's account, *The Wisconsin Medical Journal* and other financial matters. The entire day was spent in going over the financial affairs of the Society.

"The committee examined the auditor's report and found the books to be in excellent condition, the treasurer's books being in balance, and the vouchers in order. An examination was made of the individual itemized vouchers for the entire year 1940, it being found that the voucher for each bill paid was properly allocated.

"The committee conducted an actual inspection of the bonds held by the Society, in safekeeping at the First National Bank of Madison, and found them to be properly reported in the treasurer's account.

"During the calendar year the Society membership income was as follows:

| | |
|---|---|
| 1. 2,415 'full pay' members | $48,300.00 |
| 2. 10 'partial pay' members | 103.00 |
| 3. 47 new members for whom dues were prorated | 278.60 |
| 4. Dues from members delinquent in former years | 1,297.50 |
| 5. A check issued in 1937 upon which payment had been stopped was again put through for payment upon agreement | 4.00 |
| | $49,983.10 |

"A condensed financial statement may be presented as follows:

| | |
|---|---|
| 1. Amount on hand, January 1, 1940 | $ 5,866.40 |
| 2. Income, all sources, 1940 | 61,422.02 |
| This includes refunds of approximately $780, fees of graduate centers of $2,100, and proceeds from the sale of sickness insurance report of $36. It also includes total annual meeting receipts of $5,671.70, and proceeds from the sale of securities in the amount of $2,137.50. *In other words,* approximately $8,500 of this amount is a revolving fund, and $2,100 was from sale of securities which was reinvested. | |
| 3. Total 1940 disbursements | 58,738.23 |
| 4. Cash balance, January 1, 1941 | 8,550.19 |
| 5. Face amount in bonds, January 1, 1941 | 21,000.00 |
| Of this total, $12,000 was in general funds, and $9,000 in medical defense funds. As of June 25, 1941, these bonds had a total market value of $21,845.22. | |
| 6. Amount in general funds January 1, 1941 | 2,947.84 |
| 7. Amount in defense funds January 1, 1941 | 5,602.35 |

"The secretary's office makes periodic remittances to the treasurer of all cash received from any source whatsoever, and even petty cash amounts are handled by check with an accounting. We feel that proper safeguards in the handling of Society money are well established. The committee offers these several recommendations, which were accepted by the secretary's office and auditor as proper under all the circumstances involved: that miscellaneous receipts from the sale of the report on 'Sickness Insurance in Europe' and similar publications be itemized henceforth, and that further accounts be opened to permit this recommendation to be carried out. The Auditing Committee also recommends that the Society endeavor to secure a certificate of deposit for $2,500 to $5,000 of the initial dues paid in January, which fund would not need to be drawn until the end of the year, if then. Other suggestions pertain to clarification of certain items and the committee feels that it has a complete understanding of the essential accounting system of the Society.

"The committee further wishes to report its commendation of the satisfactory manner in which the affairs of the Society are being conducted by the Society's counsel and acting secretary, despite the death of our secretary and the fact that the Society has had to operate without the assistance of the assistant editor of *The Wisconsin Medical Journal* during the same period.

"The Auditing Committee of the Council:

H. H. Christofferson, M. D., *Chairman*
G. W. Krahn, M. D.
R. W. Blumenthal, M. D."

There was discussion by Councilors Heidner and Christofferson, and Treasurer Sisk.

It was moved by Butler–Heidner that the report be adopted. The motion was carried unanimously.

**10. Signature Authorization**

Acting Secretary Larson discussed the matter of the necessity for joint authorization for the signing of Society checks, and presented a resolution on this subject to permit counter signature by legal counsel.

There was discussion by Councilors Butler, Heidner and Gramling, and Acting Secretary Larson. It was moved by Jegi–Heidner that the resolution be adopted. Carried unanimously.

**11. Society's Petty Cash Account**

Acting Secretary Larson presented the matter of the old petty cash account and read a resolution providing for its establishment under a new title in The American Exchange Bank of Madison.

There was discussion by Councilors Christofferson, Heidner, Gramling and Krahn, and Mr. Crownhart. It was moved by Gramling–Krahn that the resolution be passed. Carried unanimously.

**12. Medical Defense Fund Termination**

Mr. Crownhart read the following resolution:

> *"Resolved,* That the Council, through its chairman, recommend to the House of Delegates that it authorize the abolishment of the medical defense fund as one separate and distinct from the general reserve fund, and that the two be merged as the Society's reserve fund."

After discussion by Councilors Gavin, Butler, Christofferson and Heidner, it was moved by Krahn–Fitzgerald that the resolution be adopted. Carried unanimously.

**13. Confirmation of Mail Ballots re Uniform Expert Testimony Act**

Mr. Crownhart explained actions taken thus far by the Society's office and the appointment of Mr. Ralph Hoyt, of Milwaukee, as associate counsel. There was discussion by Councilors Heidner, Butler, Bowen and Blumenthal, and President Sproule. It was moved by Jegi–Bowen that the mail ballots be approved. Carried unanimously.

At this point Chairman Gavin introduced to the Council, Dr. B. J. Branton, Willmar, president of the Minnesota State Medical Association; Dr. H. Z. Giffin, Rochester, president-elect of that Association, and Dr. C. H. Phifer, Chicago, president of the Illinois State Medical Society.

**14. Recommendations to the House of Delegates**

A. After discussion, it was moved by Blumenthal–Heidner that the Council recommend that all sessions of the 1941 House of Delegates be executive sessions. Carried unanimously.

B. After reading and discussion, it was moved by Councilors Gramling–Heidner that the following resolution be adopted and referred to the House of Delegates for action:

> *"Resolved,* That the Constitution of the State Medical Society of Wisconsin be amended by striking from Article II the phrase reading: 'to guard and foster the material interests of its members and to protect them against imposition'."

**15. Office Employes**

The Council authorized payment to the four permanent employes of the office staff of the State Medical Society of Wisconsin, a sum equal to one-third of one month's salary to each, in recognition of their loyal services and overtime work necessitated during the period following the death of J. George Crownhart.

**16. Adjournment**

The meeting adjourned at 4:45 p. m.

GEORGE B. LARSON
*Acting Secretary*

Approved:
S. E. GAVIN, M. D.
*Chairman of the Council*


## SUMMARY OF 1941 WISCONSIN LAWS

Just issued by the Wisconsin Taxpayers Alliance is a Summary of 1941 Wisconsin Laws. This handy reference book contains a brief, easy-to-understand digest of each of the 333 new laws passed by the 1941 legislature.

The publication contains an excellent cross-reference index, making it easy to find the new laws in which you are interested.

Cost of the Summary is only 50 cents per copy. Send your order to Wisconsin Taxpayers Alliance, Madison, Wisconsin.

# Evaluation of Disability in Injury Cases

By MERRITT LACOUNT JONES, M. D.
*Wausau*

WORKMEN'S compensation laws have made it necessary for nearly every physician in private practice not only to treat cases coming under the various acts, but also to play an important part in returning these injured employes to work.

When such an injured person comes to a physician, there frequently are many factors which must be considered before he resumes employment. These may be briefly outlined as follows:

1. The type of injury
2. The type of patient
3. The industrial laws in the state in which the injury occurred
4. The doctor
5. The insurance carrier
6. The indications for special medical or surgical treatment
7. The necessity for special vocational training
8. The necessity for gradual return to work
9. The final adjustment (estimation of temporary and permanent disability and final approval by the Industrial Commission)

Insofar as the type of injury is concerned, one must consider not only the damage to a given part, but also one should be ever alert to avoid the permanent disabilities which so commonly follow certain injuries; for example, we are all familiar with the shoulder contractures which so frequently follow prolonged immobilization of the arm in patients over 40 years of age. This can often be avoided by making the immobilization as short as possible and by the early use of physiotherapy. The contracted heel cord, following an injury to the leg, is most frequently brought about by improper position of the foot during immobilization. The position of strength in the hand is one of moderate dorsiflexion, so if possible this is the position of choice during fixation.

That time which elapses between the date of injury and the date at which, for all practical purposes, maximum healing has occurred is called the healing period. During this time the disability is spoken of as being temporary. It may be partial or complete, depending upon whether or not the patient is able to return to part-time work. When the injury results in a permanent loss of function, it constitutes permanent disability, which, in turn, may be either partial or complete. The ultimate degree of permanent disability is determined by the Industrial Commission. In order to arrive at a decision, the Commission must rely largely upon medical opinion. Such opinions must be unbiased and based on facts. If estimates of permanent disabilities are to be made intelligently, a knowledge of certain provisions of the Workmen's Compensation Act is essential.

I. Workmen's Compensation Act — State of Wisconsin

A. The law, as cited and referred to, is the Workmen's Compensation Act, passed in Wisconsin on May 3, 1911. In 1919 the law was extended to include so-called occupational diseases.

B. Injury is defined as mental or physical harm to an employe, caused by accident or disease.

II. Rights of the employe

A. The former law, requiring notice to the employer within thirty days of the occurrence of an injury, by usage, has become obsolete, so that Section 2 now applies.

B. Regardless of whether notice was received, if no payment of compensation (other than medical treatment or burial expense) is made, and no application filed with the Commission within two years from the date of the injury or death, or from the date the employe or his dependent knew or ought to have known the nature of the disability and its relation to the employment, the right to compensation therefor shall be barred.

C. After the filing of an application for hearing, the Commission shall fix a time for the hearing which shall be not more than forty days after the filing of such application. Hearings may be held at such places as the Commission shall designate.

D. The Industrial Commission may authorize a commissioner or examiner to make findings and orders. If any interested party is dissatisfied, he may file a written petition for a review by the Commission itself. This must be done within twenty days from the date of notification of the findings.

E. Within ten days after the filing of such petition, the Commission must review the case.

F. Any interested party, aggrieved by the findings, within thirty days thereafter, may commence action against the Commission in the circuit court of Dane County for review of the order or award.

G. The Commission, or any party aggrieved by the decision of the circuit court, may appeal to the supreme court.

H. Every compromise of any claim may be reviewed and set aside, modified or confirmed by the Commission within one year from the date of such compromise.

I. If no compromise or finding by the Commission is made within six years from the date of the injury or death, or from the date compensation was last paid, the right to compensation is barred.

J. Pending the final determination of any controversy before it, the Commission after any hearing, may make interlocutory findings, orders or awards.

K. In cases of disability, indemnity shall be due and payable on the fourth calendar day, exclusive of Sundays only, after the employe leaves work, except that, if the disability shall not continue longer than ten calendar days, no indemnity is recoverable for the first three days.

L. No claim of compensation shall be assignable nor shall any claim for compensation, or compensation awarded or paid, be taken for the debts of the party entitled thereto.

III. Rules relating to medical practice, testimony, etc.

A. The Commission shall have jurisdiction to pass upon the reasonableness of medical and hospital bills.

B. No employer, subject to the Act, shall solicit, or require the employe to purchase, medical or hospital tickets or contracts for such work.

C. The employer shall supply such medical, surgical and hospital treatment, medicines, medical and surgical supplies, crutches, artificial members and appliances, or, at the option of the employe, if the employer has not filed notice to the contrary, Christian Science treatment in lieu of medical treatment, as may be reasonably required.

D. The employe shall have the right to make choice of his attending physician from a panel furnished by the employer. A panel of more than five physicians is not required.

E. Whenever, in the opinion of the Commission, the testimony indicates a dispute or creates doubt as to the disability, the Commission can order an independent examination. The fees for this examination are fixed by law, unless otherwise agreed upon.

F. No compensation shall be payable for the death or disability of an employe, caused or continued by an unreasonable refusal or neglect to submit to, or follow, any competent or reasonable surgical treatment.

The copy of the Compensation Act, furnished by the Industrial Commission, also contains several fixed disability schedules, which are valuable in estimating certain disabilities. In Wisconsin, estimates of the extent of injury to the extremities are compared with amputations while estimates of the extent of injury to the torso are interpreted according to the body as a whole. The occupation of the workman is not considered, as ordinary labor is used as the basis. Certain disabilities are summarized as follows:

1. Permanent total disability.—Total blindness of both eyes, or the loss of both arms at the shoulders, or of both legs at or near the hips, or of one arm at the shoulder and one leg at the hip shall constitute permanent total disability. In event of total disability, the law, as amended in 1937, requires that the injured person be paid over a period as long as he may live.

2. Disfigurement.—If an employe is so permanently disfigured about the face, head, neck, hand or arm, as to occasion loss of wage, the Commission may allow such sum for compensation on account thereof as it may deem just, not exceeding his average annual earnings (The maximum under the law would be $1,500).

3. Silicosis.—When an employe, because of a non-disabling silicosis, is discharged from employment in which he is engaged or the Commission finds that it is inadvisable for the employe to continue in such employment, the Commission may allow such compensation on account thereof as it may deem just,

*(Continued on page 1108)*

# CENTENNIAL ANNIVERSARY SECTION

*In this section of The Journal in 1941 have appeared special historical articles, and items relating to the 100th anniversary of the State Medical Society of Wisconsin, which was organized under the provisions of a bill enacted by the Wisconsin Territorial Legislature in 1841.*

As a result of the historical project of the Woman's Auxiliary to the State Medical Society, hundreds of histories of pioneer physicians and numerous relics have been made a part of the collection of the State Historical Library. The following history was submitted by the Woman's Auxiliary to the Dodge County Medical Society. Since with this issue the "Centennial Anniversary Section," commemorating 100 years of medical progress in Wisconsin, will be discontinued, this is the concluding chapter of this material which is representative of the fine work done in this field by the Woman's Auxiliary.

## Joseph Harlowe Babcock, M. D.

Dr. Joseph Harlowe Babcock was born in Brookfield, New York, September 19, 1826. He attended Hamilton Academy, now known as Colgate University, and later entered Castleton Medical College, Castleton, Vermont, for the study of medicine. Immediately after graduation he came westward to join his two older brothers who had purchased farms near Beaver Dam, Wisconsin. The fulfillment of his desire for a medical career was not long prolonged, for the day after his arrival at Beaver Dam on July 5, 1847, he had his first patient. Nor was his medical career in this community to be short-lived, for there he continued in practice for more than half a century, or until his death on June 21, 1899. For the first three years he practiced at Noyes Corners, four miles east of Beaver Dam, then known as Grubville, but in 1850 he moved his practice to Beaver Dam where he made his home thereafter.

The account books which he kept early in his career, still extant, read like a pioneer human interest story. It is especially interesting to note his charges for services, which read "fee for pills, 13¢; extraction of a tooth, 13¢; and accouchment $3.00." Very little cash was received for services, however, as the pages of his ledger reveal that wood, hay, oats, potatoes and other farm products were received in payment for his medical services.

In 1856 he established a drug store on Front Street, which he operated with Doctor Hoyt, who was his co-partner for a while. This drug store was destroyed in the great 1863 fire, and many articles salvaged from the burning store are now on display in the Dodge County Historical Rooms in Beaver Dam.

That his service to his community was not limited to the field of medicine and surgery is evidenced by a particularly prized possession of the Historical Society, which is the doctor's commission with the signature of Abraham Lincoln, dated 1862, when he was appointed United States collector of internal revenue for the Fourth District. Too, he was the first city treasurer of Beaver Dam.

—Mrs. A. A. Hoyer, Beaver Dam.

# Epitomized Record of Progress of Medicine, 1840-1940

EDITOR'S NOTE.—The years 1840–1910 were covered in previous installments of the "Epitomized Record" in the March, June, August and October issues of *The Journal.*

Adelaide Nutting establishes course of public-health nursing at Teachers College (Columbia University, New York).
Nelson Morris Memorial Institute for Medical Research (Chicago) founded.
Rockefeller Sanitary Commission for hookworm prevention (New York) organized.
State Serum Institute (Copenhagen) founded.
Laboratoire de police technique (Lyons) organized.
Berlin Psychoanalytic Society founded.
Veterinary High School (Lisbon) founded.
Centenary of University of Berlin.
National Committee for Preventing Blindness (United States) organized.
Illinois State Commission on Industrial Diseases organized.
Austrian Society for Investigation and Preventing of Cancer (Vienna) founded.
Phonetic Laboratory at Hamburg.
Association internationale des médecins scolaires founded.
Clinic of Industrial Diseases (Milan) opened (March 20).
Institut Pasteur at Algiers.
Archeological Museum at Assuan (Egypt).
Marine Laboratory (Pomona College) at Laguna Beach, California.
Theobald Smith suggests human infection from Bacillus abortus.

**1910–11**—Medical Plant Garden (University of Minnesota) at Minneapolis.

**1910–13**—Libman describes bacterial endocarditis.

**1910–19**—Dale, Laidlow, and Richards investigate histamine.

**1910–24**—Carrel, Burrow (et al) investigate tissue culture and transplantation.

**1910–27**—A. V. Hill investigates thermodynamics of muscular contraction.

**1911**—Carrel investigates extravital culture and rejuvenation of tissues.
Cushing describes dyspituitarism.
McCoy and Chapin isolate bacillus of tularemia.
Naunyn describes infectious cholangitis.
Payton Rous transmits sarcoma via filterable virus.
Gullstrand receives Nobel Prize for optical researches.
Donnan introduces doctrine of equilibrium about a semipermeable membrane impermeable to one ion only (Donnan equilibria).
Bale isolates bufagin.
Meinicke introduces flocculation test in syphilis.
American Public Health Association publishes standard methods for examining milk.
California establishes notification of venereal diseases (July 1).
Universities of Oporto and Lisbon founded.
Kyushu Imperial University at Fukuoka (Japan) founded.
University of Iceland (Reykjavik) founded (June 11).
Biochemical Society (London) founded.
Otho S. A. Sprague Memorial Institute for Medical Research (Chicago) founded.
National Council for Industrial Safety (United States) organized.
Casimir Funk discovered Vitamin $B_1$.
International Society for Individual Psychology (Vienna) founded.
Public Health Ministry (New Zealand) organized.
Kaiser Wilhelm Society for Advancement of Science (Berlin) founded.
Ontario Act regulating municipal milk supply.
National Health Week (England).
George Crocker Cancer Research Fund.
Hygienic Exhibition at Dresden.
Milk Institute at Wangen (Bavaria).
Milk Institute at Fominskoe, Vologda (Russia).

**1911–14**—Casimir Funk, investigates vitamines.

**1911–15**—Van Slyke devises methods of estimating amino-nitrogen and amino acids.

**1911–20**—American Museum of Safety at New York.

**1911–27**—Pavloff investigates conditional reflexes.

**1912**—Bass cultivates malarial plasmodium in vitro.
Nicole, Anderson and Goldberger produce experimental typhus in monkey.
Weber and Lorey effect X-ray examinations of abdominal viscera (pneumoperitoneum).
Beurman and Gougerot describe sporotrichosis.
Von Behring employs toxin-antitoxin immunization against diphtheria.
Ransohoff performs omentopexy for gastric prolapse.
Berlin Surgical Society founded.
Naval Medical School (Royal Naval College) at Greenwich (England).
South African Institute for Medical Research (Johannesburg) founded.
National Organization for Public Health Nursing (United States) organized.
German Hygienic Museum at Dresden (Exhibit of 1911).
Division of Industrial Hygiene (United States Public Health Service) organized.
German Society for Lighting Technics (Berlin) founded.
Austrian Society for School Hygiene (Vienna) founded.
Institute for Hygiene and Infectious Diseases at Saarbrücken (Now Medical Bureau for the Saar Region).
Ukranian Medical Society at Lemberg (Lwow).
"Ose" (Society for Jewish Hygiene) at St. Petersburg (transferred to Berlin, 1922).
Lombard Medical Society (Società Lombarda) at Milan.
Chlorination of Chicago water supply begun.
Elsberg renders intramedullary affections of spinal cord accessible.
Dr. F. G. Gade founds Pathological Institute at Bergen (Norway).
Pathological Institute at Dortmund (Prussia).

**1912–13**—Gustav Embden and co-workers investigate carbohydrate metabolism.

**1912–14**—Institut du radium (Curie Foundation) erected at Paris.

**1912–16**—Cannon investigates effect of adrenal secretions on emotions.

**1912–22**—Folin and co-workers devise methods of estimating amino-acids.

**1912–26**—Rudolph Magnus investigates postural reflexes.

**1913**—Abderhalden introduces ferment reactions.
Schick introduces susceptibility tests for diphtheria.
Krönig and Gauss introduce morphine-scopolamine Anesthesia in obstetrics (twilight sleep).
Barthe devises ambrine treatment for burns.
Revival of doctrine of the constitution.
Mollgaard introduces sanocrysin.
Douglass, Haldane, Henderson, and Schneider investigate effect of acclimatization to high altitudes (Pike's Peak) on respiration.
Dakin and Dudley investigate intermediary metabolism of carbohydrates and proteins.
Kinner Wilson describes degeneration of lenticular nucleus.
Aschoff and Landau map out the reticulo-endothelial system.
Holst and Frölich postulate Vitamin C.
Vianna employs antimony tartarate in Leishmaniasis.
Coolidge tube introduced.
Potter-Bucky diaphragm introduced.
Bose investigates sensation in plants.
Medical Research Committee (London) organized.
International Medical Congress at London.
Wellcome Medical and Medico-Historical Museums (London) founded.
Rockefeller Foundation (New York) chartered.
International Health Board (Rockefeller Foundation) organized.
Institute for Cancer Research (New York) opened.
Institute for Cancer Research at Hamburg.
Eugenic Research Association (Cold Spring Harbor, Long Island) organized.
Workmen's Compensation Acts effective in 41 countries.
American Society of Experimental Pathology founded.
United States Army Medical Research Board at Manila (reorganized 1922).
German Society for Applied Entomology (Munich) founded.
Bibliographical Institute (Moscow) organized.
Société lorraine de psychologie appliquée (Nancy) founded.
Italian Association for Legal Medicine (Turin) founded.
Cook County Psychopathic Hospital (Chicago) opened.
New York Commission on Ventilation organized.
Netherland Society for Prevention of Venereal Diseases (Amsterdam) founded.
Mental Hygiene Committee (Baltimore) organized.
Massachusetts Society for Mental Hygiene (Boston) organized.
International Society for Investigation of Sex (Berlin) organized.
Saxon Army Museum at Dresden.
Botanic Garden at Cassel (Germany).
National Botanic Gardens at Kirstenbosch (South Africa).
The American College of Surgeons was founded.
Casimir Funk discovers nicotinic acid.
Sex gland implantation, Lespinasse.
Mycological Institute at Hamburg.

**1913–15**—Sir Leonard Hill, Haldane, and others confirm Flügge's findings on effects of humid heat (1905).

**1913–16**—Dochez, Gillespie, and Avery type the pneumococci.
McCollum, Davis and Kennedy allocate vitamines A and B.

**1913–20**—Bourquelot investigates synthesis of glucosides.

**1913–27**—Maude Slye experiments on heredity susceptibility to, and immunity from, cancer.

**1914**—Hungarian University at Pressburg founded.
Royal Hungarian University at Debreczen founded.
Dejerine describes parietal lobe syndrome (sensitive cortex).
Margaret and Warren Lewis study mitochondria.
Christiansen, Douglas, and Haldane investigate $CO_2$ carriage by the blood.
Barcroft investigates effect of high altitudes at Cerro de Pasco.
Prussian State University at Frankfort-on-the-Main founded (June 10).
St. Petersburg becomes Petrograd.
China Medical Board (Rockefeller Foundation) organized.
Kitasato Institute for Infectious Diseases (Tokyo) founded.
Medical Research Council (London) organized (Medical Research Committee, 1913).
National Institute for Medical Research (London) founded.
Société de chimie biologique (Paris) founded.
Pacific Association of Scientific Societies (Berkeley, California) organized.
Government Institute for Physiotherapy (Moscow) founded.
National Council for Combating Venereal Disease (London) organized.
American Council Hygiene Association (New York) organized.
Graduate School of Tropical Medicine and Public Health (Manila) founded.
Veterinary Institute at Christiania (Oslo).
New School of Physiology at Cambridge (England) opened.
Eugenics Education Society (Chicago) founded.
City Institute of Obstetrics and Gynecology at Hamburg.
Brady Urological Institute (Johns Hopkins University) at Baltimore.
Russell Park, M. D., died.
Lydston grafts testicle for improvement of sex function, skin, circulation, and arteriosclerosis.

**1914–15**—Ido and Inada establish spirochetal origin of infectious jaundice.

**1914–18**—World War.

**1914–19**—E. C. Kendall discovers and investigates thyroxin.

**1915**—Carrel-Dakin treatment of infected (gunshot) wounds.
Delousing of troops organized.
Preventive inoculation against tetanus in gunshot wounds.
Organization of methods of gas-defense.
Futaki and Ishiwara discover parasite of rat-bite fever.
Simmonds describes pituitary dwarfism.
Ramsay Hunt describes progressive cerebellar dyssynergy.
Weber devises method of examining the abdominal viscera by Röntgenography (pneumoperitoneum).
Kjelland forceps introduced.
Infant mortality rate (New York) reduced from 27 (1885) to 9.4 per 100.
Mayo Foundation for Medical Education and Research (Rochester, Minnesota) organized.
Institute of Medicine (Chicago) organized (April 22).
S. S. Goldwater establishes occupational disease clinic (New York City).
New York City abandons terminal disinfection in favor of control of contacts and carriers.
National Committee for Prevention of Blindness (United States) organized.

Société française de pédagogie (Paris) founded.
Milk and Dairies Act (England).
American Association of Industrial Physicians and Surgeons founded.
Chicago Institute of Medicine organized.
E. A. Leonard, Jr., introduces intraspinal injection of magnesium in delirium tremens.

**1915–16**—Mott et al. investigate shell-shock.

**1915–20**—Goldberger investigates pellagra.

**1916**—Dakin introduces dichloramine-T
Werner describes Volhynian fever.
Vanghetti introduces cineplasty.
Bull introduces antitoxin for gas-gangrene.
Carlson investigates hunger.
Kasmelson treats pupura hemorrhagica by splenectomy.
Government exhibit of devices for industrial safety (National Museum, Washington).
Physiotherapeutic Institute (Petrograd) founded.
Experimental Institute for Nutritional Physiology (Moscow) founded.
American Radium Society (St. Louis) founded.
Higher Medical School for Women at Ekaterinoslav (Ukraine).
National Research Council (Washington, D. C.) organized.
Ekaterinoslav Medical Institute at Dripropetrovsk (Ukraine).
National Bacteriological Institute at Buenos Aires.
Kroenig and Siegel introduce paravertebral anesthesia by blocking the intercostal nerves.
Carrel and Dakin discover the solution named after them (J.A.M.A. 66; 775, 1585, 1916).
John Benjamin Murphy died.

**1916–17**—University of Perm (Russia).

**1917**—Gray and Lemaitre establish principle of wound excision (débridement) (Desault, 1790).
Von Economo describes encephalitis lethargica.
Mental tests employed in recruiting soldiers.
Willems standardizes early mobilization in wounds of joints.
Ruth Tunnicliff discovers diplococcus in measles.
Meltzer and Lyon introduce duodenal (non-surgical) drainage of gall bladder.
Alice Evans establishes relation of Bacillus melitensis and B. abortus (Brucella).
Wagner von Jauregg treats paresis by superinfection with malarial fever.
Windaus extracts cholesterin (Vitamin D) from cod liver oil and formulates it.
Levidati describes acute multiform erythema due to Streptobacillus monilformis.
University of Abo (1640) merged into separate Swedish and Finnish Universities.
Courses in public health started at Yale University.
School of Hygiene, Johns Hopkins University, established (instruction begun 1918).
Institute for Experimental Biology at Moscow (reorganized, 1920).
State Pharmaceutical Institute at Warsaw.
Municipal Contagious Disease Hospital (Chicago) opened.
Institution for the Blind (Blindenstudienanstalt) at Marburg.
Netherlandish Society for Phychoanalysis (The Hague) founded.
Institut für colloid-Forschung (Theodor Stern Haus) at Frankfurt-am-Main.
Bose Research Institut (Plant Physiology) at Calcutta.
Annals of Medical History (New York) started.
Haldane introduces oxygen as a therapeutic measure.
Chvostek reintroduces iodine therapy in hyperthyroidism.
Browing advocates intravenous injection of proflavine in septicemia.

**1917–18**—State University at Samara.
American commission investigates trench-fever.
Heavy typhus epidemic in Mexico.

**1918**—State Universities I and II established at Moscow (Number I founded 1755).
State Universities established at Ekaterinoslav (Ukraine), Irkutsk (Sibera), Nijni Novgorod, Smolensk (Medical Faculty, 1920), Tiflis (Georgia) and Voronej.
Folk University at Taskent (Turkestan) founded.
Hokkaido Imperial University at Saparo (Japan) founded.
Medical Faculty, University of Pressburg, moved to Fünfkirchen (Pécs) Hungary.
Fahraeus introduces erythrocyte-sedimentation test.
Gordon Holmes investigates semeiology of gunshot injuries of cerebellum.
Dandy evolves method of Röntgenography of the brain by injection of air into the spinal cord (ventriculography).
Sachs-Georgi introduces flocculation test in syphilis.
Gilman Thompson (New York) organizes clinic for functional reeducation of industrial and war cripples.
Chair of Industrial Hygiene established at Harvard University.
Kraepelin founds Psychiatric Institute (Deutsche Forschung-institute für Psychiatrie) at Munich.
Soviet Government founds First Tuberculosis Institute at Moscow.
Institute for Experimental Endocrinology at Moscow.
Industrial Fatigue Research Board (London) established.
Maternity Center Association for Prenatal Hygiene (New York City) founded.
Clinical Institute for Post-Graduate Medical Training at Kiev (Ukraine).
Medico-Biological Institute at Leningrad (now Röntgenological and Radiological Institute).
State Optical Institute at Leningrad.
Institute for Study of the Brain and Psychic Activity at Leningrad (Bechterew director).
State Central Institute for Physical Education at Moscow.
State Institute for Microbiology and Epidemiology at Saratov.
State Radiologic Institute of Czechoslovakian Republic at Prague.
Central Epidemic Prevention Bureau in Temple of Heaven (Peking).
Home for Investigation of Heating at Munich.
State Diagnostic and Serotherapeutic Institute at Ivanoice (Czechoslovakia).
British Orthopedic Association (London) founded.
Veterinary High School at Brünn (Moravia).
Italian Society of Veterinary Medicine (Bologna) founded.
Odessa Pediatric Society founded.
Veterinary-Zoological Museum at Vitebsk.
Darwin Museum of Natural Science at Viatka.
Harkness Commonwealth Fund (New York) established.
Ephraim Fletcher Ingals died.
Marfori finds that the lymphatic glands contain a depressor principle.
Major Strong, U. S. A., discovers the cause and describes pathology of trench fever.
Flexner describes the 1916 outbreak of epidemic encephalitis in Vienna.
Frey discovers quinidine.

Levin, Goodman and Pancoast establish relationship of streptococcus hemolyticus to influenza and pneumonia.

**1918–19**—Spanish influenza pandemic.

Pan-Ukrainian Academy of Science (Kiev) founded.

**1918–24**—Flexner, Amoss, and Webster investigate experimental epidemiology.

**1918–25**—State Institution for Experimental Therapy and Control of Biological Products at Moscow.

**1919**—Universities established at Brünn (Masaryk University) Cologne, Hamburg (March 31), Laibach (Llubjljana, Jugoslavia), Posen (Poland), and Riga (Latvia, September 28).

University of Jurjev (Dorpat, 1632) becomes University of Tartu (Esthonia).

Medical Faculty, University of Astrakhan (South Russia), organized.

University of Pressburg becomes University of Bratislava (Czechoslovakia).

University of Klausenburg becomes Roumanian University at Cluj (October 1).

University of Wilna (Poland) reopened.

British Ministry of Health established (July 1).

Mellanby produces experimental rickets.

Huldschinsky demonstrates curative effect of sunlight (quartz) lamp on rickets.

Swedish University at Abo (Tartu), Finland, opened (January 15).

Kolle and Ritz treat experimental (rabbit) syphilis with bismuth.

Dale and Laidlaw investigate histamine shock.

Weed and McKibben discover that intravenous injections of hypertonic solutions lower brain pressure.

E. Mellanby treats experimental rickets with cod liver oil.

Mercurocrome introduced (Young, White and Schwarz).

School of Hygiene and Public Health (Johns Hopkins University) opened at Baltimore.

Death-rate of New York City reduced from 28 (1869) to 12.93.

Sir James MacKenzie founds St. Andrews Institute for Clinical Research.

Württemburg State Bureau for Medical Investigation at Stuttgart.

Masaryk League against Tuberculosis (Prague) founded.

Czechoslovakian Congress for Tuberculosis organized (1923).

State Institute of Hygiene at Warsaw.

Boyce Thompson Institute for Plant Research at Yonkers, New York.

Institute for Theoretical and Applied Optics at Paris.

League of Red Cross Societies (Paris) founded.

Purkyne Neurological Society (Prague) founded.

Moscow Medical Institute founded.

Metchnikoff Institute for Infectious Diseases at Moscow.

State Institute for Social Hygiene at Moscow.

State Physio-Technical Röntgen Institute at Petrograd.

Chemico-Pharmaceutic Institute at Petrograd.

International Bureau of Labor at Geneva.

Psychiatric Clinic (Hamburg) opened.

Veterinary High School (Petrograd) founded.

Société de pathologie végétale (Paris) founded.

Psychoanalytic Institute (Berlin) founded.

Institute for Sexual Science (Magnus Hirschfield Stiftung) at Berlin. Zoöpark at Moscow (Russian Acclimatization Society, 1864).

Miles applies the term "pectenosis" to the contraction of the pecten band.

Schamberg demonstrates the efficacy of arsenical preparation and mercury in the treatment of syphilis.

Frieda Roeder introduces Nirvanol for the treatment of chorea.

Churchman advocates intravenous injection of gentian violet in septicemia.

**1920**—University of Warsaw (1869) becomes State University at Rostov-on-the-Don.

University of Odessa (1865) becomes Pedagogic High School or "INO" (Institut Narodni Osvity).

Medical Faculty, University of Odessa (1900) becomes State Medical Institute.

State University of the Soviet Republic of Armenia (Erwan) founded.

University of Kiev (1840) reorganized as Drahomanov Institute for Popular Culture.

Noguchi discovers Leprospira ictero-haemorrhagiae.

Widal defines hemoclasia.

Rubin insufflates Fallopian tubes in sterility.

J. B. Ayer introduces cisterna puncture (Wedgeforth, Ayer, and Essick, 1919).

Sprunt and Evans envisage glandular fever as mononucleosis.

Meinicke introduces flocculation test.

Ravaut employs sodium thiosulfate in metallic poisoning (arsenic).

Association for Research in Nervous and Mental Diseases (New York) founded.

Union Internationale contre la tuberculose (Paris) organized.

National Health Council (United States) organized.

National Child Health Council (United States) organized.

East German Academy of Social Hygiene (Breslau) founded.

West German Academy of Social Hygiene (Dresden) founded.

Society of Czechoslovakian Physicians (Pressburg) founded.

German Pharmacological Society (Cologne) founded.

Société internationale d'histoire de la médecine (Paris) founded.

Institut international d'anthropologie (Paris) founded.

Institute for Albumen Research (Hamburg) founded.

Russian Medical Society (Medizinskoe Obshestvo) in Berlin.

State Institute for Medical Sciences (Psychoneurological Institute of 1908) at Leningrad.

State Scientific Public Health Institution at Moscow.

Sanitary-Hygienic Institute at Moscow.

State Bacteriological Institute "Immunity" (1912) at Moscow.

Institute for Tropical Diseases at Moscow.

State Psychoneurological Institute at Moscow.

State Institute of Psychiatry and Orthopedics at Moscow.

Pasteur Museum at Strassburg.

Institute for History and Philosophy of Medicine (University of Cracow) founded.

Society for History and Literature of Veterinary Medicine (Berlin) founded.

Society of School and District Physicians (Madgeburg) founded.

Russian Eugenic Society (Moscow) founded.

Russian Protistological Society (Moscow) founded.

Chair of oto-rhino-laryngology established at Montpellier.

Institut Pasteur hellenique (Athens) opened.

State Institute of Dentistry (Warsaw) founded.

University Library, Odessa (1865), becomes Central Scientific Library.
Württemburg State Bureau for Veterinary Investigation at Stuttgart.
Odessa Surgical Society founded.
Accadèmia Leonardo da Vinci (Naples) founded.
Société francaise d'ethnographie (Paris) founded.
Institut vétérinaire exotique (Alfort) founded.
Haeckel Museum at Jena.
Bacteriological Laboratory at St. Louis becomes Biological (Pasteur) Institute at Dakar (Senegal).
Institute for Investigation of Industrial Diseases and Accidents at Dortmund (Prussia).

**1921**—Septcentenary of University of Montpellier.
State University of White Russia (Minsk) founded.
Ukrainian University transferred from Vienna to Prague.
Medical Faculty, University of Charkov (1804) becomes Medical Institute.
University of Malta (1769) reorganized.
University of Kolozvár transferred to Szeged.
Rabindranath Tagore opens University at Santiniketan, Bengal.
Banting and Best isolate insulin.
Rio Hortega discovers microglia and oligodendroglia.
Langley publishes book on autonomic system.
Tonkah Kee founds University of Amoy (China).
A. F. Hess treats rickets by exposure to sunlight.
General use of iodine as an antiseptic (Pregl's solution).
Quarantine Station, New York City, turned over to United States Public Health Service (March 1).
New York Health Department operates 68 infant milk depots.
Industrial Health Service Bureau (Chicago) opened.
Harvard School of Public Health (Boston) founded.
Correspondence Committee on Social Insurance (International Bureau of Labor) at Geneva.
German National Station for Prevention of Alcoholism at Berlin.
State Hygienic Institute at Posen transferred to Landsberg (Prussia).
National Institute of Industrial Psychology at London.
Lichttechnisches Institut at Karlsruhe (Baden).
Institut Behring (for Experimental Therapy) at Marburg.
Personnel Research Federation (New York City) organized.
Institute of Microbiology at Saarbrücken (Saar District).
Italian Society for Study of Sexual Questions at Rome.
Pharmaceutic Institute at Charkov (Ukraine).
Swiss Society of History of Medicine (Zürich) founded.
Ukrainian State Psychoneurological Institute at Charkov.
Biochemical Institute of the Commissariat of Public Health (Narkomzarav) at Moscow.
Institute for Heating Technics at Moscow.
Institute for Medico-Legal and Mental Tests at Moscow.
Psychoanalytic Institute and Laboratory at Moscow.
Sanitary Institute (1889) at Moscow.
State Microbiological Institute at Moscow.
State Venereological Institute at Moscow.
Chemico-Pharmaceutic Institute at Odessa.
Australian National Research Council (Sydney) organized.
Eugenics Society (New Haven) founded.
Society for Racial Hygiene (Kiel) founded.
Royal Botanic Gardens at Peradeniya (Ceylon).
Instituto experimental de veterinaria at Rio de Janeiro.
Psychopedagogic Laboratory at Amsterdam.
Gorgas Memorial Institute of Tropical and Preventive Medicine (Chicago) founded.
Society of History of Science and Medicine (Munich) founded.
Schon suggests that Vitamin A is associated with the chlorophyll contents of plants.
Otto Warburg devises charcoal model to illustrate cell respiration.
Gowland Hopkins isolates glutathione.
Hess and Steenbock discover Vitamin D.
Dr. M. Eitingon founded the first public psychoanalytic clinic.

**1921–25**—Bacteriological and Serum Institute for Anhalt Area at Dessau.

**1921–26**—R. L. Kahn introduces serum test for syphilis.

**1922**—Petrograd becomes Leningrad.
Russian University at Prague founded.
State University at Saratov founded.
Medical Faculty, University of Astrakhan, becomes State Medical Lunacharski Institute.
Finnish University at Tartu (Abo) opened (June 27).
University of Kovno (Kaunas) Lithuania, founded.
Blair Bell revives lead treatment for cancer.
Schurz and Versé describe agranulocytosis.
W. L. Keller improves operation of pleurectomy for empyema.
H. Stieve investigates inhibitory effects of starvation and over-feeding upon sexual capacity.
Sampson investigates ovarian endometrioma.
Piper employs mercurochrome in puerperal sepsis.
Correspondence Committee on Industrial Hygiene (International Bureau of Labor) at Geneva.
German Society for Industrial Hygiene (Frankfurt-am-Main) founded.
Liverpool Cancer Research.
State Institute for Racial Biology at Upsala.
Institute for History of Science at Heidelberg.
Kolloid-Gesellschaft (Leipzig) founded.
German Institute for Scientific Pedagogics at Munster.
Institut für Jugendkunde at Magdeburg.
State Institute for Post-graduate Medical Instruction (Clinical Institute, 1885) at Leningrad.
State Radium Institute at Leningrad.
House of the Learned (Dom Uchenych) at Moscow.
State Institute for Skin and Venereal Diseases (Polyclinic, 1917) at Odessa.
Biological Institute and Biostation (University of Perm) founded.
Pan-Russian Pathological Society (Moscow) organized.
Ose Society for Jewish Hygiene (Leningrad, 1912) moved to Berlin.
Société de gastro-enterologie (Paris) founded.
New England Heart Association (Boston) founded.
Institut Pasteur at Brazaville (Congo).
American Society of Clinical Pathologists (Denver, Colorado) founded.
Animal Diseases Research Association of Scotland (Edinburg) founded.
Biological Institute at Guadalajara (Mexico).
Evans, Mattill, and Sure discover Vitamin E.
Jansen isolates Vitamin $B_1$.

Centenary of birth of Louis Pasteur (December 27).
Bayer Chemical Company introduces "Bayer 205."
Gwathmey and Greenough advocate magnesium sulfate in combination with nitrous oxide or ether as anesthetic.
Haberer introduces a new type of gastro-duodenostomy.
Crile offers a physio-chemical basis for the phenomena of shock.
Young describes his technic of perineal prostatectomy.
Banting discovers insulin.

**1923**—Royal University of Milan founded (September 30).
Health Organization of League of Nations at Geneva.
George and Gladys Dick discover hemolytic streptococcus of scarlatina and devise susceptibility test.
Graham and Cole introduce cholecystography (examination of gall bladder by X-rays).
Luckhardt discovers anesthetic properties of ethelene gas.
Dandy evolves method of localizing brain tumors by ventricular estimation.
Gwathmey introduces synergistic anesthesia.
Ross Institute and Hospital for Tropical Diseases (London) opened.
International Education Board (Rockefeller Foundation) organized.
Institute for Racial and Constitutional Anthropology at Vienna.
Epidemiological Institute at Zagreb (Jugoslavia).
State Scientific Institute for Maternity and Infant Welfare at Moscow.
Scientific Institute for Microbiological Investigation at Moscow.
Obuch Institute for Investigation of Industrial Diseases at Moscow.
Cabinet for Study of Criminal Personality and Crime at Moscow.
Pharmaceutic Institute at Oslo (Norway).
Alfonso XIII Institute for Cancer Research at Madrid.
Orthopedic Hospital and Institute at Madrid.
Instituto Rubio (for training lay nurses) at Madrid.
Swiss Institute for Physiology of High Altitudes and Tuberculosis at Davos.
Cancer Institute at Buenos Aires (Argentina).
Parapsychic Institute at Vienna.
Maison des spirites at Paris.
Viennese Society for Röntgenology founded.
Czechoslovakian Biological Society (Brünn) founded.
Eubiotic-Hygienic Society of Czechoslovakia (Pressburg) founded.
Society of Russian Physicians in Czechoslovakia (Prague) founded.
Society of Ukrainian Physicians in Czechoslovakia (Prague) founded.
Latvian Scientific Society (Riga) founded.
Society for Advancement of Applied Psychology (Berlin) organized.
Prehistoric Museum at Eyzies-de-Tayac (Dordogne).
Maudsley Hospital for Nervous Diseases (London) established.
Cleiz and Perlis discover the anesthetic somnifene.
Finsterer advocates local anesthesia in gastric surgery.
Shoule and Moment introduce amytal.
W. F. Lorenz, A. S. Lovenhart, W. J. Bleckwenn, and F. J. Hodges, use tryparsamide in treatment of syphilis.
Nobel Prize for 1922 to F. G. Banting and J. J. R. McLeod, of Toronto, for development of insulin.
The American Medical Association began publication of Hygeia.

**1923–24**—Libman and Sacks describe atypical verrucous endocarditis.

**1924**—Calmette vaccinates children against tuberculosis with B.C.G. (Bacillus Calmette-Guérin; non-virulent bovine culture).
Gustav Magnus publishes monograph on postural reflexes.
Steenbock and Black treat rickets by irradiating food with ultraviolet light.
Marriott employs insulin-fattening for improvised nutrition in infants.
International Society of Medical Officers of Health (Geneva) organized.
Italian League against Venereal Diseases (Rome) organized.
Liga español contra el cáncer (Madrid) organized.
Russian Society of Endocrinology founded.
Society for Prevention of Venereal Diseases (Pressburg, Czechoslovakia) founded.
Polish Society for History and Philosophy of Medicine (Posen) founded (Archiv, 1925).
Czechoslovakian Society of Röntgenologists and Radiologists (Prague) founded.
Northwestern German Society of Internal Medicine (Rostock) founded.
Society of Academic Teachers of Medical Röntgenology (Vienna) founded.
Society of Psychiatrists (Leningrad) reorganized.
Pedagogic Institute at Leipzig.
Institute for Investigation of Psychology of Religions at Vienna.
Institute for Social Medicine at Zagreb (Jugoslavia).
Timiriaseff State Biological Institute at Moscow.
State Institute for Scientific Pedagogics at Moscow.
State Central Museum of Ethnology at Moscow.
Institute for Comparative Culture at Oslo (Norway).
American Society of Parasitologists (Baltimore) founded.
Werner Siemens Institute for Röntgenology at Berlin.
Incunabula Society (Wiegendruckgesellschaft) at Berlin.
History of Science Society (United States) founded at Boston.
American Society of Plant Physiologists (Chicago) founded.
Medical Society (Denver, Colorado) founded.
Braasch and Carman introduce renal fluoroscopy at the operating table.
Plummer & Boothby report reduction of preoperative mortality rate in exophthalmic goitre following Lugol's solution.
Harris suggests the term "hyperinsulinism."
Felton produces his antipneumococcus serum against pneumococcal types I and II.
Barre and Masson of France describe the glomus tumor.
Heyd announces the syndrome called "liver-death."

**1925**—Hebrew University of Jerusalem opened (April 1).
University of Bari (Italy) opened.
Hess, Weinstock, Steenbock, and Black demonstrate antirachitic properties of cholesterol and phytosterol.
O. Foerster investigates hyperventilation-epilepsy.
Whipple and Robschat-Robbins treat experimental anemia with raw liver.

International Health Board (New York) finances State Hygienic Institute of Czechoslovakia (Prague).
Institute for Biological Research (Johns Hopkins University) at Baltimore.
Imperial German Academy of Natural Sciences (1652) at Halle.
Radiologic Institute (Foundation Bergonié) at Paris.
British Social Hygiene Council (London) organized (founded 1914).
Sir Donald Ross opens British Mosquito Control Institute at Hayling Island.
Foederatio bio-climatica organized at Davos.
Society of Friends of History of Medicine (Lemberg) founded.
Confraternity for Psychology of Physical Exercise (Berlin) founded.
German Society for Disorders of the Voice and Speech (Berlin) founded.
Eastern Bureau (Health Section, League of Nations) at Singapore.
Hygienic Institute of Czechoslovakian Republic at Prague.
Ukrainian Biological Institute at Charkov.
International Union of Students (Geneva) organized.
Society of Physicians of Baltic Sea Bathing Resorts (Swinmünde) founded.
Museum of Gymnastics (Berlin).
Public Health Act (England).
Town-planning Act (England).
German Institute of Gynecology at Berlin.
Dr. Howard Kelly announced the use of fine electric nedles for surgery.
Edgar Allen and J. P. Pratt discover the female sex hormone.
Stein makes apparent cures of encephalitis with serum of convalescents.
Cotte relieves pain of uterine contraction in dysmenorrhea by resecting the superior hypogastric plexus.
McDonald reports a depressor substance in liver extracts.
Fridericia and Holm discover relationship between night blindness and Vitamin A deficiency.
Willett of London introduces his forceps.

**1926**—Minot and Murphy introduce raw liver diet in pernicious anemia.
Vogel introduces ninhydrin (flocculation) test for pregnancy.
C. R. Harrington effects synthesis of thyroxine.
Collip isolates parathyroid hormone.
Birkhaug investigates serology and serotherapy of erysipelas.
Ferry and Fisher investigate serology of measles.
Raymond Pearl obtains logistic curve for population growth.
W. H. Welch appointed professor of history of medicine in the Johns Hopkins University.
School of Hygiene, Johns Hopkins University (1916), officially opened.
School of Tropical Medicine (University of Porto Rico) opened at San Juan (October 1).
Society of British Neurological Surgeons (London) founded.
Benachelon Phythopathological Institute (Athens) opened.
Royal Veterinary Institute at Perugia.
Hygienic Exhibition (Gesolei) at Düsseldorf.
Hygienic Academy at Dresden.
Ukrainian Scientific Society in Berlin founded.
Scientific Institute for Investigation of Ukrainian watersupply at Kiev.
University of Agra (United Provinces, India) founded.
Indo-Chinese School of Medicine and Pharmacy at Hanoi.
Wilder and associates establish the clinical entity of spontaneous hyperinsulinism.
Jansen & Donath isolate Vitamin $B_1$ and name it Aneurin.
Hector suggests insulin in diphtheria.
McGee succeeds in extracting the male sex hormone from the testis.
Eicholz employs avertin in anesthesia.
Maude Slye proves that certain types of cancer susceptibility and immunity can be inherited by mice.

**1927**—Noguchi shows causal relation of Bartonella bacilliformis to verruga and Oroya fever.
Ruth Tunnicliff introduces serum against measles.
Centenary of birth of Lord Lister (April 5).
Ronald Ross Gate of Commemoration unveiled at Calcutta (January 7).
Thomas Henry Simpson Memorial Institute for Medical Research (Ann Arbor) opened (February 16).
Dunn School of Pathology (Oxford) opened (March 11).
Institute of Optics (Paris) opened (March 17).
School of Hygiene (University of Toronto) opened (June 9).
Squier Neurological Clinic opened May 7th.
Pathological Laboratory and Research Institute (City of London Hospital for Diseases of Heart and Lungs) opened (July 19).
Museum of Gynecology at Berlin.
Ukrainian Organo-Therapeutic Institute at Charkov.
Ligue belge contre le rhumatisme (Antwerp) organized.
German Society for Prevention of Rheumatism (Berlin) founded.
Institute for Maternity and Infant-Welfare at Kiev (Ukraine).
Psychoneurological Institute at Kiev.
Biological Society at Concepción (Chile) founded.
Centenary of American Journal of Medical Sciences (Philadelphia).
Legislation on abortion in Germany (May 14).
Bureau of Chemistry (United States Department of Agriculture) abolished (June 30); end of food inspection in United States.
German Food Law (October 1).
German Law abolishing controlled prostitution (October 1).
Lindbergh crosses Atlantic in aeroplane.
United States Federal Caustic Poison Bill (Lye Bill) passed.
Brauer Institute (Hamburg) becomes Tuberculosis Institute.
Goldberger and associates discover that pellagra follows a lack of Vitamin B (pp. factor).
Aschheim–Zondek describe a hormone pregnancy test.
Cohn and Minot produce a liver fraction free from protein or polypeptide.
Wilder demonstrates a pathological basis for hypoglycemia due to hyperinsulinism.
The Nobel Prize in Medicine awarded Prof. Julius Wagner Jauregg of Vienna, for work in treatment of general paralysis of the insane by malaria inoculation.

**1928**—Bicentenary of birth of John Hunter.
Tercentenary of publication of Harvey's De Motu Cardis.
Noguchi discovers pathogen of trachoma.
New Presbyterian Hospital (New York Medical Center) opened (March 17).
Squier Urological Clinic and Harkness Pavilion (New York Medical Center) opened (March 20).

Centenary of Boston Medical and Surgical Journal, Glasgow Medical Journal, and Gazette des hôpitaux (Paris).
Deutsche Forschungsanstalt für Psychiatrie (Munich) opened (June 13).
Swick and Lichtenberg produce uroselectan.
Shattauck suggests that alcoholic polyneuritis is due to Vitamin D deficiency.
Blackfan and Hamilton treat urea in children with intravenous magnesium sulphate.
Castle and associates describe the role of achylia gastrica in the etiology of pernicious anemia.
Moorhead and Abrahamson describe the new disease thrombophlebitis migraine.
Szent-Gyorgyi obtains hexuronic acid (cevitamic acid) from the glands of oxen.
Paul B. White effects first surgical cure of adhesive pericarditis.
Goldberger completes his work on the study of pellagra.

**1929**—Aub and associates discover that hyperthyroidism is associated with the production of negative calcium balance.
Swingle and Pfiffner isolate the active principle cortin from the suprarenal cortex.
Kaznelson establishes achlorhydric anemia as a clinical entity.
Derby and associates develop a technic for study of dark adaptation.
Kalk devises a laparoscope for orientation in abdominal cavity.
Matussis discovers a new method of administering violet rays in treatment of lupus vulgaris.
Brand and associates observe that ingestion of glycin in muscular dystrophy is followed by an increase of creatinuria.
Lucas and Henderson discover cyclopropane.
Drury and Szent-Gyorgyi observe that adenylic acid and adenosine cause a fall of blood pressure.
Loeb and Bassett and Aron demonstrate the influence of anterior lobe extracts upon the epithelium of the thyroid vesicles.
Edward A. Doisy, C. D. Veler and S. Thayer isolate in pure crystalline form the female sex hormone.

**1930**—President Hoover calls White House Conference on Child Health and Protection.
Higgins and Bates devise a method for determination of basal metabolism in children.
Warren and Scott discover a new serological type of Salmonella.
Rabinowitch describes a high carbohydrate-low-calorie diet for diabetes mellitus.
Harris introduces his operation of suprapubic prostatectomy with closure.
W. S. Baer revives the use of maggot treatment of wounds.
Bleckwenn introduces sodium barbital-sodium phenobarbital narcosis for acute psychoses.
Cannon introduces the hormone sympathin.
Howard Jones evolves a technic for spinal percaine anesthesia.
W. C. Corson and G. F. Irwin and I. A. Phillips showed Vitamin D an aid in clotting blood.
Nobel Prize for 1930 awarded to Landsteiner for discovery of the four types of human blood.
Philip Drinker and L. A. Shaw (Harvard University) invent the artificial lung.

**1931**—W. H. Park demonstrates methods of evolving 27 additional specific types of pneumonia.
Tice and Hruby, Chicago Municipal Tuberculosis Sanitarium, initiate ambulatory collapse therapy for treatment of pulmonary tuberculosis and as a public health measure to close open cases.
Gutierrez discovers the clinical entity "horseshoe kidney disease."
Christ and Dye demonstrate the parallelism between chlorophyll and Vitamin A content.
Moore discovers large quantities of Vitamin A in the liver following ingestion of foods containing carotene.
Butenandt extracts androsterone from the male urine.
Eley and Clifford employ protein sensitization in hemophilia.
Weese produces sodium evipan.
Nissen resects successfully the entire left lung.
International standard of Vitamin D adopted by Health Organ, League of Nations.
Dr. William L. Gould finds thiosulfate remedy for ring-worm of the feet.
Dr. H. A. Shonle announces new anesthetic from alcohol, barbituric acid and amyl.
Dr. C. D. Leake discovers a new general anesthetic related to ether and ethylene.
Dr. Frederick B. Blinn finds viosterol an effective treatment for radium poisoning.
Dr. Lauriston Taylor designs apparatus to measure the intensity of X-ray doses.

**1932**—Cushing discovers that pituitrin or pilocarpine injected into the ventricle causes activity of the entire cranial portion of the nervous system.
Lewis and Pickering describe a method of testing vasodilatation by heating the body.
Johnson devises a finger plethysmograph.
Maddock and Collier demonstrate peripheral vasoconstriction from products absorbed from tobacco smoke.
McCarthy introduces his resectoscope in prostatic obstruction.
M. Bleicher describes an anatomic technic for suprarenal tumors.
Barringer advocates suprapubic cystotomy and implantation of radon seeds in carcinoma of the bladder.
Wohlwill demonstrates the anatomy of Bang's disease.
Hallevorden demonstrates how dissolved disease substances may reach the brain by diffusion, according to the colloido-chemical laws.
De Wolf and Van Cleve summarize the present knowledge of Lympho-granuloma inguinal (the fourth venereal disease).
Rankin and Major demonstrate that hyperplastic tuberculosis of the large bowel is a surgical problem.
Lahey applies successfully Mikulicz's method of closure to resection of the cecum and ascending colon.
Vaughn and Hunter cure megalocytic hyperchromic anemia with marmite (vegex).
Lucy Wells marmite successfully in tropical macrocytic anemia.
Charlton employs reticulin in anemia.
Peck injects snake venom in hemorrhagic diathesis.
Davis and associates locate the afferent spinal sympathetic pathways of the vomiting reflex in the anterolateral tracts of the spinal cord.
C. C. Cody, Jr., finds that Vitamin B deficiency is identified with a nasal syndrome.
C. Jackson describes 24 different varieties of benign tumors of the trachea and bronchi.
The American Board of Dermatology and Syphillology is established.
Morris and associates discover the hormone addisin in normal gastric juice.
Wilkinson isolates the active principle called hemopoietin.

Biddle and associates discover a lactogenic hypophyseal hormone.
Caulk describes his punch operation in transurethral prostatectomy.
U. S. Public Health Service announces lowest death rate on record for 1931 and first half of 1932.
Wolf and Schindler perfect the flexible gastroscope.
Cushing calls attention to the syndrome named after him.
First experimental work with prontosil.

**1933**—Pantothenic acid (10th vitamin) discovered by R. T. Williams.
Marks suggests medium for intravenous urography in diagnosis of ruptured bladder.
Stiles and associates first to employ cyclopropane anesthesia clinically.
M. Bruker treats congestive rhinitis with sclerosing solutions successfully.
Madsen, Sauer and Krueger simultaneously develop a whooping cough vaccine.
Blumgart and associates announce total ablation of normal thyroid in heart failure and angina pectoris.
Potzl of Vienna induces hypoglycemic state in insular shock in treatment of schizophrenia.
Collip and associates prepare extracts of the growth hormone from the anterior lobes of the pituitary glands of oxen.
Foerster gives first report of remarkable clinical qualities of prontosil.
Dr. Lee Foshay and Prof. W. B. Wherry produce serum against tularemia.
Dr. S. M. Rosenthal discovers formaldehyde sulfoxylate as an antidote for bichloride of mercury.
Szent-Gyorgyi and King discover Vitamin C.
Reichstein, Grussner and Oppenauer, Hirst and Haworth synthetize Vitamin C.

**1933-34**—Kuhn and Karrer, Kuhn, Gyorgy, Wagner-Jauregg and Davis, discover Vitamin $B_2$ (G) (Riboflavin).

**1934**—Stewart removes infected area in osteomyelitis and packs wound with vaseline gauze.
Ruzicka and associates prepare androsterone from cholesterol.
Haldeman and Moore announce that an excess of calcium and phosphorus favor union in delayed healing of fractures.
Hagedorn of Denmark discovers protamine insulin.
Barach introduces helium as a therapeutic gas.
Dam discovers that Vitamin D deficiency produces a bleeding diathesis.
Gyorgy identifies and makes Vitamin $B_6$.
Dr. A. R. Dafoe delivers the Dionne quintuplets.
Dr. E. C. Kendall discovers cortin.

**1935**—Lahey describes an operation procedure for the elimination of trachea constriction due to thyroiditis.
Tice and Hruby, Chicago Municipal Tuberculosis Sanitarium, establish first Ambulatory Collapse Therapy Hospital.
Macht discovers the analgesic properties of cobra venom.
Dam of Copenhagen discovers Vitamin K.
Dreyer and Reed treat arthritis with massive doses of Vitamin D.
Domagk announces the discovery of prontosil (sulfanilamide).
Laqueier and associates isolate testosterone from bull testis tissue.
Corylios discusses the indications for surgical tuberculosis.
Tabern and Voluviler introduce new sulfur-containing barbituric anesthetics.
Rosenheim uses mandelic acid in urinary tract infections.
U. S. Army Regulations state that a history of paroxysmal tachycardia is a disqualification for flying.
Dudley and Moir of London, Adair and coworkers of Chicago, and Thompson of Baltimore, simultaneously isolate ergonovine used in treatment of postpartum hemorrhage.
Drs. Paul D. White and E. D. Churchill relieve Pick's disease by surgical removal of part of the pericardium.
A. C. Ivy announces new hormone, enterogastrone.
Dr. A. Ashley Werch is first to use prontosil in the United States.

**1936**—Colebrook and Kenney successfully employ prontosil in puerperal fever.
Churchill contributes to the knowledge of hyperparathyroidism.
Williams and associates synthetize crystalline $B_1$.
Sahyun develops crystalline insulin.
R. A. Peters demonstrates that Vitamin B is composed of 6 entities.
Miller and associates introduce a number of new thio-barbiturics and hypnotics.

**1937**—Long and Bliss confirm the findings of Colebrook and Kenney in their use of the derivative prontylin.
Elvehjem cures black tongue in dogs with nicotinic acid.
Kock lists over 30 androgenic substances.
Harnapp of Germany originates the use of Vitamin D-Stoss in rickets.
Kerr devises the lower segment operation in obstetrics.
Dr. Gene Broadhurst isolates the virus of measles.

**1938**—Warner and co-workers first report the beneficial effects of Vitamin K and bile salts on bleeding tendency in obstructive jaundice.
Spies and associates cure human pellagra with nicotinic acid.
Whitby demonstrates the effectiveness of sulfapyridine in pneumonia.
Weiss employs standardized electrocardiographic leads in avitaminosis $B_1$.
Inhoffen and Hohlweg discover pregneninonol for use in treatment of menorrhagia.
Geist and associates report clinical improvement of uterine bleeding following testosterone proprionate.
Dodds and co-workers describe the preparation and estrogenic properties of Stilbestrol.
Butt and associates of the Mayo Clinic report excellent results with Vitamin K and bile in hemorrhagic diathesis of obstructive jaundice.

**1939**—Foerschler introduces patein vaccine in whooping cough.
Nahun discovers that the U-wave in the electrocardiogram is part of the ventricular complex.
Waddell and Guerry find Vitamin A effective in controlling bleeding in the newly born.
Day reports marked relief of benign prostatic hypertrophy following testosterone propionate.
Holmes isolates Vitamin A in practically pure form.
Dr. Boothby develops a new oxygen mask.
Charles Horace Mayo died (May 26).
William James Mayo died (July 28).
Harvey Cushing, famous brain specialist, died.

**1940**—Merck & Co. and the University of Texas announce jointly the synthesis of pantothenic acid, the 10th vitamin.

Tice and Hruby, Chicago Municipal Tuberculosis Sanitarium, initiate house-to-house tuberculosis survey, by means of mobile truck equipped with X-ray unit, employing miniature films.

Peral of Montefiore Hospital, New York, announces success in the prevention of surgical shock with the cortical hormone de-soxycorticosterone acetate.

**BIBLIOGRAPHY**

Garrison, Fielding H., "An Introduction to the History of Medicine," 4th Edition. W. B. Saunders Co., 1929; pp. 847–879.

"Looking Backward from Our Ninety-ninth Birthday"; Illinois Medical Journal, 75 482–486, 1939.

"Science News-Letter" for December, 1939.

"Chronology of Medical and Surgical Progress—1915–1939," Thomas Nelson & Sons (119664add).

"Fifty Years of Medicine," Wm. H. Cobb, M. D.; "Southern Medicine and Surgery" (June, 1939).

Journal of the American Medical Association.

Haggard, W. D., "The Doctor in History."

Clendenning, Logan, "Romance in Medicine."

"Illinois State Department of Public Health."

"Chicago Department of Health."

"The Journal of the South Carolina Medical Association," (March, 1940).

# THE JOURNAL BOOKSHELF

## BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

**The American Illustrated Medical Dictionary.** A complete dictionary of the terms used in medicine, surgery, dentistry, pharmacy, chemistry, nursing, veterinary science, biology, medical biography, etc. By W. A. Newman Dorland, A. M., M. D., F. A. C. S., Lieut.-Colonel, M. R. C., U. S. Army; member of the Committee on Nomenclature and Classification of Diseases of the American Medical Association; editor of the "American Pocket Medical Dictionary." With the collaboration of E. C. L. Miller, M. D., Medical College of Virginia. Ed. 19. Cloth, revised and enlarged; flexible and stiff binding. Price: plain $7, thumb-indexed $7.50. Pp. 1,647, with 914 illustrations, including 269 portraits. Philadelphia and London: W. B. Saunders Company, 1941.

According to the preface to this dictionary it "has received its usual thorough revision . . . and more than 2,000 new words have been added." As a result there are forty additional pages, in spite of the fact that there are fewer illustrations and portraits included than in the previous edition. Features of the text are many specially prepared tables and brief biographies of scientists. E. L. M.

**Microbes Which Help or Destroy Us.** By Paul W. Allen, Ph. D., professor of bacteriology and head of the department, University of Tennessee; and D. Frank Holtman, Ph. D., associate professor of bacteriology, University of Tennessee; and Louise Allen McBee, M. S., formerly assistant in bacteriology, University of Tennessee. Cloth. Price, $3.50. Pp. 540 with 102 text illustrations and 13 color plates. St. Louis: The C. V. Mosby Company, 1941.

This tale of the microbes and their activities is entertainingly and dramatically told with especial attention to historical development and to the lives of the men on whose shoulders we have climbed. The painful grip of ignorance and superstition is vividly contrasted with the stabilizing influence of action based on knowledge and wisdom. That all of us are still un 'er bondage in greater or lesser degree is made apparent.

The information presented is more detailed and includes more of the recent discoveries about a greater number of communicable diseases than is common in books of this nature written for a general audience. It is also suitable, therefore, for the bacteriologic portion of a course in general hygiene.

Among the friends of mankind, the yeasts in their relation to the leavening of bread are given well merited prominence; the reviewer regrets that the role of bacteria in the nitrogen cycle, has not been treated with equal detail and effectiveness. The presentation of unconfirmed points in a book for the general public is of doubtful wisdom. For example, the authors cite the use by Constat, of potassium chlorate in the treatment of experimental poliomyelitis; this experiment has already been repeated by two groups of careful workers with failure as a result. Other minor statements might be criticized adversely or questioned but citation of these would be merely carping. The book is unusually well illustrated, carefully considered in its subject matter and should be widely read. P. F. C.

**Manual of the Diseases of the Eye** for Students and General Practitioners. By Charles H. May, M. D., consulting ophthalmologist to Bellevue, Mt. Sinai and French Hospitals, New York; formerly chief of clinic and instructor in ophthalmology, medical department of Columbia University, and director of the eye service at Bellevue Hospital, New York. Revised with the assistance of Charles A. Perera, M. D., associate in ophthalmology, College of Physicians and Surgeons, Medical Department of Columbia University, New York; assistant attending ophthalmologist, Presbyterian Hospital, New York. Ed. 17. Cloth. Price, $4. Pp. 519 with 387 illustrations including 32 plates, with 93 colored figures. Baltimore: William Wood and Company, 1941.

Dr. Charles May's "Manual of the Diseases of the Eye" has been an outstanding guide to ophthalmic knowledge during the past forty years. The book is designed especially for medical students and general practitioners and it fills this need admirably.

The new seventeenth edition is almost identical with the sixteenth edition of 1939. A few minor changes are made regarding iritis and color blindness. The only new material is an appendix presenting a four-page outline of the ocular requirements for admission to the Army, Navy, Marine and Aviation services of the United States. P. A. D.

**Clinical Immunology, Biotherapy and Chemotherapy** in the Diagnosis, Prevention and Treatment of Disease. By John A. Kolmer, M. S., M. D., Dr. P. H., Sc. D., Ll. D., L. H. D., F. A. C. P., professor of medicine, Temple University School of Medicine; director of the Research Institute of Cutaneous Medicine; and Louis Tuft, M. D., assistant professor of medicine and chief of clinic of allergy and applied immunology, Temple University School of Medicine. Cloth. Price, $10. Pp. 941, illustrated. Philadelphia: W. B. Saunders Company, 1941.

Inoculation with infectious material to produce immunity against infectious diseases is as old as the hills. The ancients used this method to acquire protection against smallpox. However, it was not until the epoch-making contribution of Edward Jenner in 1798 on the immunological relation between cowpox and smallpox virus that this method of acquiring active immunity was established on an experimental basis. Since this contribution, experimental effort to produce acquired immunity to all known pathogenic micro-organisms and viruses has been attempted. Some of these attempts have been successful, some doubtful and some clear failures. In this book the authors have not only restated accepted concepts on the mechanism of infection and resistance but have included under biotherapy and chemotherapy the clinical results of the application of these concepts. In a discussion entitled "The General Aspects of Infection" the importance of both the host and the parasite is emphasized. In this connection it is said, "Infection involves the virulence of the infectious agent and the resistance of the host. Since the outcome of the infection depends upon the balance between these two living organisms, an understanding of the mechanism of infection on the one hand and of natural and acquired resistance on the other is of fundamental importance in the prophylaxis and treatment of disease." The occurrence of foci or localized infection is discussed under tissue susceptibility and localization of infection. The authors express the view that localization of bacteria in the joints in chronic arthritis, in the iris in chronic iritis, in the prostate gland and the tonsils occurs because of a number of influential factors such as predisposition, unsuspected trauma, bacterial embolism, and anatomic consideration involving the arterial supply, and end arterioles. They suggest these factors may be sufficient to explain localization of infection in various foci or tissues without involving the question of specific tissue selectivity by bacteria. Just as lowered local tissue resistance may take place because of the operation of the factors enumerated above, so resistance to infection has been shown to localize to a higher degree in the tissue where the infection takes place. From this development the method of active immunization by the topical application of various kinds of vaccines has been recommended particularly for the prevention of the "common cold."

Active immunization and vaccine therapy are discussed in a chapter by that title. Of particular interest in this chapter is the discussion of the relative merits of stock and autogenous vaccine, routes of administration of vaccines, and the dosage of vaccine. It is pointed out that bacteria change in their antigenic composition during artificial cultivation, and that bacteria of the same species contain strains which are serologically different. Because of this variability of different strains of bacteria in the same species, autogenous vaccines are likely to have a higher degree of specificity against a given infecting agent. It is recognized that autogenous vaccines cannot always be employed and properly prepared polyvalent stock vaccines are recommended.

The chapters on chemotherapy begin with a description of the historical development of chemotherapy and the concepts which underlie the mechanism of the bacteriocidal and bacteriostatic action of various compounds. After the general discussion special consideration is given several chemicals. Several pages are devoted to the discussion of the sulfonamide compounds in the treatment of disease.

The latter half of the book is devoted entirely to clinical considerations of the effectiveness of vaccines, toxoids, antitoxins, and chemicals in the treatment of specific diseases. In the treatment of staphylococcal diseases the use of vaccines, toxoids, and antitoxin is described in detail. The size and frequency of doses and plan of procedure are described in detail. The authors are of the opinion that in all infectious processes the use of chemicals as well as antitoxins gives more successful results. In the case of virus disease none of these agents has proven successful except for the treatment of trachoma and lymphogranuloma venereum which respond well to sulfanilamide and sulfapyridine. The last chapter of forty pages deals with allergy.

The authors have done an excellent job of bringing together information scattered through a voluminous amount of literature on the clinical application of various biological substances and chemical compounds. Clinicians as well as teachers will find the book both interesting and helpful. The book is well published. W. D. S.

**A Text-Book of Pathology.** Edited by E. T. Bell, M. D., professor of pathology in the University of Minnesota, Minneapolis, Minnesota. Ed. 4. Cloth. Price, $9.50. Pp. 931, illustrated with 431 engravings and 2 colored plates. Philadelphia: Lea & Febiger, 1941.

All but three chapters of the fourth edition of this textbook are written by the author, those three being contributed by his immediate associates. It therefore has the advantages of single authorship. As a textbook it is authoritative, well written and thoroughly expounds pathologic processes. As a reference book it is quite complete and up-to-date, with descriptions of the most recently described diseases. Some of these may be short, but the essential details are not lacking. It is recommended to both medical students and practicing physicians. J. C. M.

**Principles of Microbiology.** By Francis E. Colien, B. S., M. S., Ph. D., F. A. P. H. A., associate professor of bacteriology and preventive medicine in the Creighton University School of Medicine; lecturer in public health and preventive medicine, Creighton Memorial, St. Joseph's Hospital School of Nursing, Omaha; director of laboratories, Health Department, City of Omaha; major, Sanitary Division, United States Army Medical Reserve; formerly professor of bacteriology and preventive medicine in the Central School of Nursing, Milwaukee; and Ethel J. Odegard, R. N., A. B., M. A., instructor in sciences applied to nursing, College of Saint Teresa, Winona, Minnesota; formerly director of nursing education in the Central School of Nursing, Milwaukee; education director, Miami Valley Hospital School of Nursing, Dayton, Ohio. Cloth. Price, $3. Pp. 444. St. Louis: The C. V. Mosby Company, 1941.

This is a concise textbook of bacteriology and immunology. It is well suited for its purpose as a textbook for nurses. It is too concise to be of value to anyone desiring a thorough knowledge of the subject. The illustrations are numerous and, for the most part, excellent. The author has included directions for the preparation of a few media and stains. There is also a glossary of terms at the end of the book. This is generally good, but occasionally the definitions suffer from too much brevity. E. A. B.

**Necropsy, A Guide for Students of Anatomic Pathology.** By Bela Halpert, M. D., assistant professor of pathology and bacteriology, Louisiana State University School of Medicine; and visiting pathologist, Charity Hospital of Louisiana at New Orleans. Cloth. Price, $1.50. Pp. 75. St. Louis: The C. V. Mosby Company, 1941.

This is a thin volume of pocket size in which actually only about forty full pages are devoted to necropsy methods with fifteen more pages given over to the presentation of two illustrative necropsy protocols. In a book so brief far too much space is taken up with the continually recurrent statement that such and such an organ is exposed or identified or (usually) examined, and too little space to the actual directions needed or difficulties to be avoided in making the examination. The two protocols are informative though no provision seems to be made for additions to, or correction, of the gross anatomic diagnoses following histologic study. M. B.

**A Text-Book of Bacteriology.** By R. W. Fairbrother, D. Sc., M. D., M. R. C. P., director of the clinical laboratory, Manchester Royal Infirmary; special lecturer in bacteriology, University of Manchester; Major, R. A. M. C.; late research fellow in bacteriology, Lister Institute, London. Ed. 3. Cloth. Price, $5. Pp. 451. St. Louis: The C. V. Mosby Company, 1941.

The third edition of this book exhibits only minor differences from the second; in fact, the revision has been so slight as scarcely to justify its representation as a new edition. It remains a digest of bacteriology, for the most part medical. In so brief a presentation it has obviously been necessary to sacrifice certain elements. There are no references to original work, although authors are occasionally cited by name and date. In addition, certain concepts which are possibly moot, the author tends to dismiss in too arbitrary a manner.

Bearing these shortcomings in mind the book has value. Particularly in the section on immunology one finds the fundamental premises presented briefly and lucidly, and in general the material is suitable for an introduction to the subject of bacteriology. The typography is excellent and an adequate index is included. C. V. S.

**The Complete Weight Reducer.** By C. J. Gerling, author of "Short Stature and Height Increase." Cloth. Price, $3. New York: Harvest House, 1941.

This volume is prepared in the form of an alphabetized encyclopedic listing of all possible words or names of materials which might be interesting to anyone enquiring about obesity. The discussions are lucid, reasonable, but have not been prepared by a clinician, and nothing is said about the professional training or background of the author. The material is written for lay readers, and will not be particularly helpful to a professional man who wants to know anything about the etiology, pathology, physiology, or detailed therapy of obesity. The book does give all kinds of directions for diet and exercise, including exact menus in variety varying from 800 to 1,600 calories.

The reviewer questions whether it is wise to attempt to provide for the public such exact detailed direction for the treatment of obesity without a medical examination to determine the complications which may alter the program of treatment, and even more important, which may necessitate other medical attention which is overlooked by the obese subject who concentrates his attention on the obvious weight problem. E. L. S.

**Infantile Paralysis.** By Philip Lewin, M. D., F. A. C. S., associate professor of bone and joint surgery, Northwestern University Medical School, professor of orthopedic surgery, Cook County Graduate School of Medicine; attending orthopedic surgeon, Cook County and Michael Reese Hospitals; consulting orthopedic surgeon, Municipal Contagious Disease Hospital, Chicago. Cloth. Price, $6. Pp. 372, with 165 illustrations. Illustrated by Harold Laufman, M. D. Philadelphia and London: W. B. Saunders Company, 1941.

Dr. Lewin has presented in this book an intelligible, exhaustive yet concise survey of our knowledge to date of anterior poliomyelitis. Most important to the practitioner, the known facts regarding early diagnosis and treatment are especially emphasized. Another feature deals with the many unanswered and baffling problems of this disease, which should prove stimulating to the research-minded readers.

The problem of adequate nursing care is properly given prominence, since this phase of treatment, perhaps more than any other, can be most effective in leading to the fullest possible recovery of those afflicted.

The orthopedic aspect of anterior poliomyelitis, in which field the author has gained preeminence, is discussed very thoroughly. This covers the immediate orthopedic treatment, physical therapy, braces and the most satisfactory corrective, operative pro-

cedures for those deformities which result in spite of adequate preventive treatment.

The chapters by Dr. Sidney O. Levenson on pathogenesis and pathology and those by Howard J. Shaughnessy, Ph. D., on etiology, epidemiology and predisposing factors, add much to the completeness of this volume.

This book presenting the disease in every aspect from its history to the rehabilitation of its victims should be a bible to the individuals who come in contact, professionally, with any phase of the disease. H. W. W.

**Exercises in Electrocardiographic Interpretation.** By Louis N. Katz, A. B., M. D., director of cardiovascular research, Michael Reese Hospital, Chicago, Illinois; assistant professor of physiology, University of Chicago, Chicago, Illinois. Cloth. Price, $5. Pp. 222, illustrated with 128 engravings containing 189 electrocardiograms. Philadelphia: Lea and Febiger, 1941.

The author of this book uses the panel method of demonstration which consists of the electrocardiographic tracing on one page with the description and interpretation of the electrocardiogram, the clinical story and the correlation of the two on the opposite page.

The opening chapter is devoted to the method of approach in reading an electrocardiogram and the steps in its interpretation. The remainder of the volume consists of ninety case reports laid out in the above described panel plan. In the conclusion there is an appendix of clinical and electrocardiographic classification of diagnoses. The tracings illustrated are very good and the author has correlated the electrocardiogram with the clinical picture clearly and concisely, effectively emphasizing the all important point that an intelligent interpretation of the electrocardiogram is possible only in the light of the clinical findings. Exception may be taken to the nomenclature which is not altogether that in general usage and apparently the author does not recognize the pattern of lateral wall infarction.

Because of the correlated method of approach these exercises in electrocardiographic interpretation are very instructive. H. H. S.

**A Manual of Bandaging, Strapping and Splinting** by Augustus Thorndike, Jr., M. D., F. A. C. S., associate in surgery, Harvard Medical School; surgeon to the Department of Hygiene; Harvard University. Cloth. Price, $1.50. Pp. 144, illustrated with 117 engravings. Philadelphia: Lea & Febiger, 1941.

This manual is divided into six sections consisting of: Bandaging and Dressing of Clean Wounds; Bandaging and Dressing of Septic Wounds; Application of Adhesive Strapping for Sprains, Strains and Contusions; Dislocations and Emergency Splinting; Transportation of Fractures; and Use of Plaster Paris and Similar Bandages for Splinting.

In the first section the author has done an excellent job in omitting the description of obsolete and impractical bandaging, and has included only those that are of value.

By means of photographs and sketches he has done away with word descriptions, thus making it much easier for the student to follow.

The remaining sections are well described and illustrated.

The only objection which the reviewer has is the price of $1.50 for a paper bound manual. A. R. C.

**Essentials of Electrocardiography.** By Richard Ashman, Ph. D., professor of physiology, the Louisiana State University Medical Center; director of the heart station, Charity Hospital of Louisiana, New Orleans; and Edgar Hull, M. D., professor of medicine, Louisiana State University Medical School; senior visiting physician, Charity Hospital of Louisiana, New Orleans. Ed. 2. Cloth. Price, $5. Pp. 373, with illustrations. New York: The Macmillan Company, 1941.

The first portion of this second edition gives a good review of the more recent and most accepted theories behind the electrocardiogram with its underlying physical, anatomical and physiological principles. The following chapters are devoted to a very complete description of the component elements of the electrocardiographic complex in health and disease of which the sections on disturbances of the cardiac mechanism and electrocardiographic patterns are especially good. The author rather deftly weaves in his working theory of the physiological basis as an explanation of the changes in the electrocardiogram. The illustrations are apropos and clear. Anyone interested in electrocardiography will find this a worthwhile volume. H. H. S.

**Cardiac Clinics,** a Mayo Clinic Monograph. By Frederick A. Willius, B. S., M. D., M. S. in Med., head of section of cardiology, Mayo Clinic, and professor of medicine, Mayo Foundation for Medical Education and Research, Graduate School, University of Minnesota, Rochester, Minnesota. Cloth. Price, $4. Pp. 276, illustrated. St. Louis: The C. V. Mosby Company, 1941.

This volume is an assembly of the various topics on cardiac problems which appeared in the "Proceedings of the Staff Meetings of the Mayo Clinic." They have been classified and arranged into natural divisions. The cases discussed cover the most common cardiac problems usually encountered in general practice with both the explanation and discussion bearing the flavor of common horse sense as applied to heart disease. The discussion and treatment of coronary thrombosis certainly fits into the above category and is especially sound. The internist as well as the general practitioner will benefit by reading this simple and practical volume. H. H. S.

**Electrocardiography** including an atlas of electrocardiograms. By Louis N. Katz, A. B., M. D., director of cardiovascular research, Michael Reese Hospital, Chicago, Illinois; assistant professor of physiology, University of Chicago, Chicago, Illinois. Cloth. Price, $10. Pp. 580, illustrated with 402 engravings including 806 electrocardiograms. Philadelphia: Lea & Febiger, 1941.

## BOOK REVIEWS—Continued

This volume constitutes a broad and comprehensive presentation of the subject indicated by the title. The material is grouped in three sections, the first of which deals with the theory of electrocardiography and explains in detail the principles of electrocardiographic recording, the underlying physical conceptions of the origin and distribution of the electrical currents generated by the heart, and the special anatomy and physiological principles of the heart as they bear on the electrocardiogram. The fourth chapter of this section deals with the place of the electrocardiogram in general practice and stresses the value as well as the limitations of the procedure. The author properly emphasizes that, "It (the tracing) is not a substitute for a careful physical examination and good history," and "It must be correlated with the rest of the patient's story and findings, and this correlation must be made by the clinician who has seen the patient."

The second section is devoted to a systematic description of the contour of the normal and the abnormal electrocardiogram considering in succession the component waves and conduction times. The normal variations which are found in the various stages of life starting with the fetus and progressing to senescence are discussed. The author repeatedly emphasizes the fact that the greatest help is now obtained from the electrocardiogram in the field of coronary disease but he also describes the changes which occur following the administration of various drugs, during acute illnesses, and in the presence of many chronic diseases. The latter include not only those which directly involve the heart but also diseases of other systems, e.g., endocrine disturbances, diabetes mellitus, tuberculosis, anemia, etc.

The third section describes in detail the various arrhythmias and outlines the treatment of each.

The entire book is profusely illustrated with diagrams and representative electrocardiograms. In most instances each condition is illustrated with not one but a number of tracings showing the several variations which may occur. The physiologist's viewpoint and explanation are constantly presented and extremely helpful to a more complete understanding of the clinical phenomena.

In the preface Dr. Katz states definitely that this is not a reference work and implies that it is intended for the beginner, or as he puts it, "the uninitiated physician and student," but, in the opinion of the reviewer, the book will be of value chiefly to the more advanced student of the subject.

The author frequently expresses his own personal views, interprets patterns and employs a nomenclature which, in a number of instances, are not in strict accordance with accepted usage. As a result the reviewer finds it impossible to accept with finality all of the statements made by the author but nevertheless the book can be highly recommended and will make a valuable addition to the library of every physician interested in electrocardiography. C. M. K.

**Synopsis of Diseases of the Heart and Arteries.** By George R. Herrmann, M. S., M. D., Ph. D., F. A. C. P., professor of medicine, University of Texas; director of the cardiovascular service, John Sealy Hospital; consultant in vascular diseases, U. S. Marine Hospital. Cloth. Price, $5. Pp. 468, illustrated, St. Louis: C. V. Mosby Company, 1941.

This compact second edition brings up to date and clarifies the essential knowledge of the common cardiovascular diseases. Newer methods of therapy and examination technique have been incorporated,

*(Continued on page 1106)*

## A WISH COME TRUE

Whenever you have received a call from one of your patients asking you to participate as a speaker on the program of the Women's Club, the P. T. A., school program, Rotary, Lions, Kiwanis, or other public groups, how many times have you not wished that you might say "I've just the right material for your group—I'll be glad to come." Now you can say that and more too. You can say, "The title of my address will be 'Health Achievements in Wisconsin,' or an alternative. 'Adding 57,000,000 Life Years to Our Lives in Wisconsin.' It's a film strip something like lantern slides."

Your patients look to you as *the* authority on all matters relating to health. Live up to that expectation by accepting the opportunity to fulfill your obligation to provide your community with information on health that is authentic, reliable, and factual. Use the Society's film strip "Health Achievements in Wisconsin" as the basis for your presentation.

You may secure the series of pictures on health achievements arranged in one continuous strip by the Society's Committee on Health and Public Instruction, by addressing your communication to the office of the State Medical Society at Madison. The Society will supply you with the film strip, the manuscript to accompany it, and the projection lantern with which to project the film.

See the September issue of *The Wisconsin Medical Journal*, page 839, for more complete details, or write to the State Society in Madison.

*Treatment of disease, to a great extent, is built on confidence. The patient believes in the competence of his physician, and the doctor, in turn, relies upon the company whose products he prescribes.*

## SECONAL

(Sodium Propyl-methyl-carbinyl Allyl Barbiturate, Lilly)

'Seconal' fulfills the requirements for a hypnotic in the majority of medical and surgical patients. Action is prompt, the period of sleep is restful, aftereffects are negligible. 'Seconal' has definite uses in insomnia, nervousness, extreme fatigue with restlessness, and similar conditions where only a brief sedative effect may be required to allow onset of natural sleep.

Supplied in 3/4-grain and 1 1/2-grain pulvules in bottles of 40 and 500.

# *Eli Lilly and Company*

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.

Prescribe Journal-advertised products and you prescribe the best.

## BOOK REVIEWS—Continued

and a new, rather timely chapter on "Military Cardiovascular Examination and Interpretation" has been added. As in the first edition, this synopsis avoids as much as possible controversial subjects. It remains, as originally intended, a textbook primarily for medical students with its emphasis on the importance of history and physical examination and its admirable presentation of these factors. Because of this and the adequate therapeutic evolvement it should also prove of value to the general practitioner. H. H. S.

**The Care of the Aged (Geriatrics).** By Malford W. Thewlis, M. D., attending specialist, general medicine, United States Public Health Hospitals, New York City; attending physician, South County Hospital, Wakefield, R. I.; special consultant, Rhode Island Department of Public Health. Ed. 3, entirely rewritten with 50 illustrations. Cloth. Price, $6. Pp. 579. St. Louis: The C. V. Mosby Company, 1941.

Geriatrics, the specialty of medical care of the aged, is becoming, as is obvious to anyone, increasingly important and may well become a specialty as has pediatrics; yet the literature of the field is scanty and the only recent book dealing with the subject is that of the author, this third edition appearing seventeen years after the second edition.

Dr. Thewlis, a pupil of Nascher, who was the first to use the word geriatrics, in 1909, has produced an interesting, clearly written, useful book. In the first chapter he discusses the history of geriatrics. In the second and third chapters he gives a nice little sermon on neglect of the aged and the value of old age. From there on he discusses hygiene, prevention of disease, and aids to happiness and comfortable longevity, medicolegal relations, physiologic and pathologic changes in old age, nutrition and therapy. Diseases are classified under the logical arrangement of infections, allergic, cardiovascular, respiratory, genito-urinary, alimentary, endocrine, hemopoitetic, special senses, etc. One chapter deals with surgery of the aged. The book is comprehensive, the discussion of several pathological conditions is brief, emphasis being placed upon treatment. The author illustrates many of his points with brief interestingly told case reports.

The style is simple, clear and concise; an intelligent layman would understand much that is set down. This is an unusually interesting book which is well printed and handsomely bound. It is a book which can be highly recommended to the medical practitioner who has elderly patients in his care. O. O. M.

**Essentials of Pharmacology and Materia Medica for Nurses.** By Albert J. Gilbert, M. D., instructor of pharmacology, Aultman School of Nursing, Canton, Ohio; formerly instructor of pharmacology and therapeutics, John Sealy College of Nursing; former instructor of pharmacology, University of Texas Medical School, Galveston; and Selma Moody, R. N., instructor in nursing arts, The Presbyterian Hospital of the City of Chicago. Cloth. Price, $2.25. Pp. 251. St. Louis: The C. V. Mosby Company, 1941.

This little book on pharmacology and materia medica for nurses contains much useful information and is simple in manner of presentation. Whereas a good many ultra-new agents are briefly discussed, some, such as the widely used anesthetic cyclopropane, are not even mentioned. The authors suggest that the more commonly used texts are sufficiently exhaustive so as to fall in the category of reference books, hence the simpler presentation adopted by them.

The brevity of this work appears to be its chief weakness since, after graduation, nurses should be familiar with more comprehensive works on the subject. This familiarity with more comprehensive texts may be attained by their use as texts supplemented, simplified, explained and emphasized where desired by adequate classroom instruction. A. L. T.

**Elimination Diets and the Patient's Allergies.** A Handbook of Allergy. By Albert H. Rowe, M. D., lecturer in medicine, University of California Medical School, San Francisco, California; consultant in allergic diseases, Alameda County Hospital, Oakland, California. Cloth. Price, $3. Pp. 264. Philadelphia: Lea & Febiger, 1941.

The diagnosis of food allergy is a real problem, the solution of which many times is most difficult. In general allergists believe that positive skin reactions to food antigens, particularly if the tests are applied by the intracutaneous method, are less reliable than those to the inhalants.

Dr. Rowe, long an authority on food allergy, emphasizes this in the first chapters of his recent book. He stresses the importance of elimination diets rather than the so-called test negative diets (based on skin reactions) favored by probably the larger group of specialists in the field.

Whether or not one agrees wholly with Dr. Rowe's methods, this first chapter and the forty pages de-

ZEMMER products are dependable
ZEMMER
PRESCRIBE OR DISPENSE ZEMMER
Pharmaceuticals . . . Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for General Price List.
Chemists to the Medical Profession. WI 11-41
THE ZEMMER COMPANY, Oakland Station, PITTSBURGH, PA.
When writing advertisers please mention the Journal.

# DEARHOLT DAY

## *In Memory of*

## Dr. Hoyt E. Dearholt

the

Wisconsin Anti-Tuberculosis Association with the cooperation of the Marquette University School of Medicine, University of Wisconsin Medical School and the Dane County Medical Society presents for the benefit of medical students and the general medical profession

## Dr. Kendall Emerson

*Managing Director, National Tuberculosis Association*

## Dr. Esmond Ray Long

*Professor of Pathology, University of Pennsylvania, and Director of Henry Phipps Institute*

*Student address*—"Some Correlations of the Pathology and Epidemiology of Tuberculosis."

*Milwaukee address for practicing physicians*—"The Effect of Malnutrition and Other Diseases on the Course of Tuberculosis."

*Madison address for practicing physicians*—"The Roles of Environment, Nutrition and Constitution in Tuberculosis."

Schedule of Lectures

In Milwaukee, November 10, 1941

P. M.

3:00—Marquette Medical School Auditorium—primarily for students.

8:30—University Club—for practicing physicians and members of allied medical professions.

In Madison, November 11, 1941

P. M.

3:00—Service Memorial Institutes—primarily for students.

8:30—Service Memorial Institutes—for practicing physicians and members of allied medical professions.

*All physicians are most cordially invited to attend these lectures.*

## BOOK REVIEWS—Continued

voted to food allergy in the second chapter constitute in the mind of the reviewer the clearest, most concise, most valuable discussion of the subject presented in any manual. Chapter V, "The Elimination Diet," giving in detail the various types of this diet as cereal-free, fruit-free, etc. and the suggested menus for each diet, is exceedingly practical and useful and can be studied with profit by both physician and patient.

The appendix with its discussion of the necessity for the use of vitamins in restricted diets; outlines for allergic histories, food diaries, dosage schedules for the administration of pollen antigens, is equally valuable. Of especial help is the listing of ingredients in various commercial foods.

The other sections of this manual dealing with inhalant allergens, contactants and injectants, clinical allergy and its control, present nothing particularly new. However, they are as logical and concise in their arrangement as the chapters on the foods.

The whole book is "easy to read." The publishers are to be congratulated on the clear type—the unusual number of italics for emphasizing of important points is interesting. Rarely does one find a small volume which covers so well the complexities of a fairly new and interesting field in medicine. It is highly recommended to specialist, general practitioner, student and patient. W. A. M.

**To Keep Abreast of Medical Literature**

**To Aid in Preparing Medical Talks, Papers**

USE THE

**MEDICAL LIBRARY SERVICE**
Service Memorial Institutes Building

MADISON

All books reviewed in The Journal as well as current issues of medical periodicals are available for loan. References on any selected subject will be sent on request for a two weeks' period. Service for Members at the Cost of Postage.

**A Textbook of Ophthalmology.** By Sanford R. Gifford, M. A., M. D., F. A. C. S., professor of ophthalmology, Northwestern University Medical School, Chicago; attending ophthalmologist, Passavant Memorial and Cook County Hospitals. Ed. 2. Cloth. Price, $4. Pp. 470, with 215 illustrations. Philadelphia and London: W. B. Saunders Company, 1941.

In presenting his second edition of "A Textbook of Ophthalmology," Dr. Gifford has given us a superior book.

In recent years advances in ophthalmology have been rapid, especially in the matter of therapy. Chemotherapy and recent discoveries in the use of vitamins have been discussed freely in this book. Many new black and white and colored cuts have been added to give the volume abundant illustration.

Dr. Gifford's textbook contains 470 pages covering the essentials of ophthalmology. The book is well suited to the needs of medical students, nurses, internes, general practitioners, and ophthalmologists. The material is condensed for rapid clear-cut fact presentation.

One can readily detect that the author is an earnest teacher and a modern ophthalmologist. P. A. D.

## JONES—EVALUATION OF DISABILITY IN INJURY CASES

*(Continued from page 1089)*

not exceeding $3,500. No payment shall be made unless the employe shall have worked for the employer, from whom he claims compensation, in work exposing him to inhalation of silica, for a total period of at least ninety days.

4. Epilepsy and blindness.—Epileptics and persons who are totally blind may elect not to be subject to the Act for injuries resulting because of such epilepsy, or blindness, and still remain subject to the provisions for all other injuries.

There are also tables on major permanent partial disabilities, relative major permanent disabilities and minor permanent partial disabilities.

By using these schedules, the physician can in many cases arrive at an intelligent estimate of permanent disabilities; that is, given a patient with atrophy and difficulty in motion of the arm at the shoulder above 90° of abduction, he will say that the damage constitutes 10 per cent of the arm at the shoulder. Let us say the patient also has an injury to his elbow with limitation of motion, commensurate with a 10 per cent disability

*A typical Lederle development—*

# SERUM REFINING

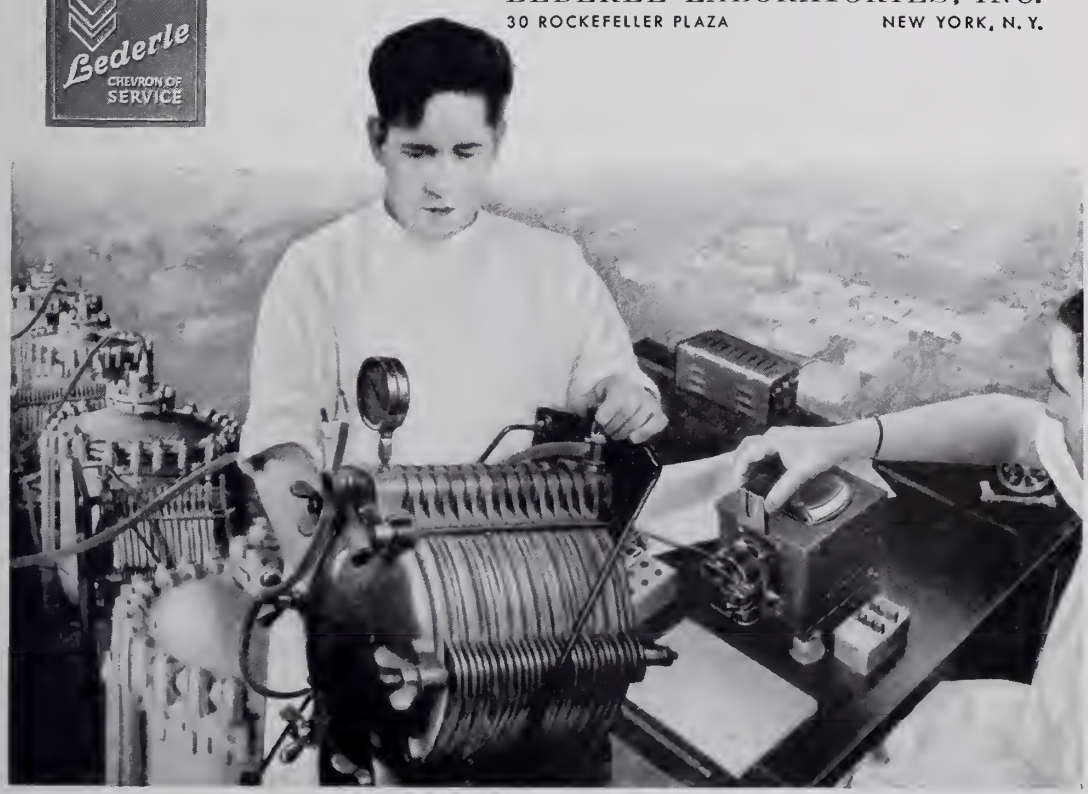
SERUM SICKNESS used to be a serious obstacle to the successful application of serotherapy. So great was the fear of these reactions that at times the patient was even deprived of life-saving treatment.

From 1906 to 1934 the "salting out" method of serum refining was virtually unchanged. It remained for Lederle's staff, long experienced in the problems of serum production, to establish firmly the value of a new process of serum refining. This process, based upon the phenomenon of peptic digestion, removes up to 90% of the troublesome proteins believed responsible for untoward serum reactions. Globulin Modified Antitoxins refined by this method may be expected to cause a minimum of reactions. They are higher in potency, smaller in volume and of greater clarity than previous antitoxins.

But serum refining is only one of many Lederle biological achievements. Antitoxins, serums, vaccines and toxoids from Lederle's 200-acre serum farm protect countless individuals from the ravages of disease all over the world.

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N. Y.

Lederle
CHEVRON OF SERVICE



Prescribe Journal-advertised products and you prescribe the best.

*(Continued from page 1108)*

of the arm at the elbow. Using the schedules and simple arithmetic, the physician can transfer the disability of the elbow so as to interpret it in terms of a disability at the shoulder. The patient also lacks enough supination and pronation to constitute about 15 per cent disability of the arm at the elbow. In the same manner, the physician can transmit this back into a disability of the arm at the shoulder. The hand has been damaged commensurate with 10 per cent of the hand at the wrist; this can again be transmitted back to a disability of the arm at the shoulder. Then, adding all the various figures together, the physician obtains an estimate of the disability of the arm as a whole.

It has always been contended that those experienced in estimating disabilities are never far apart in their conclusions. In line with this thought, questionnaires were sent out to several such physicians. It was gratifying to see how close their estimates were.

It is, of course, obvious that, in spite of many fixed schedules, there still remains much work for the physician. In many cases, it is necessary to evaluate injuries to the bones and joints, disabilities caused by various amputations and loss of function due to soft tissue injury, especially muscles, tendons and nerves. All of these must be summed up and interpreted in terms of the general function of the given part. In many patients, the physician not only has the loss of function to consider, but has also an equally important question as to the sort of individual with whom he is dealing. He frequently sees patients who, for various and sundry reasons, do not wish to return to work, and who grossly exaggerate their disabilities. With the establishment of the French Accident Law in 1898, A. Bissaud recognized this fact and designated the condition as "sinistosis," which is defined as a fixed idea that every accident, occurring in the course of work, constitutes a damage admitting of indemnity.


*For the local Treatment of Acute Anterior* **Urethritis**
(DUE TO NEISSERIA GONORRHEAE)

**SILVER PICRATE*** *Wyeth*

*A complete technique of treatment and literature will be sent upon request*

*Silver Picrate is a definite crystalline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

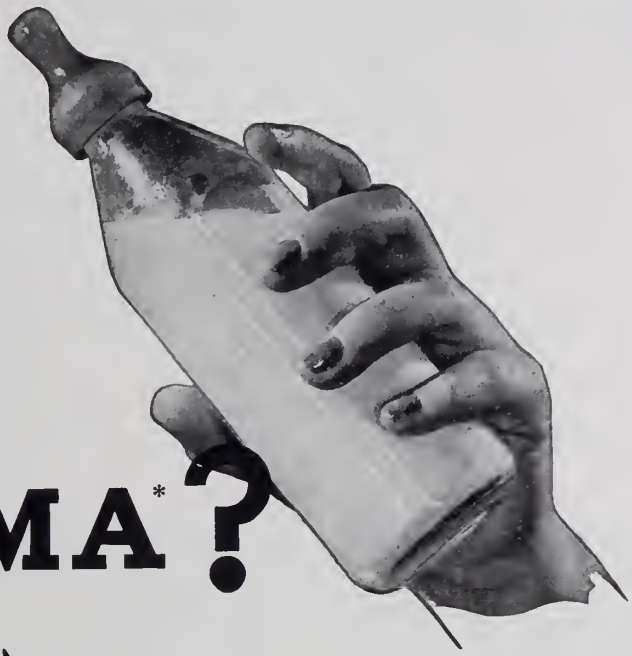
Silver Picrate, Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by Neisseria gonorrheae.[1] An aqueous solution (0.5 percent) of silver picrate or water-soluble jelly (0.5 percent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," Am. J. Syph., Gon. & Ven. Dis., 23, 201 (March), 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA

When writing advertisers please mention the Journal.

# EVER FEED SMA*?



When you prescribe S.M.A. for the bottle-fed infant you give an easily digested fat, a protein that provides the amino acids essential for adequate nutrition and growth and *lactose,* a physiological carbohydrate, in correct proportion to the nutritional requirements of the normal full-term infant.

In addition, when prepared according to the usual dilution for feeding, each quart of S.M.A. contains:

7500 international units vitamin A activity
200 international units vitamin $B_1$
400 international units vitamin D
10 mg. Iron and Ammonium Citrate

S.M.A. provides easily digested fat and protein of full biological value in correct proportion to the nutritional requirements of the normal full term infant. Therefore, the only carbohydrate in S.M.A. is Lactose . . .

***Normal infants relish S.M.A. . . . digest it easily and thrive on it.***

*" " "*

**FOR PREMATURE AND UNDERNOURISHED INFANTS**
**A Special Product**

**PROTEIN S.M.A.**
***(Acidulated)***

Protein S.M.A. (acidulated) is a modified form of S.M.A., intended to meet the special nutritional needs of the premature and undernourished infant and for infants requiring a high protein intake.

Protein S.M.A. (acidulated) is similar to both casein milk and lactic acid milk, but presents additional nutritional elements lacking in both.

*S.M.A., a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and physical properties.

ACCEPTED AMERICAN MEDICAL ASSN

**S.M.A.® CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS**

Prescribe Journal-advertised products and you prescribe the best.

# ORTHOPEDIC BRACES

**DESIGNED WITH YOUR COOPERATION TO SUIT EACH CASE**

**76TH YEAR OF "KNOWING HOW" ESTABLISHED 1865**

● Even before the founding of the State Medical Society of Wisconsin we were cooperating with physicians in making surgical and orthopedic supplies. The confidence and cooperation of Wisconsin physicians more than any other factor has made the House of Doerflinger the largest orthopedic supply house in Wisconsin.

**ARTIFICIAL LIMBS ● TRUSSES ● ABDOMINAL BELTS**
**ARCH SUPPORTS ● ELASTIC HOSIERY**

# DOERFLINGERS

**770 N. WATER STREET, MILWAUKEE, WISCONSIN, DALY 1461**

## It makes their regular check-ups "fun" by giving youngsters some wholesome CHEWING GUM

It's such an easy, thoughtful gesture to always offer your little patients some delicious Chewing Gum while they're waiting or when they leave the office. They just love it — and it makes a big hit with adults, too. And for such a small cost this one, friendly, little act goes a long way in winning extra good will and affection. Besides, as you know, the chewing is an aid to mouth cleanliness as well as helping to lessen tension. Enjoy chewing Gum, yourself. Get a good month's worth for your office today.

**There's a reason, a time and place for Chewing Gum**

*NATIONAL ASSOCIATION OF CHEWING GUM MANUFACTURERS, STATEN ISLAND, NEW YORK*

When writing advertisers please mention the Journal.

# An Effective Medicinal Weapon Against Depressions

Mild pathological depressions may accompany a variety of clinical syndromes. In addition to prescribing whatever forms of therapy are indicated for the individual condition, it may also be advisable to treat the underlying or concomitant depression.

If, in the judgment of the physician, treatment of this depression appears advisable, the administration of Benzedrine Sulfate Tablets will often prove useful. In depressive psychopathic cases the patient should be institutionalized.

Benzedrine Sulfate Tablets offer "a therapeutic rationale which, in its very efficiency, cuts across the old categories". (Parker, M. M. —J. Abnorm. & Soc. Psych., 34:465, 1939)

Initial dosage should be small, 2.5 to 5 mg. If there is no effect this should be increased progressively. "Normal Dosage" is from 5 to 20 mg. daily, administered in one or two doses before noon.

*Benzedrine Sulfate Tablets are now manufactured in two sizes. In writing prescriptions please be sure to specify the tablet-size desired, either 5 mg. or 10 mg.*

# Benzedrine Sulfate Tablets

Brand of amphetamine sulfate

**SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.**

100 YEARS OF SERVICE TO THE MEDICAL PROFESSION

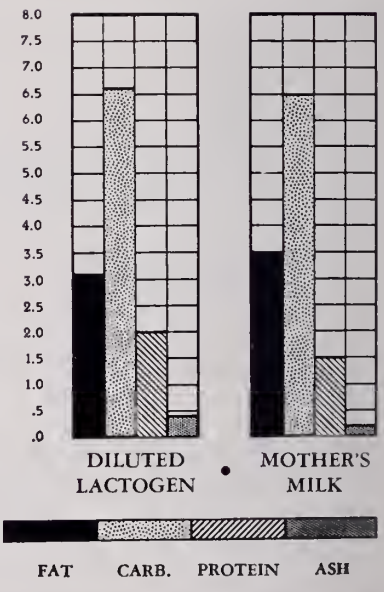
ACCEPTED AMERICAN MEDICAL ASSN.

**LACTOGEN**
**approximates women's milk in the proportion of food substances**

The cow's milk used for Lactogen is scientifically modified for infant feeding. This modification is effected by the addition of milk fat and milk sugar in definite proportions. When Lactogen is properly diluted with water it results in a formula containing the food substances — fat, carbohydrate, protein, and ash — in approximately the same proportion as they exist in woman's milk.

No advertising or feeding directions, except to physicians. For free samples and literature, send your professional blanks to "Lactogen Dept." Nestlé's Milk Products, Inc., 155 East 44th St., New York, N. Y.

*"My own belief is, as already stated, that the average well baby thrives best on artificial foods in which the relations of the fat, sugar, and protein in the mixture are similar to those in human milk."—John Lovett Morse, A. M., M. D., Clinical Pediatrics, p. 156.*




**NESTLÉ'S MILK PRODUCTS, INC.**
**155 EAST 44TH ST., NEW YORK, N. Y.**

# "When the frost is on the punkin . . ."

The pollens are gone with the frost and your allergic patients breathe freely again. But with the fall come colds and upper respiratory infections, and to obtain relief from the nasal congestion from these causes you will again have need of a reliable decongestant.

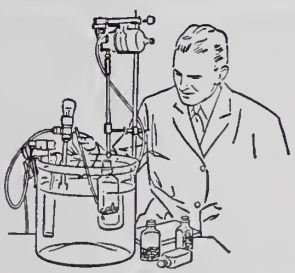
Local application of Solution Racĕphedrine Hydrochloride (Upjohn) to nasal mucous membranes diminishes hyperemia and reduces swelling. In many cases Capsules Racĕphedrine Hydrochloride (Upjohn) are also useful in ameliorating these symptoms.

RACĔPHEDRINE HYDROCHLORIDE
(UPJOHN)
is available as:

*Solution Racĕphedrine Hydrochloride (Upjohn) 1% in Modified Ringer's Solution, in one ounce dropper bottles for prescription purposes, and in pint bottles for office use*

*Capsules Racĕphedrine Hydrochloride (Upjohn), ⅜ grain, in bottles of 40 and 250*

*Powder Racĕphedrine Hydrochloride (Upjohn), in ¼ ounce bottles*



*Determination of gelatin solubility is one laboratory test in the assay of finished capsules.*

**Upjohn**
KALAMAZOO, MICHIGAN

*Fine Pharmaceuticals Since 1886*

Prescribe Journal-advertised products and you prescribe the best.

# RADIUM

**RENTED**
for the individual case at lowest rates. Instruments loaned.

**LEASED**
in any quantity of 50 milligrams or more, on a yearly basis. Continuous possession. No investment.

**SOLD**
in any quantity in latest platinum containers.

RADON in all-gold Implants at $2.50 per millicurie.

*For details, address*

RADIUM AND RADON CORP.
Marshall Field Annex • Randolph 8855
CHICAGO

# Western Electric HEARING AID

Air and Bone Conduction

There's a Western Electric Ortho-Technic Audiphone designed by Bell Telephone Laboratories—embodying new principles, exclusive features, to meet the individual needs of your patients.

Small, Inconspicuous, High Fidelity
AUDIOMETERS — ELECTRICAL STETHOSCOPE

**AUDIPHONE UTILITIES**
Suite 205 739 N. Broadway Daly 2505
MILWAUKEE

## NORMANDALE SANITARIUM
Madison, Wisconsin

Normandale is a sanitarium for the care and treatment of nervous and mental disorders, inclusive of addictions. All of the modern methods of neuropsychiatric therapy are available. Special accommodations and rates are offered for the care of chronic cases.

Normandale is located on the outskirts of Madison, Wisconsin. This location affords the conveniences of the city and the restful environment of a rural setting.

Inquiries are invited. Telephone:
Fairchild 2486
Medical Director,
M. F. Greiber, M. D.

# PROFESSIONAL PROTECTION

SINCE 1899
SPECIALIZED
SERVICE

A DOCTOR SAYS:
*"Unless one has gone through the experience of a suit, or threatened suit he is not likely to appreciate the great comfort it is to have professional protection. Our policy with you certainly gave us many a good night's sleep and kept us from many a headache."*

THE
MEDICAL PROTECTIVE COMPANY
OF
FORT WAYNE, INDIANA

# To Keep Abreast of Medical Literature

# To Aid in Preparing Medical Talks, Papers

USE THE

## MEDICAL LIBRARY SERVICE
Service Memorial Institutes Building
MADISON

All books reviewed in The Journal as well as current issues of medical periodicals are available for loan. References on any selected subject will be sent on request for a two weeks' period. Service for Members at the Cost of Postage.

# Wisconsin Pharmacists

We are prepared to meet the unusual pharmaceutical emergencies that develop. If you do not think it can be had—Call the pharmacist nearest you. He will probably be able to meet even your most uncommon needs.

Pharmacists, like physicians, know no hours. We are "On Call" to you 24 hours a day—7 days a week.

**BOCK DRUG STORES**
*Dependable Druggists Since 1876*
Complete Stock of Biologicals—Ampoules and Vaccines—Mail Orders Promptly Filled
Trusses—Supports—Crutches—Elastic Goods
**Phone 4100** **SHEBOYGAN, WISCONSIN**

**MATHER'S PHARMACY**
Prescription Experts
Most complete line of Biologicals and largest prescription store in Northern Wisconsin.
Trusses, Wheel Chairs, Crutches, Electric Pads, etc.
**SUPERIOR, WISCONSIN**

**RED CROSS DRUG CO.**
DOCTORS!! *Save on Office and Dispensing Supplies.*
Mail orders filled in all parts of Wisconsin. Many doctors save hundreds of dollars yearly by concentrating their purchases. Let us quote you on your requirements. Orders shipped the same day received. We pay all delivery charges.
**RED CROSS DRUG CO.**
**RACINE, WISCONSIN**

**CHILSON DRUG COMPANY**
*Benj. Chilson, Ph. G.*
Specializing in a complete stock of serums, vaccines and medical supplies. Carefully and accurately compounding prescriptions is the main feature of our drug store.
**BELOIT, WISCONSIN**

**BELLING'S DRUG STORE**
*The Prescription Drug Store*
**204 E. College Ave.** **Appleton, Wis.**
**Phone 131**
A complete stock of Ampoules, Biologicals, including Rabies Vaccine, always under proper refrigeration.

**MAYER DRUG**
Harry F. Mayer, Prop.
*A Complete Prescription Department*
Biologicals and Ampoules
**KENOSHA, WISCONSIN**

Prescribe Journal-advertised products and you prescribe the best.

# Capital City Doctors

## Note These Reliable Madison Firms Which Sell Dependable Products, Services

Prescription Service at

**RENNEBOHM**

Better Drug Stores

is always

100% Dependable

---

Biologicals—Chemicals—Drugs

**FIRST CENTRAL DISPENSARY**

602 First Central Bldg.
Madison, Wis.
Phone: Badger 7929

RELIABLE PRESCRIPTION SERVICE

---

**LORAINE HOTEL**

Fireproof

SCHROEDER HOTELS

*Sleep in Safety*

---

**CENTRAL GARAGE**

15 South Webster St.

Parking and General Service

MODERN — CONVENIENT
ALWAYS DEPENDABLE

---

Ampoules, Biologicals, Chemicals, Bacteriological Stains, Trusses, Camp Surgical Supports, "Leeches."

**THE PRESCRIPTION PHARMACY**

Samuel R. Chechik, Ph.D.

20 S. Carroll St. Phone: Badger 755
"The Park Hotel Building"

---

*For Lovely Flowers*

Phone

**RENTSCHLER'S**

Badger 177

230 State St. Madison

---

Office: Badger 787 Residence: Badger 2308

**AUTO SERVICE COMPANY, Inc.**

Dan Bilsie

"Private Ambulance Service"

750 East Washington Ave. Madison, Wis.

---

**Frautschi Funeral Home**

120 E. Wilson St.

Madison, Wis.

ARTHUR A. FRAUTSCHI, *Director*

Phone Badger 733

---

Phone Badger 5900
for All Kinds of

Office Supplies
and
Equipment

**BLIED PRINTERS AND STATIONERS**

114 E. Washington Ave., Madison

---

# INDEX TO ADVERTISERS IN THIS ISSUE


| | Page |
|---|---|
| Abbott Laboratories | 1025 |
| American Can Co. | 1027 |
| American Optical Co. | 1024 |
| Audiphone | 1116 |
| Auto Service Co., Inc. | 1118 |
| Barr X-ray Co. | 1119 |
| Belling's Drug Store | 1117 |
| Benson Optical Co., Inc. | 1125 |
| Bidwell Better Limbs | 1124 |
| Blied Printing & Stationers | 1118 |
| Bock Drug Co. | 1117 |
| S. H. Camp & Co. | 1018 |
| Central Garage | 1118 |
| Chilson Drug Co. | 1117 |
| Cocomalt (R. B. Davis Co.) | 1029 |
| Cook County Graduate School of Medicine | 1021 |
| Corn Products Sales Co. | 1020 |
| Doerflinger's | 1112 |
| First Central Dispensary | 1118 |
| Frautschi Funeral Home | 1118 |
| Hynson, Westcott & Dunning | 1119 |
| Kennedy–Mansfield Dairy | 1118 |
| Lakeside Laboratories | 1014 |
| Lederle Laboratories, Inc. | 1109 |
| Eli Lilly & Co. | 1105 |
| Loraine Hotel | 1118 |
| Marquette University School of Medicine | 1124 |
| Mather's Pharmacy | 1117 |
| Mayer Drug | 1117 |
| Mead Johnson & Co. | 1022 |
| Medical Protective Co. | 1116 |
| Merck & Co. | 1028 |
| Milwaukee Optical Manufacturing Co. | 1030 |
| Milwaukee Sanitarium | 1128 |
| Nat'l Assn. Chewing Gum Mfrs. | 1112 |
| Nestle's Milk Products, Inc. | 1114 |
| New York Polyclinic | 1124 |
| Normandale | 1116 |
| Parke, Davis & Co. | 1122 |
| Petrolagar Laboratories, Inc. | 1127 |
| Physicians Casualty Ass'n. | 1024 |
| Physicians Radium Assn. | 1024 |
| Mary E. Pogue School | 1124 |
| Prescription Pharmacy | 1118 |
| Radiation Therapy Institute | 1017 |
| Radium & Radon Corp. | 1116 |
| Red Cross Drug Co. | 1117 |
| Rennebohm Drug Stores | 1118 |
| Rentschler Floral Co. | 1118 |
| Riggs Optical Co. | 1015 |
| Rogers Memorial Sanitarium | 1128 |
| Sacred Heart Sanitarium | 1016 |
| St. Croixdale Sanitarium | 1017 |
| Schroeder Hotel | 1021 |
| Shorewood Hospital Sanitarium | 1030 |
| SMA Corp. | 1111 |
| Smith–Dorsey Co. | 1021 |
| Smith, Kline & French Laboratories | 1113 |
| Squibb & Sons | 1026 |
| Stearns & Co. | 1023 |
| Summit Hospital | 1125 |
| Uhlemann Optical Co. | 1121 |
| Upjohn Co. | 1115 |
| Waukesha Springs Sanitarium | 1014 |
| Westinghouse Electric & Mfg. Co. | 1123 |
| Winthrop Chemical Co. | 1019 |
| Wyeth & Brother, Inc. | 1110 |
| Zemmer Co. | 1106 |



*Effective, Convenient and Economical*

THE effectiveness of Mercurochrome has been demonstrated by twenty years' extensive clinical use.

For the convenience of physicians Mercurochrome is supplied in four forms—Aqueous Solution for the treatment of wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

*Mercurochrome, H.W.&D.*
*(dibrom-oxymercuri-fluorescein-sodium)*

is economical because solutions may be dispensed at low cost. Stock solutions keep indefinitely.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Mercurochrome is accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

*Literature furnished on request*

HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND

Before you buy X-Ray Equipment

*Investigate* MATTERN

A complete line of Shock-Proof X-Ray Equipment, ranging from a 15 MA Portable Unit up to a Combination Unit for Radiography-Fluoroscopy-Therapy with a capacity of 200 MA-140 PKV.

**BARR X-RAY CO.**

Exclusive Wisconsin Distributors
F. Mattern Mfg. Co.

2540 W. Wells St. Milwaukee, Wis.
West 4344

We carry a complete stock of films and accessories.

# PHYSICIANS' EXCHANGE

**Advertisements for this column must be received by the 25th of the month preceding month of issue. A charge is made of $2.00 for the first appearance of copy occupying 1 inch or less of space and $1.00 for each succeeding insertion of the same copy. Kindly accompany copy with remittance to cover number of insertions desired. Advertisements from members of the State Medical Society will be accepted without charge. Such copy will be taken out after its second publication unless otherwise requested. Where numbers follow advertisements replies should be addressed care Wisconsin Medical Journal.**

FOR SALE OR RENT — Excellent, long-established, unopposed practice with modern home and office. Prefer young married man of good habits, Protestant, and not of draft age. Good hospital facilities. Reason for selling: ill health. Address replies to No. 80 in care of Journal.

---

FOR SALE — Excellent, unopposed practice in southwestern Wisconsin. Population of town 900; population of drawing area 2,200. Low overhead. Easy terms for reliable purchaser. Would consider locum tenens. Reason for selling: called to active army service. Address replies to No. 20 in care of Journal.

---

FOR SALE — Wooden McCaskey system office desk, size 34′ by 58′, with separate steel file built into roll-top. Has 10 small and 5 large drawers. Write offer to Dr. M. Stone, Berlin, Wisconsin.

---

FOR SALE—Practice for price of equipment. Southern Wisconsin. Fruitful territory. No opposition. Terms. Address replies to No. 53 in care of Journal.

---

FOR SALE—Outstandingly attractive physician's home–office in resort section of southern Wisconsin. Nine-room Spanish type home, 3 tile baths, beautifully done in oak, plate glass casement windows, tile roof, large lot in excellent neighborhood. Ideal place to live, practice, or both. Will sell on easy terms at a sacrifice price. Address replies to No. 31 in care of Journal.

---

FOR SALE—Shore property on east shore of Green Bay, twelve miles from City of Sturgeon Bay. Heavily wooded with large trees, numerous wild flowers, clean beach, sand bars at waist deep water. Dr. H. V. Foshion, Algoma, Wisconsin.

---

FOR SALE—Office equipment, desirable location in prosperous farming community of 1,300. Nine miles from hospital. One other physician in community. Address replies to No. 71 in care of Journal.

FOR SALE—Unopposed practice in town of 1,200 overlooking Lake Superior. Complete equipment of first floor 5-room office, including 30ma 90kv mobile x-ray, 2 years old; Tompkins deluxe suction-treatment machine, lamps, 2 hospital beds, etc. Inventory furnished. Low rent and overhead. Bargain at $1,500—terms. M. J. Robertson, M. D., Bayfield, Wisconsin.

---

WANTED—One or two additional specialists to share an excellently equipped and furnished suite in a Milwaukee downtown office building. Secretarial, x-ray, and laboratory facilities provided. Address replies to No. 59 in care of Journal.

---

WANTED—Locum tenens during my stay in army. Large, active, unopposed practice in town in north-central Wisconsin. Excellent income assured from start. Address replies to No. 30 in care of Journal.

---

WANTED—A doctor to locate in small northern Iowa town. Good community, large territory. For details, write Alta Vista Commercial Club, Alta Vista, Iowa.

---

WANTED—Location for general practice in small community. Catholic, married, aged 31. Four years' experience in general and surgical practice as associate. Address replies to No. 70 in care of Journal.

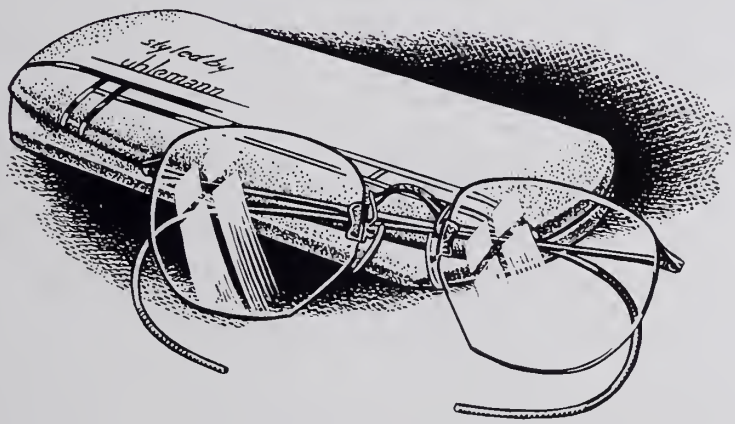
---

WANTED—Locum tenens work anywhere in Wisconsin. Will accept temporary or permanent position. I am above draft age, with good experience in general practice, city and country. Good education, character, and personality. Address replies to No. 85 in care of Journal.

---

WANTED—Young assistant for general and surgical practice in small community in central Wisconsin. Hospital facilities nearby. Salary or percentage basis, leading to partnership for right man. Address replies to No. 86 in care of Journal.

# Quality *by intent*




● It's a commonplace that real excellence—genuine quality—is never an accident. It exists only by intent—because somebody believes quality, thinks quality, and then creates it. Often said, to be sure—but it can't be said too often.

Uhlemann Physicians' quality is a great deal more than a mere phrase—it is a statement of intent. It means glasses as good as skill and experience and a deep devotion to quality can make them. We make them that way because we can't be satisfied with anything less.

Neither, we believe, can you.

**UHLEMANN OPTICAL COMPANY**

ESTABLISHED 1907

*Exclusive Opticians for Eye Physicians*

PITTSFIELD BUILDING • CHICAGO, ILLINOIS

*OFFICES:* CHICAGO • DETROIT • TOLEDO • SPRINGFIELD
DAYTON • PORT HURON • APPLETON • OAK PARK • EVANSTON

Prescribe Journal-advertised products and you prescribe the best.

**"SEE YOUR DOCTOR."** Reproduced below is Number 171 of a series of full-page advertisements pubilshed by Parke, Davis & Co. in the interest of the medical profession. This "See Your Doctor" campaign has been running in *The Saturday Evening Post* and other leading magazines for thirteen years.

# The man who nearly died . . . from a few kind words

BEYOND THAT DOOR lies a very sick man. True, his doctor says he is going to pull through. But he has come mighty close to paying a tragic price for a few words of free advice from a well-meaning friend.

When he complained of a nagging pain in his abdomen, his friend said: "You've probably eaten something that's poisoned you. Here's what *I'd* do . . ."

So he promptly followed his friend's suggestion and took a cathartic. And in a matter of hours he was being rushed by ambulance to the hospital . . . with a ruptured appendix.

His friend, of course, had acted from the kindest of motives. But he didn't know that an abdominal pain might mean acute appendicitis, in which case a cathartic should never be taken.

Unfortunately, appendicitis is only one of many illnesses where amateur medical advice can result in tragedy. Yet, human nature being what it is, many people just can't resist the temptation to offer advice when a friend is sick.

Intelligent medical treatment depends upon various factors which only a physician is qualified to evaluate. When something seems wrong with you, it is the part of wisdom to observe this common-sense rule: Take a friend's advice about buying a radio, a car, or even a home if you wish; but don't let him advise you about your health.

Don't let a friend who *means* well tell you how to *get* well. To get well, and *keep* well, the man to see is your physician.

Copyright, 1941, Parke, Davis & Co.

**PARKE, DAVIS & COMPANY**
**Detroit, Michigan**
*Seventy-five years of service to medicine and pharmacy*

**SEE YOUR DOCTOR**

# A New and Finer Pandex

MANY operative refinements not ordinarily associated with a most moderately priced diagnostic x-ray unit have earned the Pandex an enviable reputation. Its list of users—many hundreds of them—is evidence that the Pandex offers unusual value, if judged on a basis of performance or dollars.

Now Westinghouse presents a new and even finer Pandex. It has greater capacity and flexibility, and many improvements which still further simplify operation; it produces radiographs of consistently high quality; the fluoroscopic image is crisp and sharp.

The new Pandex bulletin is just off the press. You will want to read it—and see the interesting photographs that show the varied uses of the Pandex.

May we reserve your copy now? Please write for it—without any obligation.

**WESTINGHOUSE ELECTRIC & MANUFACTURING COMPANY**

**WESTINGHOUSE X-RAY DIVISION** LONG ISLAND CITY · NEW YORK

Prescribe Journal-advertised products and you prescribe the best.

# THE NEW YORK POLYCLINIC
## MEDICAL SCHOOL AND HOSPITAL
*(The Pioneer Post-Graduate Medical Institution in America, Organized 1881)*

**EYE, EAR, NOSE and THROAT**

A combined full-time course covering an academic year (9 months), consisting of attendance at clinics, witnessing operations, lectures, demonstration of cases and cadaver demonstrations; operative eye, ear, nose and throat on the cadaver; head and neck dissection (cadaver); clinical and cadaver demonstration in bronchoscopy, laryngeal surgery and facial palsy; refraction; ocular muscles; roentgenology; pathology, bacteriology and embryology; physiology; neuro-anatomy; anesthesia; physical therapy; allergy; examination of patients pre-operatively and follow-up post-operatively in the wards and clinics; work in out-patient department as assistant. SPECIAL ARRANGEMENTS CAN BE MADE FOR SHORTER COURSES.

**PHYSICAL THERAPY**

Didactic lectures and active clinical application of all present-day methods of physical therapy in internal medicine, general and traumatic surgery, gynecology, urology, dermatology, neurology and pediatrics. Special demonstrations in minor electrosurgery, electrodiagnosis, fever therapy, hydrotherapy including colonic therapy, light therapy.

FOR INFORMATION ADDRESS
MEDICAL EXECUTIVE OFFICER 345 West 50th Street, New York City

## THE MARY E. POGUE SCHOOL

DOCTORS: You may continue to supervise the treatment and care of children you place in our school. Catalogue on request.

90 Geneva Road Telephone
Wheaton, Illinois Wheaton 66

## BIDWELL BETTER LIMBS

Everyone Receives the Personal Attention of G. L. Bidwell the well-known Orthopedic Appliance Expert.

EXPERIENCED LADY ATTENDANT

Artificial Limbs, Braces, Trusses, Elastic Stockings, Crutches, Invalid Chairs, Abdominal Belts.

**934 N. WATER ST.**
PHONE BROADWAY 4369
MILWAUKEE, WISCONSIN

# MARQUETTE
## SCHOOL OF MEDICINE

**Requirements For Admission** The minimum requirements for admission are three years of such college work as is acceptable towards the Bachelor's degree in an approved college of liberal arts or in a recognized University. The following subjects must be included in these three years: zoology, general chemistry, organic chemistry, English, French or German, physics.

**Instruction** The duration of the course leading to the degree of Doctor of Medicine is five years, the fifth year of which is devoted to a hospital internship. The school year begins about the first of October and ends about the middle of June. The aim is constant coordination of the basic sciences with the clinical subjects applied to curative and preventive medicine.

**Clinical Facilities** Milwaukee County General Hospital, Milwaukee County Emergency Hospital and Dispensary, Milwaukee Children's Hospital and Dispensary, Milwaukee County Insane Hospitals, Acute and Chronic, South View Hospital for Contagious Diseases, Muirdale Sanatorium for tuberculosis, Mt. Sinai Hospital Dispensary, Marquette Eye Clinic, Public Health field work.

For further information address:

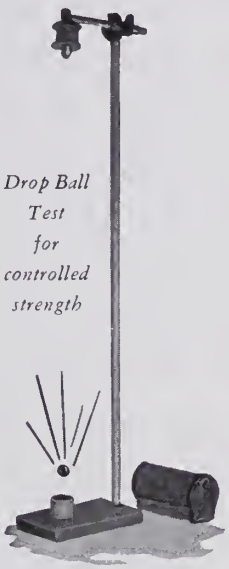
**DEAN, MARQUETTE UNIVERSITY SCHOOL OF MEDICINE**
**561 North Fifteenth Street**
**Milwaukee, Wisconsin**

# BENSON FORTIFIED OPHTHALMIC LENSES

HARDRx Prescription lenses are for general use and are tempered for increased margin of safety against breakage.

BENSAFE Prescription Safety lenses are of heavier construction and hardened for industrial and hazardous sportswear.

Both are of highest quality and are case hardened by a controlled heat treatment. Each HardRx lens is subjected to impact of ½″ steel ball dropped one meter and Bensafe lens to ¾″ steel ball dropped one meter.



*Drop Ball Test for controlled strength*

## N. P. BENSON OPTICAL COMPANY, Inc.

ESTABLISHED 1913

Main Office: MINNEAPOLIS

ABERDEEN - DULUTH - EAU CLAIRE - WINONA
BISMARCK - LA CROSSE - WAUSAU - RAPID CITY
STEVENS POINT - ALBERT LEA

# The SUMMIT HOSPITAL

OCONOMOWOC, WIS.

Here, in a cordial and homelike environment, we operate a hospital and sanatorium with facilities and personnel adequate to manage your

CHRONIC,
NERVOUS and
MENTAL
CASES

A natural Beauty Spot — Fireproof, Modern buildings, Moderate rates.

*For further information write or phone*

G. R. Love, M.D.
*Physician in Charge*
The Summit Hospital
Oconomowoc, Wis.

Chicago Office:
Loren W. Avery, M.D.
*Consulting Neuropsychiatrist*
122 So. Michigan Ave.

# THE STATE MEDICAL SOCIETY OF WISCONSIN

## ORGANIZED 1841

GUNNAR GUNDERSEN, La Crosse, President
F. E. BUTLER, Menomonie, President-Elect
R. M. KURTEN, Racine, Speaker
CHARLES FIDLER, Milwaukee, Vice-Speaker
IRA R. SISK, Madison, Treasurer

### Councilors

TERM EXPIRES 1942

First District:
H. P. Bowen——Watertown

Second District:
C. E. Pechous——Kenosha

TERM EXPIRES 1943

Third District:
W. T. Clark——Janesville

Fourth District:
B. I. Pippin——Richland Center

TERM EXPIRES 1943

Fifth District:
A. H. Heidner——West Bend
Sixth District:
S. E. Gavin——Fond du Lac

TERM EXPIRES 1944

Seventh District:
H. A. Jegi——Galesville
Eighth District:
G. W. Krahn——Oconto Falls
Ninth District:
H. H. Christofferson——Colby
Tenth District:
R. G. Arveson——Frederic

TERM EXPIRES 1942

Eleventh District:
F. G. Johnson——Iron River
Twelfth District:
H. J. Gramling——Milwaukee
R. E. Fitzgerald——Milwaukee

TERM EXPIRES 1943

Robert W. Blumenthal
——Milwaukee

TERM EXPIRES 1944

Thirteenth District:
J. W. Lambert——Antigo

TERM EXPIRES 1942

R. P. Sproule——Milwaukee
(Past-President)

### Delegates to American Medical Association

Stephen E. Gavin, Fond du Lac, 1942 James C. Sargent, Milwaukee, 1942 Joseph F. Smith, Wausau, 1943

### Alternates

S. J. Seeger, Milwaukee, 1942 F. E. Butler, Menomonie, 1942 C. W. Giesen, Superior, 1943

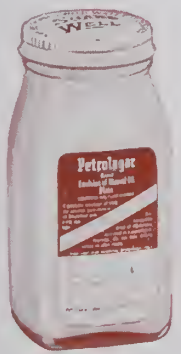
The Wisconsin Medical Journal, Official Publication
Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Illinois

## List of Executive Officers of County Medical Societies

| County | President | Secretary |
|---|---|---|
| Ashland–Bayfield–Iron | C. A. Grand, Ashland | A. H. Lamal, Ashland. |
| Barron–Washburn–Sawyer–Burnett | H. H. Ainsworth, Birchwood | R. W. Adams, Chetek. |
| Brown–Kewaunee–Door | L. D. Quigley, Green Bay | E. J. O'Brien, Green Bay. |
| Calumet | J. W. Goggins, Chilton | J. A. Knauf, Stockbridge. |
| Chippewa | F. B. Sazama, Chippewa Falls | L. W. Picotte, Chippewa Falls. |
| Clark | J. W. Johnson, Withee | A. P. Hable, Loyal. |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | R. B. Dryer, Poynette. |
| Crawford | G. R. J. Hammes, Seneca | O. E. Satter, Prairie du Chien. |
| Dane | C. O. Vingom, Madison | D. L. Williams, Madison. |
| Dodge | E. S. Elliott, Fox Lake | A. G. Hough, Beaver Dam. |
| Douglas | S. H. Perrin, Superior | Fred Johnson, Jr., Superior. |
| Eau Claire–Dunn–Pepin | J. C. Baird, Eau Claire | H. S. Fuson, Eau Claire. |
| Fond du Lac | O. F. Guenther, Campbellsport | S. A. Theisen, Fond du Lac. |
| Forest | G. W. Ison, Crandon | G. E. Carroll, Laona. |
| Grant | H. J. McLaughlin, Bloomington | H. L. Doeringsfeld, Platteville. |
| Green | W. G. Bear, Monroe | L. E. Creasy, Monroe. |
| Green Lake–Waushara | J. A. Kelly, Green Lake | L. J. Seward, Berlin. |
| Iowa | T. A. Hagerup, Dodgeville | H. M. Walker, Dodgeville. |
| Jefferson | J. C. Brewer, Jefferson | E. A. Schoenecker, Lake Mills. |
| Juneau | W. T. O'Brien, Mauston | Brand Starnes, New Lisbon. |
| Kenosha | E. F. Andre, Kenosha | L. M. Rauen, Kenosha. |
| La Crosse | M. W. Ward, Bangor | J. C. Fox, La Crosse. |
| Lafayette | S. A. J. Ennis, Shullsburg | E. D. McConnell, Darlington. |
| Langlade | R. J. Portman, Antigo | W. P. Curran, Antigo. |
| Lincoln | G. R. Baker, Tomahawk | L. J. Bayer, Merrill. |
| Manitowoc | W. A. Rauch, Manitowoc | W. H. Scherping, Manitowoc. |
| Marathon | M. L. Jones, Wausau | H. H. Fechtner, Wausau. |
| Marinette–Florence | J. V. May, Marinette | K. G. Pinegar, Marinette. |
| Milwaukee | T. J. Howard, Milwaukee | Mr. James O. Kelley, Ex. Sec., Milw. |
| Monroe | D. C. Beebe, Sparta | T. J. Sheehy, Tomah. |
| Oconto | W. R. Berg, Gillett | C. R. Kwapy, Oconto. |
| Oneida–Vilas | C. A. Richards, Rhinelander | H. J. Westgate, Rhinelander (acting) |
| Outagamie | W. H. Towne, Hortonville | D. M. Gallaher, Appleton. |
| Pierce–St. Croix | C. A. Dawson, River Falls | A. E. McMahon, Menomonie. |
| Polk | W. B. Cornwall, Amery | G. B. Noyes, Centuria. |
| Portage | H. P. Benn, Stevens Point | R. J. Stollenwerk, Stevens Point. |
| Price–Taylor | H. B. Norviel, Phillips | J. L. Rens, Phillips. |
| Racine | A. M. Lindner, Racine | Beatrice O. Jones, Racine. |
| Richland | R. E. Housner, Richland Center | G. H. Benson, Richland Center. |
| Rock | J. R. Harvey, Footville | O. V. Overton, Janesville. |
| Rusk | W. F. O'Connor, Ladysmith | M. L. Whalen, Bruce. |
| Sauk | J. F. Moon, Baraboo | C. B. Pope, Baraboo. |
| Shawano | F. L. Litzen, Gresham | E. E. Evenson, Wittenberg. |
| Sheboygan | Anthony Voskuil, Cedar Grove | W. G. Huibregtse, Sheboygan. |
| Trempealeau–Jackson–Buffalo | E. A. Meili, Cochrane | (not appointed). |
| Vernon | W. H. Remer, Chaseburg | R. S. Hirsch, Viroqua. |
| Walworth | H. J. Kenney, Delavan | L. H. Donath, Lake Geneva. |
| Washington–Ozaukee | F. W. Lehmann, Hartford | R. S. Fisher, Allenton. |
| Waukesha | G. S. Jones, Genesee Depot | J. F. Wilkinson, Oconomowoc. |
| Waupaca | A. M. Christofferson, Waupaca | J. W. Monsted, New London. |
| Winnebago | F. G. Jensen, Menasha | E. F. Cummings, Oshkosh. |
| Wood | L. A. Copps, Marshfield | R. W. Mason, Marshfield. |

# Petrolagar*...

## As a Bland Cleansing Enema




• The effect of a Petrolagar cleansing enema is to soften thoroughly the inspissated stool, and help establish a complete, comfortable bowel movement. Petrolagar serves this purpose well because it is miscible with water, a virtue that enables an even dissemination of minute oil globules throughout the residue in the colon.

The Petrolagar cleansing enema is preferable to irritating soap solutions in either the home or the hospital, because of its gentle, but thorough softening action.

Consider the routine use of the Petrolagar cleansing enema in the hospital, postoperatively or in obstetrical cases, where normal bowel habits are temporarily disturbed.

How to use: Mix 3 ounces of Petrolagar Plain with water sufficient to make one pint to one quart, as desired, and administer by gravity. For retention enema administer at body temperature.

*Petrolagar—The trademark of Petrolagar Laboratories, Inc., brand emulsion of mineral oil . . . Liquid petrolatum 65 c.c. emulsified with 0.4 gm. agar in a menstruum to make 100 cc.

Petrolagar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois
Prescribe Journal-advertised products and you prescribe the best.

# Rogers Memorial Sanitarium

OCONOMOWOC, WIS.
**Telephone 448**

A PRIVATE sanitarium
(incorporated not-for-profit)
for the treatment of
**DISEASES OF THE NERVOUS SYSTEM**
All approved methods of therapy are used

**Fireproof Building**
**Booklet on Request**

*RESIDENT PHYSICIANS*

**JAMES C. HASSALL, M.D.**
**Medical Director**
**OWEN C. CLARK, M.D.**
**DONALD A. R. MORRISON, M.D.**

*BOARD OF TRUSTEES*

**JAMES C. HASSALL, M.D.**
**FREDERICK PABST**
**Oconomowoc, Wis.**
**T. H. SPENCE**
**MITCHELL MACKIE**
**MACKEY WELLS**
**O. R. LILLIE, M.D.**
**Milwaukee, Wis.**
**PETER BASSOE, M.D.**
**RALPH C. HAMILL, M.D.**
**JOHN FAVILL, M.D.**
**Chicago, Ill.**
**W. S. MIDDLETON, M.D.**
**Madison, Wis.**
**SCOTT LOWRY**
**Waukesha, Wis.**

Milwaukee Office:
**By Appointment**
**1330 Wells Building**
**Telephone Daly 1441**

# MILWAUKEE SANITARIUM

Wauwatosa, Wisconsin

## FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

(Chicago office—1117 Marshall Field Annex
Wednesdays, 1–3 P. M.)

Staff
Rock Sleyster, M.D.
Lloyd H. Ziegler, M.D.
William T. Kradwell, M.D.
Merle Q. Howard, M.D.
Carroll W. Osgood, M.D.
Benjamin A. Ruskin, M.D.
Arthur J. Patek, M.D.

One of the Fourteen Units in "Cottage Plan"
COLONIAL HALL

DEMOCRAT PRINTING COMPANY
MADISON, WISCONSIN

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

# The Wisconsin Medical Journal

The Medical Blue Book.

For the desk of
COLLEGE OF PHYSICIANS LIBRARY DEC. 22 1941 OF PHILADELPHIA
M. D.

TABLES OF CONTENTS, PAGES 1132 and 1146

m 10, Number 12
Te ey Building
MADISON, WISCONSIN, DECEMBER, 1941
Copyright, 1941, by The State Medical Society of Wisconsin
Per Year $3.50
Single Copy 50 Cents

IN THE cage above you see a rat that longs to sleep but cannot. He quivers, jumps, twists, rolls, squirms. His every movement is measured scientifically—charted because it tells facts that are important to you and to your patients.

For this rat has had a dose of a cerebral stimulating medication. The effects of this medication on his central nervous system are measured by this latest instrument on the forefront of scientific research—to *protect human beings.*

Research such as this on the central nervous system has a direct bearing on the development of new medications and on the control of standard medications at Lakeside.

For Lakeside Laboratories, Inc. has been under the management and control of scientific men for more than 20 years and is today staffed with chemists, pharmacologists and trained scientific people whose purpose now, as yesterday, is pure science.

**LAKESIDE**

**LABORATORIES · INC**

Milwaukee · Newark · San Francisco

# Waukesha Springs Sanitarium

**FOR NERVOUS DISEASES**

*BUILDING ABSOLUTELY FIRE-PROOF*

BYRON M. CAPLES, M. D. Medical Director. FLOYD W. APLIN, M. D.

**WAUKESHA, WISCONSIN**

# FROM 麻黃 TO RACĔPHEDRINE

(SYNTHETIC EPHEDRINE)

From the Chinese herb 麻黃 (ma huang) is obtained l-ephedrine, the form of the alkaloid commonly used to relieve nasal congestion.

Racĕphedrine is a synthetic form of ephedrine but differs in that it is a racemic combination of equal parts of l-ephedrine and d-ephedrine.

Applied topically to the nasal mucous membranes, it produces prompt and prolonged vasoconstriction and decongestion.

It is comparatively free from undesirable side actions, and its vehicle is soothing and nonirritating. This is of particular value in pediatrics.

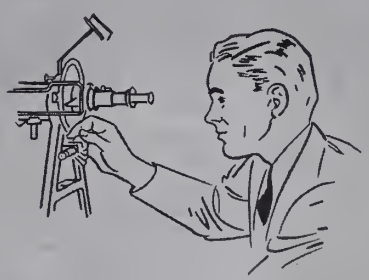
## RACĔPHEDRINE HYDROCHLORIDE
(UPJOHN)

*Supplied in the following forms:*

Solution Racĕphedrine Hydrochloride (Upjohn) 1% in Modified Ringer's Solution, in one ounce dropper bottles for prescription purposes, and in pint bottles for office use

Capsules Racĕphedrine Hydrochloride (Upjohn), ⅜ grain, in bottles of 40 and 250 capsules

Powder Racĕphedrine Hydrochloride (Upjohn), in ¼ ounce bottles



**Upjohn**
KALAMAZOO, MICHIGAN

*Fine Pharmaceuticals Since 1886*

# THE WISCONSIN MEDICAL JOURNAL

Volume 40
Number 12

MADISON, WISCONSIN, DECEMBER, 1941

Per Year $3.50
Single Copy 50 Cents


## TABLE OF CONTENTS

MEDICAL BLUE BOOK

(Index: Page 1146)

EDITORIALS


Page

Blessings of the Table ---- 1256


MISCELLANY


President's Page ---- 1257
Woman's Auxiliary ---- 1258
Society Proceedings ---- 1263
News Items and Personals ---- 1267
Births, Marriages, Deaths ---- 1269
Society Records ---- 1270
Coming Events ---- 1271
Medical Advisory Boards ---- 1274
Physician-Members of District Appeal Boards ---- 1275
Members in Active Service ---- 1303
House of Delegates:
Transactions ---- 1305
Attendance, 1941 Annual Meeting ---- 1317
Book Reviews ---- 1319
Physicians' Exchange Page ---- 1338



[Entered as second class matter, June 30th, 1903, at the Post Office at Milwaukee, Wis., under Act of Congress March 3rd, 1879. Transferred to Madison, Aug. 1st, 1929.]

"Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized Aug. 7, 1918."

SACRED HEART SANITARIUM

MILWAUKEE, WISCONSIN

An institution conducted for the diagnosis and treatment of mild nervous disorders and non-infectious diseases; also for rest and recuperation under medical supervision. Equipped with every modern facility for diagnostic purposes. Scientific dietetics, physiomechanotherapy, hydrotherapy, supervised occupational and recreational activities. Literature and rates sent on request.

MEDICAL STAFF

William L. Herner, M.D., Medical Director
Delparde W. Roberts, M.D. — J. Frampton Wyman, M.D.
William F. Ragan, M.D. — Hubert H. Blanchard, M.D.
Frank W. Mackoy, M.D. — L. Tennyson Peyton, M.D.
Ray C. Johnston, M.D.

When writing advertisers please mention the Journal.

# ST. CROIXDALE ON LAKE ST. CROIX

**PRESCOTT, WISCONSIN**

**MAIN BUILDING—One of the 5 Units in "Cottage Plan."**

A Modern Private Sanitarium for the Diagnosis, Care and Treatment of Nervous, Mental and Medical Cases.

Located on beautiful Lake St. Croix, eighteen miles from the Twin Cities, it has the advantages of both City and Country. Every facility for treatment provided, including recreational activities and occupational-therapy under trained personnel. Milk, cream and butter from our own herd of Tuberculin-tested Registered Guernsey Cows. Inspection and co-operation by reputable physicians invited. Rates very reasonable. Illustrated folder on request.

RESIDENT PHYSICIAN
Howard J. Laney, M. D.
Prescott, Wisconsin
Tel. 39

CONSULTING NEURO-PSYCHIATRISTS
Hewitt B. Hannah, M. D.
Joel C. Hultkrans, M. D.
511 Medical Arts Building
Minneapolis, Minnesota
Tel. MAin 4672

SUPERINTENDENT
Ella M. Mackie
Prescott, Wisconsin
Tel. 69

# Radiation Therapy Institute

Control Board

of Saint Paul

## CHARLES T. MILLER HOSPITAL

Facilities for Radium and Roentgen Therapy, Including 1,200,000 Volt Constant Potential Installation of Most Advanced Design.

*You are cordially invited to visit the Radiation Therapy Institute and inspect its facilities.*

Edward Schons, M.D., *Director* J. P. Medelman, M.D., *Associate Director*

# The Sickle Has Lost Its Edge

SLOWLY BUT SURELY, MEDICAL SCIENCE IS CONQUERING SYPHILIS

Mapharsen offers a record for effectiveness and safety as an antiluetic which has not been surpassed by any other arsenical since the days of Ehrlich. The proof lies in the more than ten million intravenous injections administered over a seven year period.

Directly spirocheticidal without chemical change within the body, Mapharsen exhibits relatively constant parasiticidal value. It makes possible intensive action against the spirochete with comparatively small doses of arsenic. Untoward reactions are fewer and less severe than those attending use of arsphenamine and neoarsphenamine.

Convenience and ease mark the preparation of Mapharsen solutions. Mapharsen dissolves readily in distilled water to form a neutral solution isotonic with the blood—no neutralization required.

Mapharsen (meta-amino-para-hydroxy-phenylarsine oxide hydrochloride) contains 29 per cent arsenic in trivalent form. It does not become more toxic in the ampoule, in the solution, in the body, or when exposed to air.

Supplied in 0.04 Gm. and 0.06 Gm. single-dose ampoules, and in 0.4 Gm. and 0.6 Gm. multiple-dose (10 dose) ampoules.

MAPHARSEN

*A product of modern research offered to the medical profession by*

PARKE, DAVIS & COMPANY

DETROIT, MICHIGAN

*Over 75 Years of Service* MEDICAMENTA VERA P D & Co. *to Medicine and Pharmacy*

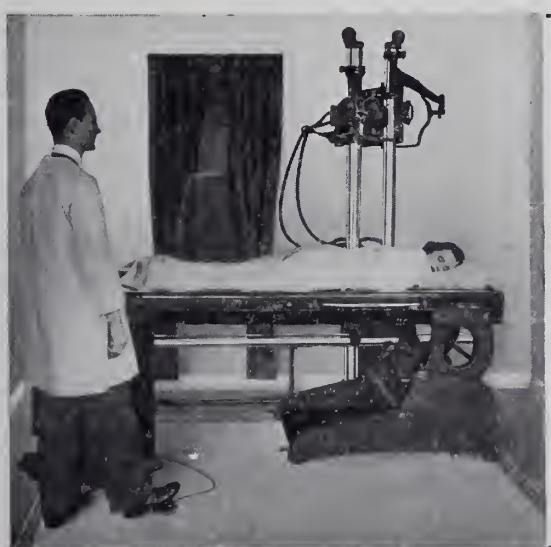
# OPPORTUNITY FOR A CANNY INVESTMENT!

AYE, and if you're canny and thrifty and value-wise, you'll be pleased to know that—dollar for dollar—you won't find a better x-ray value than the latest G-E radiographic and fluoroscopic x-ray unit: Model R-38!

Because the R-38 will produce the finest radiographic results possible with apparatus of this calibre, you will diagnose easily and quickly. And because straight-line transformer calibration and precision-type control let you standardize technic and duplicate results, you will save time and trouble.

Sturdily constructed and scientifically designed, this unique combination unit will give you long life and economical operation. It will make you proud to be an R-38 owner, it's so dignified and impressive in appearance. Its moderate price, moreover, will enable you to save without sacrificing fine-quality results.

*Hoot mon, it's the x-ray value of a lifetime, so dinna' delay in sending in the coupon!*



**GENERAL ELECTRIC X-RAY CORPORATION**

2012 JACKSON BLVD. CHICAGO, ILL., U. S. A.

Please send complete information about the new G-E Model R-38 Combination X-Ray Unit.

*Name*_____

*Address*_____

C112

*a natural source of*

**VITAMIN $B_1$**

**VITAMIN G**

## and other known factors of the

# VITAMIN B COMPLEX

***including nicotinic acid***

**MEAD'S BREWERS YEAST TABLETS** • Each Mead's Brewers Yeast Tablet contains 20 International units of vitamin $B_1$ (thiamin—the antineuritic factor) and 20 Sherman units of vitamin G (riboflavin). Clinical tests have shown the product to be rich also in nicotinic acid, for the prevention and treatment of pellagra. Supplied in 6-grain tablets in bottles of 250 and 1,000.

**MEAD'S BREWERS YEAST POWDER** • Each gram (½ teaspoon) supplies 50 International units of vitamin $B_1$ and 50 Sherman units of vitamin G (the same potency as Mead's Brewers Yeast Tablets), as well as nicotinic acid. Mixes readily with various vehicles the physician may specify in infant feeding. Supplied in 6-oz. bottles.

*Mead's Brewers Yeast is nonviable and is vacuum-packed to prevent oxidation. Packed in brown bottles and sealed cartons for greater protection.*

**MEAD JOHNSON & COMPANY, EVANSVILLE, INDIANA, U. S. A.**

When writing advertisers please mention the Journal.

**Q.** Of course, we eat canned vegetables. But just what is their value in a diet?

**A.** The nutritional value of fresh vegetables varies somewhat with the type of vegetable. The green, leafy, and yellow vegetables are among the best sources of provitamin A. In general, in the amounts usually consumed, vegetables are valuable sources of vitamin C and members of the vitamin B complex. In addition, vegetables contribute to the body's needs for iron and other minerals. Canning retains to a good degree the dietary value of vegetables and makes a wide variety of vegetables available all the year round. (1)

American Can Company, 230 Park Avenue, New York, N. Y.

(1)
1936. Mass. Agr. Expt. Sta. Bull. No. 338.
1937. Chemistry of Food and Nutrition, Fifth Edition, H. C. Sherman, MacMillan, N. Y.
1938. Nutrition Abstracts and Reviews 8, 281.
1939. Food and Life Yearbook of Agriculture, U. S. Dept. Agr., U. S. Government Printing Office, Washington, D. C.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

**The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.**

# Refresh yourself

Pause at the familiar red cooler for ice-cold Coca-Cola. Its life, sparkle and delicious taste will give you the real meaning of *refreshment.*

## People Realize Today As Never Before

The importance of insurance protection—of protecting the income which maintains the home, so that if it be interrupted by sickness or accident, means will be provided to care for the family and to meet the added expenses then arising.

It is also vitally important, in purchasing accident and health insurance, that you get a policy which is NON-CANCELLABLE, so that you may be sure of benefits when you will need them most—when your health becomes impaired.

That is when we stand by and pay claims.

THE MASSACHUSETTS PROTECTIVE ASSOCIATION, Inc.
Worcester, Massachusetts

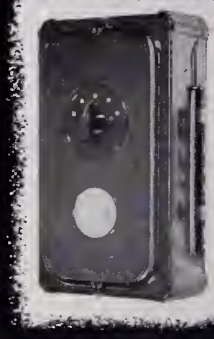
A. L. LYTTLE, State Manager
Wisconsin and Upper Peninsula of Michigan
5000–2–4 Plankinton Building
Milwaukee, Wisconsin
Marquette 0505

Branch offices at Green Bay and Wausau. Capable, trustworthy representatives soliciting regularly throughout the State.

# USEFUL IN EVERY FIELD OF PRACTICE

DERMATOLOGY
UROLOGY
E.E.N.&T.
GYNECOLOGY
PROCTOLOGY
GENERAL PRACTICE

ONLY
$37.50
COMPLETE



The BIRTCHER-BUILT
# HYFRECATOR

A compact and convenient high frequency unit for the treatment of a long list of common conditions benefited by electrodesiccation.

Write us for FREE BOOKLET outlining the uses of electrodesiccation in your practice.

ROEMER DRUG COMPANY
606 North Broadway Milwaukee, Wis.

# SULFATHIAZOLE

## Winthrop

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

**Subjected to Rigid System of Controls**

*PNEUMOCOCCUS INFECTIONS* . . . Thousands of cases of pneumococcus pneumonia have responded with dramatic promptness to Sulfathiazole.

*STAPHYLOCOCCUS INFECTIONS* . . . With Sulfathiazole the mortality rate of staphylococcus septicemia has been strikingly reduced.

*GONOCOCCUS INFECTIONS* . . . Early cessation of discharge and a high percentage of cures have been reported.

*Write for literature which discusses the indications, dosage and possible side effects of Sulfathiazole.*

**HOW SUPPLIED:** Sulfathiazole-Winthrop is supplied in tablets of 0.5 Gm. (7.72 grains); also (primarily for children) in tablets of 0.25 Gm. (3.86 grains).
For preparing test solutions, powder in bottles of 5 Gm.

## WINTHROP
## CHEMICAL COMPANY, INC.

*Pharmaceuticals of merit for the physician*

NEW YORK, N. Y. WINTHROP WINDSOR, ONT.

830M

*86¢ out of each $1.00 gross income used for members benefit*

**PHYSICIANS CASUALTY ASSOCIATION**
**PHYSICIANS HEALTH ASSOCIATION**

Hospital, Accident, Sickness

**INSURANCE**

For ethical practitioners exclusively
(56,000 Policies in Force)

| | |
|---|---|
| LIBERAL HOSPITAL EXPENSE COVERAGE | For $10.00 per year |
| $5,000.00 ACCIDENTAL DEATH<br>$25.00 weekly indemnity, accident and sickness | For $32.00 per year |
| $10,000.00 ACCIDENTAL DEATH<br>$50.00 weekly indemnity, accident and sickness | For $64.00 per year |
| $15,000.00 ACCIDENTAL DEATH<br>$75.00 weekly indemnity, accident and sickness | For $96.00 per year |

*39 years under the same management*

**$ 2,000,000 INVESTED ASSETS**
**$10,000,000 PAID FOR CLAIMS**

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

*Send for applications, Doctor, to*

**400 First National Bank Bldg. Omaha, Nebraska**

# Radium Rental Service

By

**THE PHYSICIANS RADIUM ASSOCIATION**

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

**The Physicians Radium Association**

**Room 1307—55 East Washington St., Pittsfield Bldg., CHICAGO, ILL.**
**Telephones: Central 2268–2269**
**Wm. L. Brown, M.D., Director**

# The Middle Course

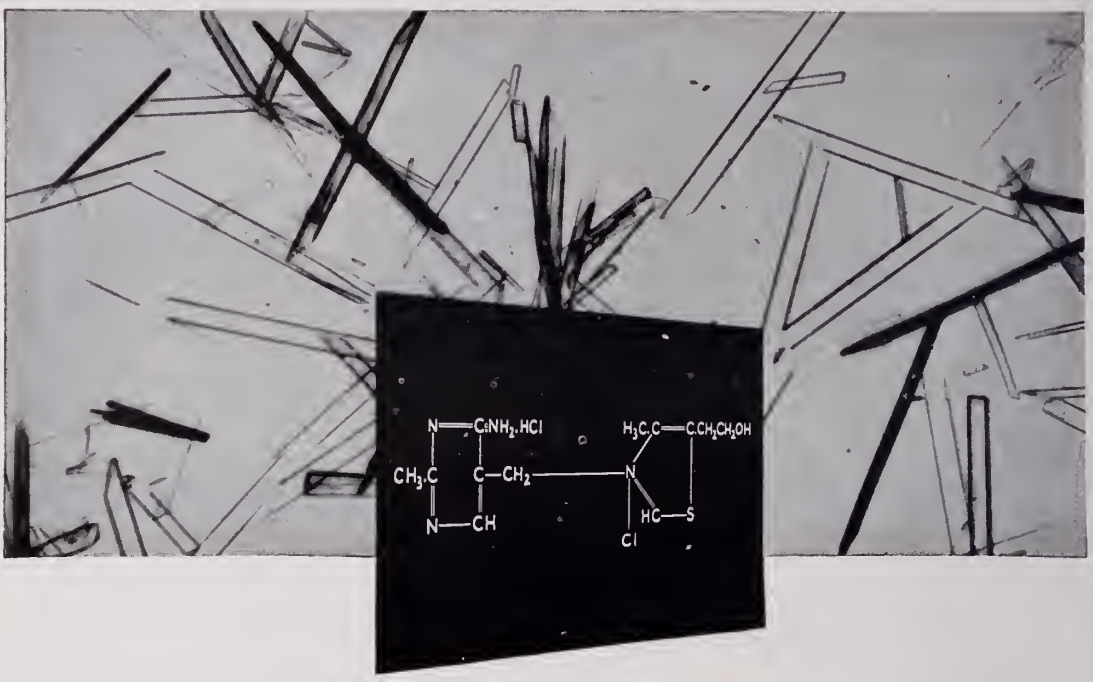
In treating cardiovascular and hepatic syphilis and older patients with latent syphilis, the physician must often pursue a middle course. He must avoid too vigorous treatment, yet guard against undertreatment. In such cases, he will find Bismarsen especially useful. Administered in relatively small initial doses in these and similar conditions, Bismarsen rarely produces therapeutic shock. The spirillicidal effect, although somewhat slower than that of the arsphenamines, is nevertheless pronounced. Since it is injected intramuscularly, Bismarsen is widely used also where the intravenous route is inaccessible as in the treatment of children or obese persons. Bismarsen is a chemical combination of 13% arsenic and 23% bismuth. Descriptive literature will be sent upon request. Abbott Laboratories, North Chicago, Illinois.

**Bismarsen**

REG. U. S. PAT. OFF.

[*Bismuth Arsphenamine Sulfonate, Abbott*]

Prescribe Journal-advertised products and you prescribe the best.




# VITAMIN $B_1$

## *requirement and dosage*

THE minimum daily requirement of thiamine hydrochloride for an adult appears to be approximately 1 milligram. The optimum intake is said to be between 2 and 2.5 milligrams.

For the child, the optimum intake may be calculated on the basis of the caloric intake, allowing at least .03 milligram for each 100 calories.

The daily prophylactic dosage for the infant ranges from a minimum of 0.15 milligram to a maximum of 0.5 milligram. For the adult, the daily prophylactic dosage ranges from 1 to 3 milligrams.

There are indications that doses of the order of 10 to 50 milligrams may be advantageous in the treatment of acute deficiencies.

*Literature on request*

**MERCK & CO. Inc.** *Manufacturing Chemists* **RAHWAY, N. J.**

# there's a certain attraction

Minerals and vitamins seem to have an attraction for each other too. Vitamin D requirements are dependent upon the presence of calcium and phosphorus.[1] Vitamin D is also more effective, especially in tooth development, when vitamin A and these minerals are present.[2] Vitamin $B_1$ acts directly on mineral and total metabolism,[3] and vitamin A and iron are related in effects on the hematopoietic system.[4]

**Cocomalt**

*Enriched Food Drink*

COCOMALT contains significant amounts of vitamin A, $B_1$ and D, together with the important minerals calcium, phosphorus and iron. Controlled studies have shown that COCOMALT increases hemoglobin and tends to improve the general health picture. Many physicians recommend COCOMALT for both young and old because when mixed with milk it combines these body essentials in a tasty, delightful drink.

**R. B. DAVIS COMPANY**
**HOBOKEN NEW JERSEY**

1 Elvehjem, C. A. — Nutritional Requirements of Mon — Ind. & Eng. Chem., June 1941.
2 McCollum, E. V. — The Newer Knowledge of Nutrition — 5th Ed., 1939, p. 392.
3 McLester, J. S. — Nutrition and Diet in Health & Disease — 3rd Ed., 1939, p. 91.
4 McCollum, E. V. — The Newer Knowledge of Nutrition — 5th Ed., 1939, p. 320.

Years of **EXPERIENCE** and **MILWAUKEE OPTICAL MFG. CO. STANDARDS** are the foundation on which our **RX SERVICE** has been built.—The result, the ultimate is **DEPENDABILITY.**

## The Milwaukee Optical Mfg. Co.

208 E. Wisconsin Ave.

Milwaukee, Wis.

## SHOREWOOD

HOSPITAL • SANITARIUM

2316 E. Edgewood Avenue — MILWAUKEE, WISCONSIN — Phone: EDgewood 0900

*For Nervous Disorders*

A fifty bed hospital and sanitarium. Separate buildings for neurotic and psychotic cases.

*Illustrated booklet sent on request.*

WM. H. STUDLEY, *M.D.*
*Medical Director*
JACK L. KINSEY, *M.D.*
HERBERT W. POWERS, *M.D.*

ESTABLISHED 1898

THE WISCONSIN MEDICAL JOURNAL

VOLUME 40, NO. 12 Copyright, 1941, by The State Medical Society of Wisconsin DECEMBER, 1941

# THE 1942 BLUE BOOK

WITH the development of the State Medical Society of Wisconsin as an organization designed to serve the medical profession of the state, in extending its services in the field of public health, there was felt a need for an authoritative reference volume containing the regulatory laws and rulings pertaining to the practice of medicine. In 1928, the first *Medical Blue Book* of the Society was published. This was enlarged and reprinted in 1929, and distributed to every member of the Society. Following the 1929 issue of the *Blue Book*, the resources of the State Medical Society were burdened with the added responsibilities arising from the depression period. The *Blue Book* was discontinued with the thought in mind that with the funds previously used there might be prepared for the membership and other individuals throughout the state such pamphlets as those dealing with nurses in industry, poor relief laws, income tax material, and similar matters.

In 1939, it was appreciated that reference material that was printed during the year in *The Wisconsin Medical Journal* might with comparative ease be continually brought up to date and issued as an annual volume of *The Journal*. Thus was developed the thought of devoting one issue of our *Journal* each year to medicolegal problems of particular significance to the practicing physician. The first issue, known as *The Medical Blue Book*, was published in December, 1939, and it was revised and republished in 1940.

With the December, 1941, issue of *The Wisconsin Medical Journal* you are presented with *The 1942 Blue Book*. Every member is urged to survey its contents so that he may appreciate the wide variety of common, everyday subjects which it comprehends. As questions occur to you throughout the year, you may appreciate that this *Blue Book* issue of *The Journal* is a handy reference volume that may solve some of your difficulties. Do you wish to know the answer to some problem in connection with poor relief? Are you concerned with questions of proper income tax deductions? Are you about to renew your office lease? Do you appreciate that your office location may be of value to your estate if, upon your death, your survivors may wish to sell the location as well as your library and materials of office practice? These and many other subjects are discussed in your *Blue Book*. Maintain it as a handy reference volume, and look forward to its revision in subsequent years.

# INDEX TO MEDICAL BLUE BOOK


| | Page |
|---|---|
| Abortion, Criminal | 1248 |
| Accounts | |
| Collection of | 1166 |
| Soldiers' and Sailors' Civil Relief Act | 1170 |
| Valuation at Death | 1151 |
| Autopsy | 1180, 1232 |
| Basic Science Law | |
| Enforcement | 1211 |
| General | 1200 |
| Blood Test, Identification by | 1270 |
| Board of Health, Services, Laws and Rulings | 1249 |
| Broadcasts, American Medical Association | 1302 |
| Child | |
| Care of Illegitimate | 1246 |
| Posthumous, Legal Status | 1197 |
| Chiropody | 1205, 1211 |
| Chiropractic | 1206, 1210 |
| Collection of Accounts | |
| See "Accounts" | |
| Compensation Act, U. S. Employes', Workmen's | 1214, 1223 |
| Constitution and By-Laws | 1276 |
| Coroners | 1232 |
| Cults, Restrictions on | 1210 |
| Dead Lines | 1181 |
| Deaths, Registration of | 1165, 1252 |
| Discounts, Professional | 1212 |
| Diseases, Reporting of | 1249 |
| Doctor, Use of Title | 1210 |
| Drug Samples, Restriction of Distribution | 1220 |
| Employes' Compensation, U. S. | 1223 |
| Estate Tax | 1163 |
| Eugenics Law | 1244 |
| Examinations | |
| See "Premarital Examinations"; "Sick, Treating in Wisconsin"; "Compensation Act, U. S. Employes', Workmen's"; "Poor Relief in Wisconsin" | |
| Expert Testimony | 1227 |
| Externs, Legal Status | 1213 |
| Fee Splitting | 1153, 1174, 1176 |
| Harrison Narcotic Act | 1237, 1240 |
| Health, State Services, Laws, and Rulings | 1249 |
| Homicide, Negligent | 1233 |
| Hospital Staff Membership, Catholic Hospital Association | 1248 |
| Identification by Blood Test | 1270 |
| Illegitimacy | 1246 |
| Income Taxes | 1148 |
| Indigent Sick | 1182, 1198 |
| Inheritance Tax | 1164 |
| Inquests | 1180, 1232 |
| Interns, Legal Status | 1213 |
| Jury Duty, Physicians' Exemption from | 1171 |
| Leases, Office | 1172 |
| Licensure to Treat the Sick, Limitations of | 1210 |
| See "Sick, Treating in Wisconsin" | |
| Liquor, State Law on | 1244 |
| Locum Tenens | 1153, 1174 |
| Malpractice | 1178 |
| Marijuana | 1238, 1239 |
| Marriage Laws | 1244 |
| Massage and Hydrotherapy | 1206, 1211 |
| Medical Ethics, Principles of | 1282 |
| Medical Practice Act | |
| Enforcement | 1200, 1202, 1203, 1205, 1207, 1211 |
| General | 1200 |
| Medical Witnesses | 1227 |
| Medicine and Surgery | 1202 |
| Midwifery | 1205, 1211 |
| Miscarriage, Criminal | 1248 |

Page

Naprapaths ---- 1202
Narcotics
Addicts ---- 1242
Administering, Dispensing, Prescribing ---- 1238, 1241
Federal Law ---- 1239
General ---- 1237, 1240
Marijuana, Federal Law ---- 1239
Marijuana, State Law ---- 1238
Penalties, Federal ---- 1239
Penalties, State ---- 1239
Purchase of ---- 1239, 1241
Registration, Narcotics and Marijuana ---- 1239
Wisconsin Law ---- 1237
Naturopaths ---- 1202

Office
See "Leases, Office"; "Locum Tenens"
Officers, State Boards and Commissions, State Medical Society ---- 1288
Optometrists ---- 1207, 1211
Osteopaths ---- 1204, 1211

Permit, Liquor ---- 1244
Pharmacy Law, Physicians and the ---- 1175
Physicians' Exemption from Jury Duty 1171
Physicians, Procurement and Assignment Service for ---- 1273
Poor Relief in Wisconsin ---- 1182
Index to Article ---- 1183
Wisconsin General Hospital Law ---- 1198
Posthumous Child, Legal Status ---- 1197
Postmortem ---- 1180, 1232
Premarital Examinations ---- 1244
Privilege, Medical ---- 1227, 1230
Professional Discounts ---- 1212

Registration of Deaths ---- 1165, 1252

Sick, Treating in Wisconsin
Basic Science Law ---- 1200
Chiropody ---- 1205
Chiropractic ---- 1206
Educational and Other Requirements 1208
Licensure
General Requirements ---- 1202
Limitations of ---- 1210
Massage and Hydrotherapy ---- 1206
Medicine and Surgery ---- 1202

Page

Midwifery ---- 1206
Optometry ---- 1207
Osteopathy and Surgery ---- 1204
Soldiers' and Sailors' Civil Relief Act 1170
State Health Services, Laws and Rulings ---- 1249
State Medical Society of Wisconsin
Constitution and By-Laws ---- 1276
Membership, December, 1941 ---- 1295
Officers and Committees (1942) ---- 1289
Sterilization ---- 1234

Tax
Estate ---- 1163
Income ---- 1148
I. Federal
Accounts Receivable Rule ---- 1151
1941 Amendments ---- 1148
Capital Gains and Losses ---- 1151
Deductions ---- 1154
General Instructions ---- 1149
Income Items ---- 1150
Non-Income Items ---- 1150
Optional Tax on Gross Incomes of $3,000 or Less ---- 1153
Rates ---- 1149
Returns ---- 1149
Tax Savings Notes ---- 1149
II. State
Capital Gains and Losses ---- 1158
Deductions ---- 1159
General Instructions ---- 1157
New Federal Tax Rule ---- 1158
Returns ---- 1158
Inheritance ---- 1164
Marijuana ---- 1239
Narcotics ---- 1239
Testimony, Expert and Nonexpert ---- 1227, 1228
Treating the Sick in Wisconsin
See "Sick, Treating in Wisconsin"

Vital Statistics ---- 1252

Wisconsin General Hospital Law 1182, 1198
Witnesses, Medical ---- 1227
Workmen's Compensation Act ---- 1214
Work Projects Administration Employes' Compensation ---- 1223

# Income Tax Provisions Affecting the Medical Profession

**IMPORTANT.—The physician is urged to read immediately the introductory paragraphs contained on this page and to look over the tables set forth on pages 1156 and 1157. He will then be in a position to determine whether to act prior to December 31, 1941 so as to minimize his personal income taxes for this year to the extent permitted by law. Delays may prove very costly.**

## I. FEDERAL

### 1941 AMENDMENTS

The 1941 Federal Revenue Act, which became law on September 20, is the most far-reaching income tax law in American history. It is, first of all, retroactive in the sense that its provisions and rates apply to all individuals whose income tax year began after December 31, 1940. The individual rates, including the surtax, begin at 10 per cent instead of at 4 per cent as formerly, and are sharply graduated upward. The 10 per cent defense tax has been eliminated as a separate element of computation, although the rise in rates many times exceeds this feature of the 1940 law. It is estimated that the 1941 amendments will subject to income tax for the first time several million wage earners who have heretofore been exempt.

Three points should be made at the outset of this article: First, nearly all physicians in full-time practice, barring those whose salary or other income is nominal, will be directly affected by the 1941 Federal Act. No longer is the federal income tax one which touches only those in the higher brackets as is shown in Table 1 on this page. Second, it was never before so essential for the physician, in common with other taxpayers, to keep complete records of his professional income and expenses, together with complete records of his personal investments and of the income and expenses incidental to them. Third, excluding the simple case in which a physician's sole income is derived from his professional salary, with no dependents and no investment transactions to complicate the picture, it is strongly urged that the physician not attempt to make his way alone through the tax maze. The advice of an attorney, or of a qualified tax accountant, on questions of dependents, professional expenses, capital gains and losses will more than repay the immediate cost of such services, besides minimizing the possibility of assessment of additional taxes at some future date, with attendant loss of time, expense and worry.

It is suggested that the physician take this article to his attorney or accountant because its emphasis and content are directed to the special problems of physicians, and it may prove a saving both in time and expense to give such consultant the assistance which this article can offer in the light of its specific emphasis.

### FEDERAL TAX PROSPECTS

While it is obviously impossible to prophesy with any assurance the course of federal taxation in the years immediately ahead, two statements seem warranted by all present indications. The first is that tax rates on individuals will rise substantially higher, especially for those in brackets under $10,000. The second is that allowable deductions from gross income will be fewer, thereby raising the tax of the individual still higher.

There are eminent tax authorities who anticipate, for example, the elimination, perhaps in 1942, of the joint return by husband and wife which is frequently used to tax advantage by a person having a substantial income whose spouse has suffered losses during the same tax year. Still another change anticipated in some quarters is the elimination of provisions dealing with capital gains and losses. While this change may be welcomed by those making a gain from investments, it will prove a heavy additional burden to that large number of taxpayers who have not yet been able to dispose at any price of property or securities which, whenever sold, will show a heavy loss. The taxpayer will therefore do well to consider *without delay* the wisdom of taking, before December 31, 1941, such steps as are permitted by law and as will minimize his taxes for the current year. In some cases this will mean the sale or other disposition of property, but whatever steps are involved it may be farsighted to act before the termination of the year.

TABLE 1.—*Total Tax Increase on Individuals Under Revenue Act of 1941*

Assuming Married Person, All Earned Income, No Dependents

| Net[1] Income | Old Law, Including Defense Tax | New Law | Increase in Dollars |
|---|---|---|---|
| $1,500 | | | |
| 1,600 | | $ 6 | $ 6.00 |
| 2,000 | | 42 | 42.00 |
| 2,500 | $ 11.00 | 90 | 79.00 |
| 3,000 | 30.80 | 138 | 107.20 |
| 4,000 | 70.40 | 249 | 178.60 |
| 5,000 | 110.00 | 375 | 265.00 |
| 6,000 | 149.60 | 521 | 371.40 |
| 7,000 | 233.20 | 687 | 453.80 |
| 8,000 | 316.80 | 873 | 556.20 |
| 9,000 | 422.40 | 1,079 | 656.60 |
| 10,000 | 528.00 | 1,305 | 777.00 |
| 15,000 | 1,258.40 | 2,739 | 1,480.60 |
| 20,000 | 2,336.40 | 4,614 | 2,277.60 |
| 25,000 | 3,843.40 | 6,864 | 3,020.60 |

[1] Figures in this column represent net income before deducting personal exemption.

## TAX SAVINGS NOTES

The Treasury Department, so as to make it easier for the taxpayers to meet the heavily increased taxes required by the national defense program, is offering for sale two series of notes which are available at all local banks. The Series A notes are especially designed for the smaller taxpayer, and if held long enough pay slightly less than 2 per cent. No taxpayer may use more than $1,200 par value of these notes in payment of income taxes in any one tax year. Series B notes, which are designed for larger taxpayers, pay about one half of 1 per cent interest, and are unlimited as to the amount which may be presented in payment of income taxes in any one tax year. These tax savings notes are not transferrable, cannot be used as collateral, and the income from them is taxable by the Federal Government. Series A notes can be redeemed at any time at the price paid without advance notice. Series B can be redeemed at the price paid at any time after sixty days from the time of issuance to the taxpayer upon thirty days' notice.

A physician can determine by referring to Table 2, page 1156, just how much he must save each month at the present rates in order to have his income tax requirements set aside. It would be well for physicians to acquire the habit either of purchasing tax savings notes or of making corresponding savings in some other way so as to be prepared for the tax liability each year. It should be emphasized that the amounts shown as monthly savings in Table 2 are based on the tax law applicable to 1941 income and may very well be increased for the tax returns due in March, 1943.

## GENERAL INSTRUCTIONS

Returns for all taxpayers reporting on a calendar year basis, must be made to the collector of internal revenue of the district in which the individual affected resides, before March 15, 1942, at which time the tax is due and payable. In the event the taxpayer desires to pay his tax on the installment basis, the first installment of one quarter of the tax is due on March 15, 1942, and a quarterly installment every three months thereafter; namely, June 15, September 15 and December 15. An extension of the time for filing a return can be had for reasonable cause. Application for extension should be filed with the collector of internal revenue in the district in which the applicant resides. Such application should be made before March 15 under oath on Form 1134, copies of which may be obtained from the collector of internal revenue.

Responsibility for making these returns is vested in the individual. As will be noted from reading the paragraphs following, liability to make a return depends not on whether one has a tax to pay, but on the amount of his reportable income.

## TAX RETURNS

There are important changes in the rules prescribing the form of return to be used for 1941 incomes. The large Form 1040 *must* be used by all taxpayers whose gross income exceeds $3,000, or is derived from a business, or from any other sources except the following: Salary, wages, compensation for personal services, dividends, interest, rent, annuities, or royalties. Where the gross income from salary, wages, compensation for personal services, dividends, interest, rent, annuities, or royalties is $3,000 or less, the 1941 Revenue Act permits the taxpayer the option of making his return on the large Form 1040, and of showing his full expenses, depreciation and similar deductions thereon, or of using Form 1040A, and paying a fixed income tax in the latter case. This optional return is permitted under "Supplement T" of the 1941 act, and the fixed amount of income tax due in each bracket is shown in Table 3, page 1157. See also fuller discussions of the subject under "Optional Tax on Gross Incomes of $3,000 or Less," page 1153.

The large Form 1040 will ordinarily be mailed to all Wisconsin physicians by the Collector of Internal Revenue. If not received by the first of February, apply to the Collector of Internal Revenue at Milwaukee or Madison, since the burden is on the physician to obtain and make the return whether a form is sent him or not.

Every married person, living with husband or wife, having a *gross* income of $1,500 or over, and every husband and wife, who live together and have an aggregate *gross* income of $1,500 or over, must file separate returns, or a joint return, regardless of the amounts of their joint or individual *net* incomes. Every single person and every married person not living with husband or wife, having a *gross* income of $750 or over must also file a return irrespective of his individual *net* income.

## TAX RATES

The *normal* tax rate for the calendar year 1941 is 4 per cent on the *net* income in excess of exemptions, credits for dependents, earned income credit, and credit on the obligations of the United States and its instrumentalities. *Surtaxes* have been subject to two significant amendments in 1941. The first is the steep rise in rates in all brackets. The second is the application of those higher rates to the *entire* surtax net income, whereas under the former law the first $4,000 of net income was free from surtax. "Surtax net income" is defined under "Determination of Income," page 1150. The increase in tax rates is so marked that it will constitute a major item in the budget of the majority of physicians and will become the largest single item for some. This will be seen from a study of Tables 1 and 2, pages 1148 and 1156. Wisconsin residents having a surtax net income slightly in excess of $15,000 will pay a combined federal and state tax in 1941

on such excess of that figure which will begin at about 50 per cent and exceed 90 per cent in the case of a very large income.

If the marital status of a taxpayer changes during the taxable year, the personal exemption shall be an amount which bears the same ratio to $750 as the number of months during which the taxpayer was single bears to twelve months, plus an amount which bears the same ratio to $1,500 as the number of months which the taxpayer was married and living with husband or wife or was the head of a family bears to twelve months. For this purpose a fractional part of a month shall be disregarded unless it amounts to more than half a month, in which case it shall be considered as a full month. Changes in the credit for dependents allowed a taxpayer are apportioned in like manner. This rule of apportionment as to marital status by their dependency is not applicable to a taxpayer for a gross income of $3,000 or less who elects to make returns under Supplement T of the 1941 act on Form 1040A. See "Optional Tax on Gross Incomes of $3,000 or Less," page 1153.

## EARNED INCOME CREDIT

A credit against net income, for the purpose of the *normal tax* only, is allowed by the 1941 law, calculated at 10 per cent of the earned net income. All net income up to $3,000 is considered to be earned net income regardless of its source, and the maximum earned net income that may be considered is $14,000. Thus the maximum earned income credit allowable against net income for the purposes of the normal tax is 10 per cent of $14,000 or $1,400.

Earned net income is defined as the excess of the amount of earned income over the sum of deductions and expenses properly chargeable against or allocable to the earned income. Under the statute earned income means "wages, salaries, professional fees, and other amounts received as compensation for personal services actually rendered." In a professional occupation the taxpayer may include as earned income all professional fees even though assistants perform the services, provided the clients are those of the taxpayer.

## DETERMINATION OF INCOME

The term *gross* income as applied to a physician includes the total compensation received by him during the taxable year for professional services, including receipts from the sale of spectacles, in whatever forms such compensation may be paid, including compensation paid by a state, plus the amount received in interest, rent, dividends, securities, or from the transaction of any business conducted by such physician, or the sale of any capital assets.

Acknowledgment is made of the courtesy of both federal and state tax officials in reading this material and in making suggestions, all of which have been incorporated. Wherever references are made to form numbers or to general requirements below, it is on the basis that the tax officials anticipate that such forms or such requirements will continue unchanged.

The term *net* income as applied to a physician means the *gross* income computed under the above definition less allowable deductions for professional expenses. What constitutes allowable deductions will be considered in detail in the subsequent paragraphs.

The term *deduction* as applied to a physician means any amount allowable as a professional expense. Various classes of deductions are treated in detail below.

The terms *personal exemption* and *credit for dependents* have reference to the amounts allowed because of one's marital status or family obligations. These matters are treated in full detail in the instruction sheet attached to the return, and are also considered under "Personal Exemptions and Credits for Dependents," page 1152.

"Surtax net income" means "net income" as above defined, as further reduced by the personal exemption and credit for dependents. Neither an earned income credit nor a credit for interest on obligations of the United States and its instrumentalities is allowed in computing the surtax net income.

## ITEMS NOT REPORTABLE AS INCOME

The following items are not required to be reported because exempt from taxation: gifts, bequests, devises and inheritances; dividends on stock of federal reserve banks, land banks, intermediate credit banks and national farm loan associations; dividends from corporate earnings accumulated prior to March 1, 1913; amounts received through health, accident or workmen's compensation insurance, and damages received by the taxpayer for illness or injuries suffered by him; life insurance proceeds paid by reason of death of the insured (where a policy matures during life the amount of the proceeds, in excess of the net premiums paid, is taxable income); corporate stock dividends of the same kind as previously held by the taxpayer in the issuing company; payments to war veterans under the Adjusted Compensation Payment Act of 1936; earned income received from sources without the United States by a citizen who is a bona fide nonresident more than six months of the taxable year except amounts paid by the United States or any agency thereof; pensions and compensation received by veterans from the United States, and pensions received from the United States by the family of a veteran for services rendered by the veteran to the United States in wartime.

Interest on the following obligations is wholly exempt, but while excluded from taxation must nevertheless be reported on the proper schedules on the 1941 returns: Obligations of a state or political subdivision thereof, Treasury bills and certificates of indebtedness, Treasury notes, deposits in Postal Savings banks, and obligations of the United States issued on or before September 1, 1917, obligations of United States possessions, obligations issued under the Federal Farm Loan Act.

Interest on obligations of the H.O.L.C., Federal Farm Mortgage Corporation, and United States Housing Authority and dividends from federal savings and loan associations are exempt from normal tax, but are subject to surtax.

Interest from Treasury bonds, including United States Savings bonds, is exempt from normal tax, but is subject to surtax except for exemption to the extent of the interest received on the first $5,000 of principal of such bonds. Example—Taxpayer holds $10,000 in principal of Treasury bonds, equally divided between issues bearing interest at 3 per cent and 4 per cent. He may claim exemption from surtax as to the interest received on the $5,000 of 4 per cent Treasury bonds.

## CAPITAL GAINS AND LOSSES

The provisions of the 1938 and 1939 Acts relating to taxation of gains and deduction of losses from sales or exchanges of capital assets differ from those in any prior law. Capital gains and losses of individuals are divided into two classes:

(1) *Short-term* capital gains and losses by which are meant those resulting from sale or exchange of capital assets held for not more than eighteen months;

(2) *Long-term* capital gains and losses by which are meant those from sale or exchange of capital assets held for more than eighteen months.

The following percentages of gain or loss recognized are to be taken into account in computing net income:

*Short-term:* 100 per cent if the asset has been held for not more than 18 months;

*Long-term:* 66⅔ per cent if held for more than 18 months and not more than 24 months;

50 per cent if held for more than 24 months.

The law also provides for alternative methods for computation of the tax in the case of net long-term capital gains or losses, but these are not applicable until the net income of the individual exceeds $40,000.

These new provisions are as yet untested either before the Federal Treasury Department or in the courts, and are of a highly involved character. It is recommended that any physician who made sales or exchanges of capital assets during the past year consult with his attorney, or accountant, or write for assistance to the office of the Collector of Internal Revenue at Milwaukee, before completing his 1941 return.

The following general points may be noted, however:

1. The term "capital assets" as defined in the act excludes property used in a trade or business which is subject to allowance for depreciation, such as a building or equipment. Thus if improved real estate has been sold during 1940, only the land may be included under Schedule "F" of form 1040, dealing with sales or exchanges of capital assets, the building itself to be shown separately under Schedule "G".

2. If any securities issued by any corporation, including stocks, rights, bonds, debentures and other evidences of corporate indebtedness are ascertained to be worthless and are charged off within the taxable year, the loss resulting therefrom shall be considered as a loss from the sale or exchange of capital assets *as of the close of the taxable year.*

3. Individuals not involved in the sale or exchange of any capital or other assets during 1941 need have no concern over these capital gains or losses provisions, but as professional men, will make their return on the same form, 1040.

4. Gains or losses from the sale or exchange of property other than capital assets, by which are meant primarily such depreciable assets as a car, building, or equipment, are recognized in full for tax purposes, irrespective of the period owned by the taxpayer.

Tax Suggestion.—The physician who holds investments in his portfolio on which he is satisfied he will take a loss at any time during the near future and who also has capital gains for 1941, would do well to consider selling those securities before December 31, 1941. A two-fold benefit will result from such sale. The first is a substantial loss for income tax purposes. The second is the opportunity thereby afforded of substituting for the securities sold other issues of greater intrinsic merit and higher current earnings.

## SPECIAL RULE ON ACCRUED ACCOUNTS RECEIVABLE

Certain types of taxpayers are permitted by the federal act to report income on a *cash* as distinguished from an *accrual* or due basis. This is in recognition of the fact that much taxable income is not received by certain business and professional men until long after the tax period in which the right to receive such income accrued. This is notably true of accounts receivable, and also of notes receivable, rent and interest receivable.

*Example:* A physician charges his patients a total of $15,000 on his accounts receivable records in a given year, but collects only $3,000 of it in cash during that year. He also collects in cash during that same year the further sum of $9,000 in payment of services rendered by him to patients in prior tax years. His gross *cash* income for that year is thus $12,000, while his gross income on an *accrual* basis is $15,000.

Generally speaking, it is advantageous from a tax standpoint for a physician to report and pay only

what is actually received in accounts, notes, interest and similar items, because his losses from these sources are so much higher than those of a commercial concern.

Reporting of income on a cash basis has another side, however. The federal decisions have held that where income has accrued, that is, become earned and payable prior to the death of the taxpayer, but was not collected until subsequent to his death, such collections were *not* income to his estate and constituted merely the collection of assets. Not having reported such accounts as income during his life, and his estate not being taxable for their collection after his death, such accounts receivable as were uncollected at the time of death thereby escaped any income taxation. This created a tax inequality in favor of the physician reporting on a cash basis as against one reporting on an accrual basis.

To prevent this kind of income from escaping income taxes altogether the federal act was amended in 1934 to provide that amounts accrued to the date of death of the taxpayer be included in computing net income for the taxable period in which the date of death fell, and to provide further for allowance to such deceased taxpayer of all deductions and credits accrued during the same taxable period ending with the date of death. The effect of the statute is to place a taxpayer who dies during a given year on an accrual basis, both as to receipts and disbursements during that portion of the tax year ending with his death, even though he had previously reported on a cash basis.

This subjects to income taxation for the first time all of the unpaid accounts due the physician which are reasonably collectible. This would include not only accounts receivable but notes, interest and rent due. The statute also permits as credits against such income all expenses and other professional obligations which accrued during the tax period ending with the date of death, even though part of such expenses had not in fact been paid. The fact that the accrual rule operates as to expenses as well as to unpaid accounts is both fair and advantageous to the physician and other taxpayers.

*Example:* A physician whose tax year ends on December 31 dies on July 1, 1940. During the six months of the 1940 tax year his gross *cash* income was $5,000. His books disclose that patients owe him $25,000, of which his estate can show $10,000 to be uncollectible, leaving net collectible accounts of $15,000. His estate must report as gross taxable income for the six-month period ending July 1, 1940, not only the $5,000 actually received in cash during that period but also the $15,000 of net accounts receivable (which have never previously been subjected to an income tax), or a total of $20,000. If the physician's professional expenses for the same six month period, whether paid or not, total $8,000, the net income subject to tax will be $12,000, exclusive of his credits for dependents, marital status, and earned income.

There is nothing startling or unconstitutional about this ruling which has been considered and upheld in several cases, the two most recent cases on the subject having been decided by the United States Supreme Court in March, 1941. It does nothing more than put *all* taxpayers, including physicians, on a uniform accrual basis. It would be well, however, for the practicing physician to observe the following bookkeeping precautions which may have the effect of reducing his tax liability in a proper and legal manner:

1. Do not enter on your books, as receivables, accounts due from patients, notes due from patients, interest from loans or other obligations due you, or rental to which you are entitled from leased property, where such items are of doubtful collectibility or known to be uncollectible. Your estate may have trouble in proving an account is bad and getting an allowance for it, thereby compelling payment of income tax on an account which neither you nor your heirs will ever collect.

2. Write off known bad accounts and notes at least annually, even though you are reporting on a cash basis. If you are reporting on an accrual basis, set up adequate reserves for bad and uncollectible accounts and charge against the reserve all accounts known to be in this classification.

3. Keep in your files such information as your patients and other debtors volunteer, or which you obtain from other sources, which will provide a basis for showing such accounts to be uncollectible, or at least very doubtful.

4. If the due but uncollected items from patients and others is a substantial sum, you must make allowance for the additional income tax which will be involved following your death. This tax is computed as of the date of death but is actually prepared and handled by your administrator or executor. You should consult with your attorney or accountant in estimating the amount which would be due and have either cash or insurance available for this purpose if it should prove to be a substantial item.

This rule is limited to the federal income tax, does not affect the state income tax due, and does not involve the valuation of your assets or the computation of taxes due from your estate either to the federal or state governments.

## PERSONAL EXEMPTIONS AND CREDIT FOR DEPENDENTS

In the case of a single person, or of a married person not living with husband or wife, a personal exemption of $750 is allowed as a deduction from net income subject to tax. In the case of the "head of a family," or of a married person living with husband or wife, a personal exemption of $1,500 is allowed. If a husband and wife living together make separate returns, the personal exemption may be taken by either of them or divided between them, but may not exceed $1,500 in the aggregate.

A credit of $400 is allowed for each person, except as noted below, other than husband or wife, dependent upon and receiving his *chief* support from the taxpayer, if such dependent person is under eighteen years of age, or is incapable of self-support for mental or physical reasons.

The 1941 act has added a provision that if the taxpayer did not occupy the status of head of a family except for one or more dependents for whom he would be entitled to the above credit of $400 each, such credit shall be disallowed as to one of such dependents.

The full application of the "first dependent" rule, as it has been termed, has not yet been determined. It would seem clear that the rule has no application to the situation in which the taxpayer living with husband or wife and maintaining a home for such spouse also has one or more dependents. Neither has the rule application to the situation in which the taxpayer who does not claim the status of head of a family asks credit for one or more dependents. It does have application to a widower supporting two or more children under the age of eighteen. In such cases the credit is disallowed as to one of the dependents, but is allowable as to the others. This rule has the intent and the effect of further increasing the taxes payable by the person claiming the status of head of a family and also asking a dependency credit.

## COMPENSATION OF LOCUM TENENS

In the case of the physician who has been called into military service the problem arises as to the manner in which the professional income of his practice is to be handled during his absence. In some cases he may bring in a substitute physician or locum tenens, with the intention that such person keep his office in operation and hold the practice intact. In other cases the physician called into service may request a colleague to take over his patients without endeavoring to keep his office in operation. The financial arrangements in this situation should be such as will not add to the income tax burden, nor violate the fee splitting statute. Any such arrangement should be by formal contract which is drafted by the physician's attorney, and which will take into account not merely those arrangements which are best calculated for the interest of the patients but are also within the terms of the income tax acts and the fee splitting statute.

A double tax on the professional income can be best averted by paying a prearranged salary to the substitute physician. This could vary in accordance with gross income, with the justification that the varying time and effort required in different months would be reflected by increase or decrease in cash income. Such a salary would be deductible for income tax purposes, and would also avoid any complications under the fee splitting statute. See "Agreements on Lease and Locum Tenens," page 1172, and "Fee Splitting," page 1176, for discussion of those subjects.

## OPTIONAL TAX ON GROSS INCOMES OF $3,000 OR LESS

The 1941 Act added a new "Supplement T" to the Internal Revenue Code, the purpose of this provision being to simplify the preparation of returns and determination of tax for individuals whose gross income is $3,000 or less, where such income is derived solely from salary, wages, compensation for personal services, dividends, interest, rents, annuities or royalties. Table 3, page 1157, shows the tax on the various amounts of gross income. The taxpayer whose gross income is $3,000 or less and is derived from one or more of the above sources has the *option* but not the duty to make a return on Form 1040A, under Supplement T. Election to make his return under Supplement T is irrevocable once the income tax form prescribed thereunder has been filed. Thus, a taxpayer who filed a return under this provision and later discovered that he had overlooked a substantial bad debt, loss, or other deduction, would not be permitted to file an amended return claiming such deduction.

The returns made under this supplement are much simpler than those made on large Form 1040 for the very reason that they do not take into account items of business expense, depreciation, repairs, losses, taxes and interest, and other substantial deductions. Generally speaking, where there are substantial deductions the tax will be lower if computed in the regular way on Form 1040.

Although no business expenses, losses, or taxes are deductible under this supplement, the taxpayer is permitted to deduct the same personal exemptions and credit for dependents as would be allowed him were he making a return on Form 1040.

There is also the important difference that where there is a change in the status of the taxpayer during the taxable year his status on the last day of such year governs. Thus, if a taxpayer were married on December 30, 1941, he could claim the full year's personal exemption for a married man for the entire year 1941 in making a return under Supplement T. If a taxpayer had a child born November 30, 1941, he could claim a full dependency credit of $400 for the year 1941 instead of merely a one-twelfth credit as in the case of a return on Form 1040.

A husband and wife living together may file either joint or separate returns under Supplement T, and if separate returns are filed one may elect Form 1040A under Supplement T and the other Form 1040.

Generally speaking, Supplement T is advantageous only where the deductions which the taxpayer might otherwise claim do not exceed 7 per cent of his gross income. If such expenses, depreciation, etc. do exceed 7 per cent of the taxpayers gross income it would be to his tax advantage to make the return on the large Form 1040.

## INFORMATION AT SOURCE

Every person making payments of salaries, wages, interest, rents, commissions, or other fixed or determinable income of $750 or more during the calendar year 1940, to another person, is required to make a return on Form 1099 showing the amount of such payments and the name and address of each recipient, except that a return need not be made for payments of salaries or other compensation for personal services aggregating less than $1,500 made to a married individual. This form will be furnished by any collector of internal revenue upon request and must be forwarded to the Commissioner of Internal Revenue, Sorting Section, Washington, D. C., in time to be received not later than February 15, 1942.

## DEDUCTIONS

Deductions which will be allowed on the tax return, some of which are peculiar to physicians, are listed below. The number given after each heading refers to the paragraph numbering on the pages following. The paragraphs explain in detail how to arrive at the deductions and depreciation.

With reference to depreciation allowable, the rate of depreciation not only depends on the prospective life of the property when acquired but also on the particular conditions under which the property is used as reflected in the taxpayer's operating policy.

The rates given below are therefore suggestive and tentative rather than final in character.

### A. Index to Deductions

Automobiles, 1.
- Depreciation.
- Insurance, 1, 11(b).
- Maintenance.
- Repairs.
- Salary of chauffeur.

Bad debts, 2.

Bandages, 4.

Depreciation.
- Automobiles—25 per cent annually on cost price, 1.
  - Classification includes snowmobiles and other motive equipment.
- Instruments, 4.
  - 10 per cent annually on cost of surgical instruments and general equipment; 10 per cent on cost of x-ray equipment.
- Medical library, 3.
  - 10 per cent annually of cost price.
- Office equipment, 5.
  - 10 per cent annually of cost price.

Dues, 7.

Equipment, 4.
- Both long and short-lived.

Fire losses, 11(d).
- Professional equipment and other property.

Insurance premiums.
- Automobile, 1.
- Malpractice, 11(b).
- Professional equipment, 11(b).

Laboratory materials and expenses, 4, 11(c).

Legal expense, 11(a).

Library, 3.

Licenses, 8.

Medical meetings, 9.

Medical supplies, 4.

Office expenses, 5.
- Heat, light, supplies, telephones, water, short-lived office equipment, annual depreciation on furnishings and fixtures.

Office rental, 6.

Professional dues, 7.
- County Society.
- State Society.
- Special societies as:
  - College of Surgeons.
  - College of Physicians.
- Any other paid in interest of profession.

Professional subscriptions, 7.

Salaries, 10.

Scientific meetings, 9.

Sale of spectacles, 11(e).

Taxes and licenses, 8.
- Alcohol license.
- Automobile license.
- Gasoline and oil taxes.
- Narcotic tax.
- Occupational tax.
- Professional equipment and materials taxes.
- Reregistration fees.
- Social security taxes.
- State income tax.
- State unemployment compensation tax.

Theft of professional equipment, 11(d).

Traveling expenses, 9.
- Both professional calls and scientific meetings.

Wages and salaries, 1, 10, 11(c).
- Chauffeur, 1.
- Clerk, 10.
- Laboratory assistant, 10, 11(c).
- Maid, 10.
- Nurse, 10.
- Stenographer, 10.
- Any other employe rendering service in connection with taxpayer's practice or in the care and treatment of patients, 10.

### B. Explanation of Deductions

1. Automobiles. The cost of operation and maintenance of an automobile used in making professional visits is deductible. These costs include gasoline, oil, tires, insurance, repairs, garage rental, chauffeur's wages and depreciation. If the same car is used for both professional and personal purposes, only such part of the maintenance and depreciation as arises out of the use for professional purposes is deductible. Sums spent for taxi, bus, or railroad fare, while on professional calls, are deductible.

Depreciation is based upon the estimated useful life of the car. If that period be four years, 25 per cent depreciation based on cost price may be taken annually for four years. What has been said with respect to automobiles applies to other motive equipment.

**2. Bad Debts.** If the physician's books are kept according to the "Cash Receipts and Disbursements" system, he may not charge off any unpaid debts because "if his books are kept according to this system, he is only reporting as gross income those accounts which have proved to be good and therefore bad accounts cannot be deducted because they have already been excluded."

If the books are kept upon an "accrual basis" (that is, on the basis of expenses actually incurred and payable even though not yet paid, or income earned although not yet collected), it is permissible to charge off all debts which have been definitely ascertained to be worthless, and have been charged off on the books or records, during the fiscal year covered by the report. *We urge all members who may be keeping accounts on the "accrual basis" to secure permission to change to a cash basis.* (In this connection see "Special Rule on Accrued Accounts Receivable," page 1151.

**3. Library.** Most physicians maintain a professional library. Taken as a whole it is doubtful whether the useful life of such a library exceeds ten years. Accordingly annual depreciation equal to 10 per cent of the cost of such library may be deducted.

**4. Medical Supplies and Instruments.** Medicines used in the physician's office to treat patients, bandages, laboratory materials, and all other medical supplies required for the operation of a physician's office may be deducted as necessary expenses, as may equipment, the life of which is less than one year. The average useful life of surgical instruments and equipment generally is now estimated at ten years which means that 10 per cent of the cost may be taken as annual depreciation. X-ray equipment may be depreciated at 10 per cent of cost annually.

**5. Office Expense.** General office expense is deductible. Among the principal items are heat, light, office supplies, telephone, rentals, water, office equipment having a useful life of a year or less, and depreciation on office furnishings and fixtures. Ten per cent of original cost is a reasonable average depreciation rate for office equipment, furnishings and fixtures.

**6. Office Rent.** If a physician pays rent to another person for office space, he is permitted to deduct the amount from his gross income. This includes regular office space in a rented home provided office hours are maintained there. Where a physician maintains his offices in a rented home he may deduct as rental expenses only that proportion of the total rent paid which his office space bears to the entire house. If he owns his home and maintains an office in it, he cannot claim a deduction for office rent.

**7. Professional Dues and Subscriptions.** Dues paid to professional associations to which a physician belongs in the interest of his profession are deductible. Subscriptions to medical journals or scientific publications are likewise deductible.

**8. Taxes and Licenses.** Any taxes paid upon materials required in professional work are exempt. All licenses which the physician is required to take out may be deducted. This includes the license to prescribe alcohol, narcotic license, automobile license, local occupational and reregistration taxes, state taxes on gasoline and motor oil for professional use of car, state income taxes paid, payments made under the Wisconsin unemployment compensation act and payments made by the physician as an employer under Titles VIII and IX of the Social Security Act. The social security tax deducted from the income of a salaried physician is not deductible by him, however, since it is considered an income tax.

**9. Traveling Expenses.** Traveling expenses necessary for professional visits to patients are deductible. Traveling expenses in bona fide attendance upon scientific meetings are deductible. The expenses of attending postgraduate medical courses are *not* deductible, however.

**10. Wages and Salaries.** Deductions are permitted for the salary of a nurse, laboratory assistant, stenographer or clerical worker employed in the office so long as the duties of such persons are in connection with the physician's professional work. Wages paid to maids taking care of the office and answering the telephones are also deductible, as are any sums paid employes for services rendered in connection with the taxpayer's practice, or the care and treatment of patients.

**11. Miscellaneous. (a) Legal Expenses.**—Legal expenses incurred in connection with the taxpayer's profession or business, including the prosecution of tax assessment or refund cases, are deductible, but legal fees paid for general personal legal services are not deductible. Expenses incurred in the defense of a suit for alleged malpractice are likewise deductible as business expense. Expenses incurred in the defense of a criminal action, however, are not deductible.

**(b) Insurance Premiums**—Premiums paid for insurance against professional losses are deductible. This includes insurance against damages for alleged malpractice, against liability for injuries by a physician's automobile while in use for professional purposes, and against loss from theft of professional equipment, and damage to or loss of professional equipment by fire or otherwise. Under professional equipment is to be included any automobile belonging to the physician and used for strictly professional purposes.

**(c) Laboratory Expenses**—The deductibility of the expenses of establishing and maintaining laboratories is determined by the same principles that determine the deductibility of other corresponding professional expenses. Laboratory rental and the expenses of laboratory equipment and supplies and of

# TABLE 2

## Taxes Payable on 1941 Incomes According to Varying Personal and Dependency Statutes

Table showing how much you will have to pay in individual income taxes on salary and wage incomes of selected sizes and the monthly savings needed to meet these 1941 income tax payments.[1]

| Single person—Not head of family—No dependents | | | Married person living with husband or wife—No dependents | | | Married person living with husband or wife—One dependent | | | Married person living with husband or wife—Two dependents | | | Married person living with husband or wife—Three dependents | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| If your net income from salary or wages is— | You will have to pay, under the 1941 Act— | You will need to save every month to meet 1941 tax payments— | If your net income from salary or wages is— | You will have to pay, under the 1941 Act— | You will need to save every month to meet 1941 tax payments— | If your net income from salary or wages is— | You will have to pay, under the 1941 Act— | You will need to save every month to meet 1941 tax payments— | If your net income from salary or wages is— | You will have to pay, under the 1941 Act— | You will need to save every month to meet 1941 tax payments— | If your net income from salary or wages is— | You will have to pay, under the 1941 Act— | You will need to save every month to meet 1941 tax payments— |
| $750 | .. | .. | $1,500 | .. | .. | $1,500 | .. | .. | $1,500 | .. | .. | $1,500 | .. | .. |
| $800 | $3 | (2) | $1,600 | $6 | $1 | $1,600 | .. | .. | $1,600 | .. | .. | $1,600 | .. | .. |
| $900 | 11 | $1 | $1,700 | 13 | 1 | $1,700 | .. | .. | $1,700 | .. | .. | $1,700 | .. | .. |
| $1,000 | 21 | 2 | $1,800 | 23 | 2 | $1,800 | .. | .. | $1,800 | .. | .. | $1,800 | .. | .. |
| $1,100 | 31 | 3 | $1,900 | 32 | 3 | $1,900 | .. | .. | $1,900 | .. | .. | $1,900 | .. | .. |
| $1,200 | 40 | 3 | $2,000 | 42 | 4 | $2,000 | $6 | $1 | $2,000 | .. | .. | $2,000 | .. | .. |
| $1,300 | 50 | 4 | $2,100 | 52 | 4 | $2,100 | 12 | 1 | $2,100 | .. | .. | $2,100 | .. | .. |
| $1,400 | 59 | 5 | $2,200 | 61 | 5 | $2,200 | 21 | 2 | $2,200 | .. | .. | $2,200 | .. | .. |
| $1,500 | 69 | 6 | $2,300 | 71 | 6 | $2,300 | 31 | 3 | $2,300 | .. | .. | $2,300 | .. | .. |
| $2,000 | 117 | 10 | $2,400 | 80 | 7 | $2,400 | 40 | 3 | $2,400 | $6 | $1 | $2,400 | .. | .. |
| $2,500 | 165 | 14 | $2,500 | 90 | 8 | $2,500 | 50 | 4 | $2,500 | 12 | 1 | $2,500 | .. | .. |
| $3,000 | 221 | 18 | $3,000 | 138 | 12 | $3,000 | 98 | 8 | $3,000 | 58 | 5 | $3,000 | $18 | $2 |
| $3,500 | 284 | 24 | $3,500 | 186 | 16 | $3,500 | 146 | 12 | $3,500 | 106 | 9 | $3,500 | 66 | 6 |
| $4,000 | 347 | 29 | $4,000 | 249 | 21 | $4,000 | 197 | 16 | $4,000 | 154 | 13 | $4,000 | 114 | 10 |
| $5,000 | 483 | 40 | $4,500 | 312 | 26 | $4,500 | 260 | 22 | $4,500 | 208 | 17 | $4,500 | 162 | 14 |
| $6,000 | 649 | 54 | $5,000 | 375 | 31 | $5,000 | 323 | 27 | $5,000 | 271 | 23 | $5,000 | 219 | 18 |
| $7,000 | 825 | 69 | $6,000 | 521 | 43 | $6,000 | 453 | 38 | $6,000 | 397 | 33 | $6,000 | 345 | 29 |
| $8,000 | 1,031 | 86 | $7,000 | 687 | 57 | $7,000 | 619 | 52 | $7,000 | 551 | 46 | $7,000 | 483 | 40 |
| $9,000 | 1,247 | 104 | $8,000 | 873 | 73 | $8,000 | 789 | 66 | $8,000 | 717 | 60 | $8,000 | 649 | 54 |
| $10,000 | 1,493 | 124 | $9,000 | 1,079 | 90 | $9,000 | 995 | 83 | $9,000 | 911 | 76 | $9,000 | 827 | 69 |
| $11,000 | 1,749 | 146 | $10,000 | 1,305 | 109 | $10,000 | 1,205 | 100 | $10,000 | 1,117 | 93 | $10,000 | 1,033 | 86 |
| $12,000 | 2,035 | 170 | $11,000 | 1,551 | 129 | $11,000 | 1,451 | 121 | $11,000 | 1,351 | 113 | $11,000 | 1,251 | 104 |
| $13,000 | 2,331 | 194 | $12,000 | 1,817 | 151 | $12,000 | 1,701 | 142 | $12,000 | 1,597 | 133 | $12,000 | 1,497 | 125 |
| $14,000 | 2,657 | 221 | $13,000 | 2,103 | 175 | $13,000 | 1,987 | 166 | $13,000 | 1,871 | 156 | $13,000 | 1,755 | 146 |
| $15,000 | 2,994 | 250 | $14,000 | 2,409 | 201 | $14,000 | 2,277 | 190 | $14,000 | 2,157 | 180 | $14,000 | 2,041 | 170 |
| $16,000 | 3,354 | 280 | $15,000 | 2,739 | 228 | $15,000 | 2,607 | 217 | $15,000 | 2,475 | 206 | $15,000 | 2,343 | 195 |
| $17,000 | 3,722 | 310 | $16,000 | 3,084 | 257 | $16,000 | 2,940 | 245 | $16,000 | 2,805 | 234 | $16,000 | 2,673 | 223 |
| $18,000 | 4,112 | 343 | $17,000 | 3,444 | 287 | $17,000 | 3,300 | 275 | $17,000 | 3,156 | 263 | $17,000 | 3,012 | 251 |
| $19,000 | 4,509 | 376 | $18,000 | 3,819 | 318 | $18,000 | 3,663 | 305 | $18,000 | 3,516 | 293 | $18,000 | 3,372 | 281 |
| $20,000 | 4,929 | 411 | $19,000 | 4,209 | 351 | $19,000 | 4,053 | 338 | $19,000 | 3,897 | 325 | $19,000 | 3,741 | 312 |
| $21,000 | 5,357 | 446 | $20,000 | 4,614 | 385 | $20,000 | 4,446 | 371 | $20,000 | 4,287 | 357 | $20,000 | 4,131 | 344 |
| $22,000 | 5,807 | 484 | $21,000 | 5,034 | 420 | $21,000 | 4,866 | 406 | $21,000 | 4,698 | 392 | $21,000 | 4,530 | 378 |
| $23,000 | 6,264 | 522 | $22,000 | 5,469 | 456 | $22,000 | 5,289 | 441 | $22,000 | 5,118 | 427 | $22,000 | 4,950 | 413 |
| $24,000 | 6,744 | 562 | $23,000 | 5,919 | 493 | $23,000 | 5,739 | 478 | $23,000 | 5,559 | 463 | $23,000 | 5,379 | 448 |
| $25,000 | 7,224 | 602 | $24,000 | 6,384 | 532 | $24,000 | 6,192 | 516 | $24,000 | 6,009 | 501 | $24,000 | 5,829 | 486 |
| | | | $25,000 | 6,864 | 572 | $25,000 | 6,672 | 556 | $25,000 | 6,480 | 540 | $25,000 | 6,288 | 524 |

[1] Computed to the nearest dollar

[2] Less than 50 cents.

Reproduced by courtesy of Prentice-Hall, Inc.
from their 1941 Federal Tax Guide

laboratory assistants are deductible when, under corresponding circumstances, they would be deductible if they were part of a physician's general office expense.

**(d) Losses by Fire, Theft,** etc.—Loss of and damage to a physician's equipment by fire, theft or other cause, *not compensated by insurance or otherwise recoverable,* may be computed as a business expense and is deductible, provided evidence of such loss or damage can be produced. Such loss or damage is deductible, however, only to the extent it has not been made good by repair and the cost of repair claimed as a deduction. Deductions may likewise be taken for loss of or damage to *nonprofessional* property of a physician caused by fire, flood, theft or otherwise, *where not compensated for by insurance or otherwise.*

**(e)** Sale of Spectacles—Oculists who furnish spectacles, etc., may enter as income, money received from such sales and deduct as an expense the cost of the article sold. Entries on the physician's account books should, in such cases, show charges for services separate and apart from charges for spectacles.

# II. STATE

## GENERAL INSTRUCTIONS

Returns of 1941 income must be made to the assessor of incomes of the district in which the taxpayer resides, on or before March 15, 1942. A written extension of the time in which to file may be granted for sickness or other sufficient cause by the assessor of the department of taxation for the district in which the taxpayer lives. Such extension must be on written request, may not exceed thirty days, is discretionary in the assessor, and will not be granted because of mere neglect of the taxpayer.

Every resident including minors from eighteen to twenty-one years of age, who received a net income of $800 or more if single, and $1,600 or more if married, must file a return whether notified to do so or not. The income of an emancipated minor under eighteen years should be included in the return of his father.

## LIABILITY TO MAKE TAX RETURN

If the status of the taxpayer changes during the taxable year, insofar as it affects personal exemp-

TABLE 3.—*Optional Tax on Individuals With Gross Income of $3,000 or Less*

Following are the fixed amounts of tax payable for a given gross income where taxpayer has elected to make his 1941 return on Form 1040A under Supplement T

| Gross Income | | Amount of Tax | | Gross Income | | Amount of Tax | |
|---|---|---|---|---|---|---|---|
| More Than | Not More Than | Single Person | Head of Family or Married Person | More Than | Not More Than | Single Person | Head of Family or Married Person |
| $ 1 | $ 750 | $ 0 | $ 0 | $ 1,875 | $ 1,900 | $ 96 | $ 28 |
| 750 | 775 | 1 | 0 | 1,900 | 1,925 | 98 | 30 |
| 775 | 800 | 2 | 0 | 1,925 | 1,950 | 100 | 32 |
| 800 | 825 | 3 | 0 | 1,950 | 1,975 | 102 | 35 |
| 825 | 850 | 5 | 0 | 1,975 | 2,000 | 104 | 37 |
| 850 | 875 | 7 | 0 | 2,000 | 2,025 | 106 | 39 |
| 875 | 900 | 9 | 0 | 2,025 | 2,050 | 109 | 41 |
| 900 | 925 | 11 | 0 | 2,050 | 2,075 | 111 | 43 |
| 925 | 950 | 14 | 0 | 2,075 | 2,100 | 113 | 45 |
| 950 | 975 | 16 | 0 | 2,100 | 2,125 | 115 | 48 |
| 975 | 1,000 | 18 | 0 | 2,125 | 2,150 | 117 | 50 |
| 1,000 | 1,025 | 20 | 0 | 2,150 | 2,175 | 119 | 52 |
| 1,025 | 1,050 | 22 | 0 | 2,175 | 2,200 | 122 | 54 |
| 1,050 | 1,075 | 24 | 0 | 2,200 | 2,225 | 124 | 56 |
| 1,075 | 1,100 | 26 | 0 | 2,225 | 2,250 | 126 | 58 |
| 1,100 | 1,125 | 29 | 0 | 2,250 | 2,275 | 128 | 60 |
| 1,125 | 1,150 | 31 | 0 | 2,275 | 2,300 | 130 | 63 |
| 1,150 | 1,175 | 33 | 0 | 2,300 | 2,325 | 132 | 65 |
| 1,175 | 1,200 | 35 | 0 | 2,325 | 2,350 | 134 | 67 |
| 1,200 | 1,225 | 37 | 0 | 2,350 | 2,375 | 137 | 69 |
| 1,225 | 1,250 | 39 | 0 | 2,375 | 2,400 | 139 | 71 |
| 1,250 | 1,275 | 42 | 0 | 2,400 | 2,425 | 141 | 73 |
| 1,275 | 1,300 | 44 | 0 | 2,425 | 2,450 | 143 | 76 |
| 1,300 | 1,325 | 46 | 0 | 2,450 | 2,475 | 145 | 78 |
| 1,325 | 1,350 | 48 | 0 | 2,475 | 2,500 | 147 | 80 |
| 1,350 | 1,375 | 50 | 0 | 2,500 | 2,525 | 150 | 82 |
| 1,375 | 1,400 | 52 | 0 | 2,525 | 2,550 | 152 | 84 |
| 1,400 | 1,425 | 55 | 0 | 2,550 | 2,575 | 154 | 86 |
| 1,425 | 1,450 | 57 | 0 | 2,575 | 2,600 | 156 | 89 |
| 1,450 | 1,475 | 59 | 0 | 2,600 | 2,625 | 158 | 91 |
| 1,475 | 1,500 | 61 | 0 | 2,625 | 2,650 | 160 | 93 |
| 1,500 | 1,525 | 63 | 1 | 2,650 | 2,675 | 163 | 95 |
| 1,525 | 1,550 | 65 | 2 | 2,675 | 2,700 | 165 | 97 |
| 1,550 | 1,575 | 68 | 3 | 2,700 | 2,725 | 167 | 99 |
| 1,575 | 1,600 | 70 | 5 | 2,725 | 2,750 | 169 | 102 |
| 1,600 | 1,625 | 72 | 6 | 2,750 | 2,775 | 172 | 104 |
| 1,625 | 1,650 | 74 | 7 | 2,775 | 2,800 | 174 | 106 |
| 1,650 | 1,675 | 76 | 9 | 2,800 | 2,825 | 177 | 108 |
| 1,675 | 1,700 | 78 | 11 | 2,825 | 2,850 | 180 | 110 |
| 1,700 | 1,725 | 80 | 13 | 2,850 | 2,875 | 183 | 112 |
| 1,725 | 1,750 | 83 | 15 | 2,875 | 2,900 | 186 | 114 |
| 1,750 | 1,775 | 85 | 17 | 2,900 | 2,925 | 189 | 117 |
| 1,775 | 1,800 | 87 | 19 | 2,925 | 2,950 | 191 | 119 |
| 1,800 | 1,825 | 89 | 22 | 2,950 | 2,975 | 194 | 121 |
| 1,825 | 1,850 | 91 | 24 | 2,975 | 3,000 | 197 | 123 |
| 1,850 | 1,875 | 93 | 26 | | | | |

tion for husband and wife, head of family, or dependents, such personal exemption shall be apportioned in accordance with the number of months before and after such change, disregarding a fractional part of a month unless it amounts to more than a half month, in which case it shall be considered as a month.

Every person having a legal residence in Wisconsin and every other person maintaining a permanent place of abode here, or spending in the aggregate more than seven months of the income year within the state, shall be deemed to be residing in Wisconsin for purposes of determining liability for income taxes and surtaxes. Liability for income taxation which follows the residence of persons moving into or out of the state in the tax year shall be determined by the ratio of time which the residence of such taxpayer in the state bears to the entire tax year. Deductions and personal exemptions are prorated on the basis of time of residence within and without the state, and the net income of such person assignable to the Wisconsin residence shall be used in determining the income subject to tax.

### INCOME TAX RETURNS

The normal tax, which is graduated, varies from 1 per cent on the first $1,000 of net income to 7 per cent on net incomes in excess of $12,000. The teachers' retirement fund surtax is based on one sixth of normal taxes after deducting $37.50 from the net normal tax. The legislature continued the 60 per cent emergency surtax for the calendar or fiscal years 1941 and 1942. These are to be computed as before by the taxpayer on the same return with the normal tax, and are subject to the same personal exemptions as the normal tax. Full instructions will appear on the 1941 tax return.

### INCOME FROM UNITED STATES TAXABLE

All wages, salaries or fees derived from personal services performed for the United States or any agency or instrumentality thereof are now taxable, effective January 1, 1939. This changes the former rule exempting income from such sources.

### CAPITAL GAINS AND LOSSES

The former provisions of the statutes relating to computation of capital gains and losses for surtax purposes have been repealed. Thus, full gains or full losses are now recognized irrespective of the time the asset was held, instead of being graduated, as formerly, on the basis of the time the asset was held.

### NEW FEDERAL TAX RULE

Hitherto all federal income taxes have been deductible on the state return, subject to certain adjustments and exceptions. The 1941 Legislature has imposed the further limitation, which will affect many taxpayers, that the deduction for *all* United States income excess or war profits and defense taxes shall be limited to a total amount not in excess of 3 per cent of the taxpayer's net income computable without the benefit of the deduction for such federal taxes, and *before* the deduction of contributions.

*Example:* The taxpayer's net income, for purposes of the Wisconsin return, before deduction of any United States taxes paid during 1941, and before deduction of contributions, is $5,000. He paid federal income taxes of $400 during 1941. Under the above limitation he could deduct only 3 per cent of $5,000 or $150 for federal taxes, although he had actually paid $400. This has the effect of subjecting a larger part of the taxpayers net income to the Wisconsin law, even though the rates as such have not been increased.

### INSTRUCTIONS ON THE FILING OF SEPARATE INCOME TAX RETURNS FOR HUSBAND AND WIFE

Section 71.09 (4) (c) requiring that the incomes of husbands and wives be combined for assessment purposes has been held unconstitutional by the United States Supreme Court. To give effect to this decision the Tax Commission has adopted the following regulations:

1. Wives must file a separate return on Form 1W if they have income of their own, but in case they have no income no return need be filed.

2. In the event that both husband and wife have income and file separate returns, the personal exemption of $17.50 for the head of a family may be divided between the two according to their own choice, that is to say, the husband may claim it all, or the wife may claim it all, or they may divide it between them as they see fit.

3. The income of children under eighteen years of age shall be included in the return of the husband, widow or head of a family and the personal exemption for such children or dependents shall be allowed to the husband or may be divided between him and his wife as they may elect, or shall be allowed to the widow having such children. The exemption allowed to the head of a family, other than a widow or widower, supporting children under the age of eighteen shall be limited to a deduction of $17.50 from the tax.

### PERSONAL CREDITS AND EXEMPTIONS

The statutes themselves are so clear as to personal exemptions, credits for dependents, and the date determining the personal status of a taxpayer for income tax purposes that they are quoted here in full.

"71.05 Exemptions. (1) There shall be exempt from taxation under this chapter income as follows, to wit:

(a) Pensions received from the United States.

(b) All inheritances, devises, bequests and gifts received during the year.

(c) All insurance received by any person or persons in payment of a death claim by any insurance company, fraternal benefit society or other insurer, except insurance paid to a corporation or partnership upon the policies on the lives of its officers, partners or employes.

* * * *

(2) There shall be deducted from the tax after the same shall have been computed according to the rates in section 71.06, a personal exemption for natural persons as follows:

(a) For an individual, eight dollars.

(b) For husband and wife or head of a family, seventeen dollars and fifty cents. For the purposes of this chapter, the term 'head of a family' means a natural person who maintained a household and supported therein himself and one or more persons who were dependent upon him for support; but no additional exemption shall be allowed for those dependent upon the head of a family except in case of a widow or widower supporting children under the age of eighteen years.

(c) For each child under the age of eighteen years who is actually supported by and dependent upon the taxpayer for his support, an additional four dollars.

(d) For each additional person, except persons defined in subsection (2) (c) of section 71.05, who is actually supported by and entirely dependent upon the taxpayer for his support an additional four dollars, except in case of head of a family. In computing taxes and the amount of taxes payable by persons residing together as members of a family, the income of * * * each child under eighteen years of age shall be added to that of the husband or father, or if he be not living, to that of the head of the family and assessed to him except as hereinafter provided. The taxes levied shall be payable by such husband or head of the family, but if not paid by him may be enforced against any person whose income is included within the tax computation.

(e) If the status of the taxpayer, insofar as it affects the personal exemption for husband and wife, head of family and/or dependents, changes during the taxable year, the personal exemption shall be apportioned, under rules and regulations prescribed by the tax commission, in accordance with the number of months before and after such change. For the purpose of such apportionment a fractional part of a month shall be disregarded unless it amounts to more than a half month, in which case it shall be considered as a month."

## DEDUCTIONS

### A. Statute

The statute is so explicit on what constitutes allowable deductions of major items of expense that it has seemed advisable to insert portions of it for the aid of physicians making state returns.

"71.04 Deductions from incomes of persons other than corporations. Persons other than corporations, in reporting incomes for purposes of taxation, shall be allowed the following deductions:

(1) Payments made within the year for wages or other compensation for services actually rendered in carrying on the profession, occupation or business from which the income is derived. But no deduction shall be made for any amount paid for services actually rendered in the carrying on of the profession, occupation or business from which the income is derived unless there be reported the name and address and amount paid each person to whom a sum of seven hundred dollars or more shall have been paid for services during the assessment year. No deduction shall be allowed under this section for any amounts expended for personal, living or family expenses.

(2) The ordinary and necessary expenses actually paid within the year in carrying on the profession, occupation or business from which the income is derived, including a reasonable allowance for depreciation by use, wear and tear of the property from which the income is derived * * *

(3) Losses actually sustained within the year and not compensated by insurance or otherwise, provided that no loss resulting from the operation of business conducted without the state, or the ownership of property located without the state, may be allowed as a deduction, and provided further that no loss may be allowed on the sale of property purchased and held for pleasure or recreation and which was not acquired or used for profit, but this proviso shall not be construed to exclude losses due to theft or to the destruction of the property by fire, flood or other casualty. No deduction shall be allowed under this subsection for any loss claimed to have been sustained in any sale or other disposition of shares of stock or securities where it appears that within thirty days before or after the date of such sale or other disposition the taxpayer has acquired (otherwise than by bequest or inheritance) or has entered into a contract or option to acquire substantially identical property and the property so acquired is held by the taxpayer for any period after such sale or other disposition.

(4) Dividends, except those provided in section 71.02 (2) (b) 2 and 3, received from any corporation conforming to all of the requirements of this subsection. Such corporation must have filed income tax returns as required by law and the income of such corporation must be subject to the income tax law of this state. The principal business of the corporation must be attributable to Wisconsin and

for the purpose of this subsection any corporation shall be considered as having its principal business attributable to Wisconsin if 50 per cent or more of the entire net income or loss of such corporation after adjustment for tax purposes (for the year preceding the payment of such dividends) was used in computing the average taxable income provided by chapter 71 * * *

(5) Interest paid within the year on existing indebtedness; provided, the debtor reports the amount so paid, the form of the indebtedness, together with the name and address of the creditor. But no interest shall be allowed as a deduction if paid on an indebtedness created for the purchase, maintenance or improvement of property, or for the conduct of a business, unless the income from such property or business would be taxable under this chapter.

(6) Taxes other than inheritance and special improvement taxes upon the property or business from which the income hereby taxed is derived paid by such persons during the year, including therein taxes imposed by the state of Wisconsin or the United States government as income taxes; provided, that such portion of the deduction for federal income taxes as may be allowable shall be confined to cash payments made within the year covered by the income tax return; and provided further, that deductions for income taxes paid to the United States government shall be limited to taxes paid on net income which is taxable under this chapter; and provided further that income taxes imposed by the State of Wisconsin shall accrue for the purposes of this subsection only in the year in which such taxes are assessed.

(6a) The deduction for all United States income, excess or war profits and defense taxes shall be limited to a total amount not in excess of 3 per cent of the taxpayer's net income of the calendar or fiscal year as computed without the benefit of the deduction for said United States income, excess or war profits and defense taxes, and before the deductions of amounts permitted by subsection (7) of this section. In no event shall any taxpayer be permitted hereunder a total deduction in excess of the actual amount of United States income, excess or war profits and defense taxes paid, and otherwise deductible.

(7) Contributions or gifts made within the year to the state or any political subdivision thereof for exclusively public purposes, or to any corporation, community chest fund, foundation, or association operating within this state, organized and operated exclusively for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals, no part of the net income of which inures to the benefit of any private stockholder or individual, to an amount not in excess of ten per centum of the taxpayer's net income of the calendar or fiscal year as computed without the benefit of this subsection.

* * *

(10) Amounts contributed for the given period to the unemployment reserve fund established in section 108.16 of the statutes, but not the amounts paid out of said fund.

* * *

(12) Any and all sums not to exceed eight hundred dollars paid by any person whose total income shall be three thousand dollars or less by way of alimony to a former spouse and not to exceed four hundred dollars each for the support of minor children under any order or decree of any court."

### B. Index to Deductions

This index is designed to assist the physician in ascertaining what deductions are allowable. The number given after each heading refers to the paragraph numbering on the pages following. The paragraphs explain in detail what deductions and depreciation are allowable.


Automobiles, 1.
  Depreciation.
  Insurance, 1, 4.
  Maintenance.
  Professional use.
  Repairs.
  Salary of chauffeur.
Bad debts, 2.
Bandages, 9.
Conventions, 8.
Depreciation.
  Automobiles—25 per cent annually of cost price, 1.
  Instruments, 9.
    10 per cent annually of cost price of surgical instruments and general equipment; 10 per cent on x-ray equipment.
  Medical library, 6.
    10 per cent annually of cost price.
  Office equipment, 10.
    10 per cent annually of cost price.
Dividends received, 3.
Dues, 12.
Equipment.
  Office, 10.
  Professional, 9, 16(a).
Fire, loss by, 7.
Instruments, 9.
Insurance premiums, 4.
  Automobile, 1.
  Malpractice, 4.
  Professional equipment, 4.
Interest paid, 5.
Laboratory materials, 9, 16(a).
Legal expenses, 16(b), 16(d).
Library, 6.
Licenses, 13.
Losses, by fire, flood, theft, suit, etc., 7, 16(d).
Medical convention, 8.
Medical supplies, 9.
Miscellaneous, 16.

Office expenses, 10.
Heat, light, supplies, telephone, water, short-lived office equipment, annual depreciation on furnishings and fixtures.
Office rental, 11.
Postgraduate studies, 14.
Professional conventions, 8.
Professional dues, 12.
County Society.
State Society.
Special societies as:
College of Surgeons.
College of Physicians.
Any other paid in interest of profession.
Professional subscriptions, 6.
Salaries, 15.
Sale of spectacles, 16(c).
Scientific meetings, 14.
Subscriptions, 6.
Taxes and licenses, 13.
Automobile licenses.
Federal income—3 per cent maximum.
Import duties, etc.
Personal property taxes.
Professional license fees.
Real property taxes on office owned and used by taxpayer in practice.
Social security taxes.
Wisconsin income taxes and surtaxes paid.
Wisconsin unemployment taxes.
Theft, loss by, 7.
Traveling expenses, 14.
Both professional calls and scientific meetings.
Wages and salaries, 15.
Chauffeur, 1.
Clerk, 15.
Laboratory assistant, 15, 16(a).
Maid, 15.
Nurse, 15.
Stenographer, 15.
Any other employe rendering service in connection with taxpayer's practice or in the care and treatment of patients, 15.

### C. Explanation of Deductions

In several instances below, references are made to numbered paragraphs of the federal portions of this tax digest. (See p. 1154, Explanation of Deductions.) Such references make it unnecessary to recopy explanatory paragraphs applicable equally to the making of state and federal returns.

1. **Automobiles** (See federal digest, 1).

2. **Bad Debts** (See federal digest, 2).

3. **Dividends Received.** Cash or property dividends received from a corporation's surplus accumulated since January 1, 1911, are deductible by the persons receiving the dividends, if the following requirements are fulfilled:

(a) The corporation paying the dividend must have filed a Wisconsin income tax return for the year preceding the payment of the dividend.

(b) The income of the corporation paying the dividend must have been subject to the Wisconsin income tax law for the year preceding the payment of the dividend.

(c) The principal business of the corporation paying the dividend must have been attributable to Wisconsin for the year preceding the payment of the dividend.

If 50 per cent or more of the entire net income or loss of a corporation, after adjustment for income tax purposes, for the year preceding the payment of a dividend, was used in computing the taxable income of such corporation, it will be considered that the principal business of such corporation was attributable to Wisconsin.

Note: Stock dividends do not constitute taxable income. Liquidating dividends do not constitute taxable income until the taxpayer has recovered his cost of the stock so held. Any amounts received in liquidation in excess of the taxpayer's cost constitute taxable income.

4. **Insurance Premiums.** Premiums paid for insurance against professional losses are deductible. This includes insurance against damages for alleged malpractice, against liability for injuries by a physician's automobile while in use for professional purposes, and against loss from theft of professional equipment, and damage to or loss of professional equipment by fire or otherwise. This further includes premiums for various forms of insurance on the building owned and used in connection with the practice, or a fair proportion thereof where the building is also a home. Under professional equipment is to be included an automobile belonging to the physician and used for strictly professional purposes.

5. **Interest Paid.** Interest paid within the tax year on existing indebtedness may be deducted, provided that the debtor reports the amount so paid, the form of indebtedness, and the name and address of the creditor. No interest is allowed as a deduction if paid on indebtedness created for the purchase, maintenance or improvement of property, or for the conduct of a business, unless the income from such property or business would be taxable under the Wisconsin law.

Interest paid on state and federal income taxes is deductible, but interest paid on fines levied for violations of law is not allowable as a deduction.

Interest paid by an individual on indebtedness created for the purpose of acquiring a home is deductible from gross income. Likewise, interest paid by an individual on money borrowed to pay personal debts, such as hospital bills and other family obligations, is considered a proper deduction from gross income.

Interest paid by an individual on money borrowed for the purpose of securing an education is allowable even though other expenses of obtaining such education are not allowable.

**6. Library.** A fair rate of depreciation on the physician's library may be deducted covering wear and tear sustained through use. In determining the rate, however, obsolescence may not be considered since the Wisconsin income tax law does not recognize losses in value due to such causes. The fact that medical books become out of date during the course of ten years cannot be considered in determining the rate of library depreciation. An annual depreciation of 10 per cent of the cost of such library seems reasonable, however.

Costs of subscriptions to scientific medical journals essential to keep the physician abreast with the progress of his profession are deductible.

**7. Losses by fire, etc.** Loss of and damage to a physician's equipment and other property, used by him in connection with carrying on his professional practice, by fire, theft or other cause, not compensated by insurance or otherwise recoverable, may be computed as a business expense, and is deductible, provided evidence of such loss or damage can be produced. Such loss or damage is deductible, however, only to the extent that it has not been made good by repair and cost of repair claimed as a deduction. Losses on business conducted or property located outside the state are not deductible.

Losses on automobiles, aircraft, summer homes, motor boats, furniture, etc., purchased and held for pleasure are deductible from gross income where sustained because of theft, fire, flood, or other casualty. Losses on property used for both pleasure and practice are deductible only to the extent that such property was used in the practice, unless such losses were sustained through fire, flood, other casualty, or theft, in which cases the entire loss is deducted.

**8. Medical Conventions.** Ordinary and necessary expenses incurred in attending medical conventions of professional scientific societies necessary to enable the physician to carry on his profession, are deductible.

Costs of attending professional conventions must be strictly limited to the necessary cost and expense directly attendant upon such conventions. The type of professional convention here contemplated is confined to such as are, as a general rule, ordinarily and generally attended by persons of the same professional standing as the taxpayer, as necessary to the maintenance and carrying on of their regular practice and profession.

**9. Medical Supplies and Instruments** (See federal digest, 4).

**10. Office Expenses** (See federal digest, 5).

**11. Office Rental.** If a physician pays rent to another person for office space he is permitted to deduct the amount from his gross income. This includes office space in a rented home, provided office hours are maintained. Where a physician maintains his offices in the home which he occupies as a residence, he may, if the home is rented, deduct as rent that proportion of the total rent paid which the value of his office space bears to the rental of the entire premises; and if he owns the residence, he may deduct the proper share of expenses attributable to the space so occupied, including taxes, depreciation, insurance, water, light, heat, repairs and general upkeep.

**12. Professional Dues.** Professional dues paid to professional associations to which the physician may belong in the interest of his profession may be deducted.

**13. Taxes and Licenses.** All taxes and licenses incident to the professional scope of the physician may be deducted. The following taxes would be deductible by any physician:

(a) Real property taxes paid on office owned by him and used by him in his practice.

(b) Personal property taxes paid on his apparatus and equipment.

(c) Wisconsin income taxes and surtaxes paid.

(d) Federal income taxes, provided that such deductions are limited to taxes paid in cash within the year covered by the income tax return on net income taxable under the Wisconsin law, the maximum deduction not to exceed 3 per cent of net income computed under the state law *before* contributions.

(e) All license fees incident to his profession.

(f) Automobile licenses on automobiles used exclusively in the practice of his profession. See paragraph 1 supra.

(g) Import or tariff duties and business, license, privilege, excise, and stamp taxes, are deductible if incurred in connection with the carrying on of the taxpayer's practice and profession.

(h) All social security taxes paid by the physician under Titles VIII or IX in his capacity of employer and the amount paid by him under the Wisconsin unemployment compensation act. A salaried physician, under a new rule, is required to add the amount of the social security tax paid by him to his net salary received for purposes of determining gross income. He is then permitted by the same rule to deduct the amount of the social security tax withheld from him and to include it as part of his federal income tax, subject, under the 1941 amendment, to the 3 per cent maximum rule noted in subhead (d) above.

**14. Traveling Expenses** (See federal digest, 9).

**15. Wages and Salaries** (See federal digest, 10, and state digest 16(e) below).

**16. Miscellaneous.**

(a) Laboratory Expenses (See federal digest, 11(c)).

(b) Legal expenses incurred in the defense of a suit for malpractice are deductible as business expense. Expenses incurred in the defense of a criminal action, however, are not deductible.

Legal expenses incurred in connection with the operation of a taxpayer's profession are proper deductions unless such business is conducted in violation of the law.

(c) Sale of Spectacles (See federal digest. 11(e)).

(d) Unclassified. Payments required to be made to others for damages growing out of the carrying on of the profession such as injury to property, interference with property rights, breach of contract, and libel are deductible from gross income. Damages of a personal character recovered against the physician, such as those for the surrender of the custody of a minor child, are not deductible from gross income because not related to the carrying on of the physician's profession.

Miscellaneous expenses which are incurred in producing taxable income and are allowable deductions include the following: fees paid to auditors, tax experts, and lawyers in connection with income tax matters, welfare work expense incurred in keeping up the morale in an organization.

(e) Informational Returns. All salaries, wages, fees, or other compensation for services actually rendered in connection with the physician's practice, including fees to independent contractors such as attorneys or accountants, which total or exceed $700 in the case of any individual recipient, must be reported or such expense shall not be deductible. This information, which must disclose the name, the address and the amount paid each such person, can either be furnished as a part of the income tax return or reported on form 9A, which form will be furnished the physician by the income tax assessor on request. Similar information must be furnished either on the return or on form 9A which should accompany the return, where deduction is sought on items of rent, royalty and interest expense.

# Inheritance and Estate Taxes

THERE is much interest and some misunderstanding as to legislative action during 1941 with reference to the federal estate tax and the Wisconsin inheritance tax.

The 1941 Federal Revenue Act repealed the 1940 10 per cent defense tax, but greatly increased basic estate tax rates, especially for net estates under $100,000. The new law roughly doubles the 1940 tax for net estates in the above range. Although efforts were made to reduce both the insurance exemption and the general assets exemption from $40,000 to $25,000 each so that the tax would apply at the lower figure, the statute as enacted retained both exemptions at the old figure of $40,000.

Federal estate tax rates vary from 3 per cent to 28 per cent on the first $100,000 of net estate subject to tax, and increase by degrees to a 77 per cent maximum for that portion of any estate in excess of $10,000,000. It is reasonable to anticipate a reduction in the present exemption both for insurance and general assets, as well as a further increase in rates. Such changes may come within the next year. The 1941 amendments, including the higher rates, apply to the estates of persons who died after September 20, 1941.

The only action of the 1941 Wisconsin Legislature with reference to inheritance taxes was the reenactment of the 30 per cent emergency relief tax computed over and above the normal inheritance tax. No other changes were enacted, and in consequence the tax liability of estates under the Wisconsin law remains what it was in 1940. The normal tax rate depends upon the relationship of the beneficiary to the deceased and upon the amount received, and varies from 2 per cent to 15 per cent of the amount over and above the exemptions given to the beneficiary. These basic rates are exclusive of the 30 per cent emergency relief tax which was re-enacted as above stated.

Like other branches of tax law, those dealing with state inheritance and federal estate taxes are mounting both in their complexity and their rates. The points indicated below are not intended to be comprehensive or exhaustive, but rather to indicate to the physician, in broad outline, some of the general problems involved in those taxes, so as to aid him in planning his estate.

## Federal Estate Tax

The federal estate tax is based on the right of an individual to *give* away the property which he accumulates, as distinguished from the right on the part of his beneficiary to *receive* such property. Among the principal points of interest to the physician in connection with the federal estate tax are the following:

1. *Liability to file return.*—If the gross estate—that is, the total valuation of all assets before de-

ducting debts, expenses of administration, taxes, etc.—is $40,000 or less, no estate tax return need be made by the executor or administrator of the estate of a deceased. If more than $40,000, such a return must be made.

2. *Exemption of $40,000 of general assets.*—After the net estate has been determined, by which is meant the gross valuation of all assets less all debts, expenses of administration, certain taxes and other items, an exemption of $40,000 is allowed before any tax liability accrues.

*Example:*

| | |
|---|---|
| Valuation of gross assets | $60,000 |
| Total of debts and other deductions | 10,000 |
| Net value of estate | 50,000 |
| Amount subject to tax after subtracting exemption of $40,000 | 10,000 |

3. *Insurance exemption of $40,000.*—Insurance on the life of the deceased revocably assigned by him to beneficiaries other than his estate is exempt from estate tax to the extent of $40,000. This insurance exemption is independent of and in addition to the $40,000 exemption on general assets of an estate, referred to in paragraph 2, immediately above. By the term "revocably assigned insurance" is meant the designation in a policy of beneficiary by the insured person under a provision attached to the policy which permits the policyholder to change the beneficiary at any time.

*Example:* Dr. Smith dies, leaving in life insurance, $50,000 payable to his wife, and $25,000 payable to his son, or a total of $75,000. Of this total $40,000 is exempt from estate tax, but as to the remaining $35,000 the estate is subject to tax, if that amount, when added to the doctor's net general estate (by which is meant his net assets other than insurance) exceeds $40,000.

An exception to this exemption is a situation in which a policy is assigned for the actual or ultimate benefit of the assured person or his estate, even though the named beneficiary is someone other than the estate.

*Example:* At the time of Dr. Smith's death a $10,000 policy which he carried on his life was assigned to a bank to help secure a $5,000 loan. Five thousand dollars of the insurance proceeds are actually turned over to the bank and the remaining $5,000 to Dr. Smith's widow. The $5,000 received by the bank is subject to an estate tax if the net value of the remainder of Dr. Smith's general estate, added to such amount, exceeds $40,000.

4. *Insurance to estate non-exempt.*—Any insurance which the deceased made payable to or for the benefit of his estate, to provide money for taxes, debts, legacies, or any other purpose, is all subject to tax if the net amount of the estate exceeds $40,000.

5. *Irrevocably assigned insurance exempt.*—Insurance on the life of a deceased which was irrevocably assigned to beneficiaries other than his estate is wholly exempt from taxation if—

(a) The insurance was not assigned as a gift in contemplation of, or to take effect at, his death.

(b) The beneficiary paid the premiums on the insurance out of funds of his own which did not come to him from the insured either directly or by gift or trust established in his favor by the insured.

By the term "irrevocably assigned insurance" is meant the designation in a policy by the insured person of a person or persons as the beneficiaries of the policy without reservation in the insured of the privilege of changing the beneficiaries at any future date. This has the legal effect of vesting in the beneficiaries irrevocably designated all property rights to the policy.

6. *Joint interests taxable.*—Any property held by a physician and another, or others, jointly, is included in his gross estate to the extent of the physician's title or other interest in such property. Determination of the physician's *actual* interest where that varies from his *declared* interest is subject to technical rules which need not be detailed here. Thus if his *declared* interest as joint tenant in certain land acquired by purchase is shown by the deed to be one-third, whereas his *actual* financial interest is two-thirds, the land will be appraised in the inventory of his estate at two-thirds of its full value.

## Wisconsin Inheritance Tax

The Wisconsin inheritance tax is based on the right to *receive* property from the estate of a decedent in contrast to the basis for the federal tax, above noted, which is on the right to *give*. The practical effect of a tax on the right to inherit, such as Wisconsin's, is that each legacy or other share in the estate of a deceased is subject to tax to the extent that it exceeds the statutory exemptions, and the beneficiary gets only the net amount. Thus if a bequest of $5,000 is left by will to a beneficiary and the inheritance tax on it is $300, such beneficiary will receive only $4,700 from the estate, the other $300 being retained for payment of the tax. This result can be avoided by provisions in the will that designated gifts are to be paid in their full amount to those designated, the estate to pay the amount of the tax. Below are indicated several points which it is hoped will assist the physician in estimating broadly his liability under the Wisconsin inheritance tax law.

1. *Liability to file return.*—Unless it is apparent from the final account rendered by the administrator or executor of an estate to the probate court that the estate is nominal in value, or that the net amount of any share of the estate will fall substantially short of the exemptions allowed by statute, as indicated in paragraph 2 immediately following, every administrator or executor must make an inheritance tax return to the state department of taxation.

2. *Tax exemptions.*—The following amounts received from estates are exempt: $15,000 received by a widow from the estate of her husband; $5,000 received by a widower from the estate of his wife; $2,000 where the relation of the beneficiary to the decedent is that of child, parent, brother, sister, descendent of brother or sister, daughter-in-law, son-in-law, or a child adopted under certain conditions. A $250 exemption is allowed where the relation of the beneficiary to the decedent is that of uncle or aunt or the descendent of an uncle or aunt. An exemption of $100 is allowed where the relation of the beneficiary to the decedent shall be that of any other degree than those stated above, or he shall be a stranger in blood to the decedent.

3. *Insurance exemption of $10,000.*—Under a 1939 amendment, insurance up to $10,000 on the life of a decedent, payable to a beneficiary or beneficiaries other than the estate of the insured is exempt from inheritance tax. This exemption is in addition to that allowed those same beneficiaries if they should receive any of the general assets of the estate, as indicated in paragraph 2 immediately above.

Each beneficiary of such insurance, other than the estate of the insured, is entitled to a portion of the total exemption of $10,000 based on the ratio that the value of the insurance payable to him bears to the value of the total insurance payable to all beneficiaries other than the estate.

*Example:* Dr. Smith dies and leaves $10,000 in insurance payable to his estate and a $10,000 policy to each of his five children, or a total of $60,000. The $10,000 policy payable to his estate is not included within the $10,000 exemption above, and may be disregarded for purposes of its computation; $2,000 would be exempt on each of the five policies of $10,000 to each of his children, and a tax would be payable on $8,000 of each of those policies. The $8,000 subject to tax in each instance would be added to any other share of such beneficiary in the general assets of the insured's estate and only one tax assessed.

4. *Insurance payable to estate non-exempt.*—No insurance payable to the estate of the insured person is exempt from the Wisconsin inheritance tax. It is included in the general assets of the estate, and whether a tax will ultimately be paid on it will depend entirely on whether the share going to each of the beneficiaries of the estate exceeds the statutory exemption.

5. *Irrevocably assigned insurance exempt.*—Insurance payable on the death of any person which is irrevocably assigned to a beneficiary other than the estate of the insured, so that the insured retains no legal incidents of ownership in such insurance is exempt from inheritance taxation. By "legal incidents of ownership" in an insurance policy are meant the right of the insured or his estate to its economic benefits, the power to change beneficiary, to surrender or cancel the policy, to revoke it for an assignment, to pledge it for a loan, or to borrow on it against the cash surrender value.

The exception to this general rule would be an irrevocable assignment of insurance made by the assured in contemplation of his death, which would be included in his gross estate.

Further applying the statute, if an insurance policy was carried on Dr. Smith's life, even though his wife paid the premiums on the policy out of her own income, the face amount of the policy would be subject to state inheritance tax after the doctor's death, if he had during his life retained any of the "legal incidents of ownership" in the policy as that term is above defined.

6. *Joint interests taxable.*—Any property jointly held by the physician and another or others is subject to tax to the extent of the deceased's declared joint interest in such property.

*Example:* Dr. Smith and his wife own as joint tenants a farm worth $20,000 at the time of the doctor's death. Dr. Smith's interest is computed as one-half of that valuation or $10,000, in his gross estate, and that amount will be deducted from the $15,000 which will be exempt in the hands of Mrs. Smith as his widow.

## REGISTRATION OF DEATHS

If you are not the attending physician at death but are subsequently called upon to determine the cause of death and file a death certificate, do not look for payment for the examination from public funds. Your fees for the examination are properly a part of the burial expense and your fee arrangement should be with the party responsible therefor. The only payment which can be made to you from public moneys is the usual 25 cent fee for filing the certificate which is paid by the county treasurer upon authorization of the local registrar.

It is especially important to remember this in the event you are asked to perform an autopsy not in conjunction with a coroner's inquest. There is no question as to whether you are entitled to a reasonable compensation for your services, but you cannot look to any state or local governmental unit for payment. See 30 Atty. Gen. 470. Be sure that you are properly authorized before proceeding with an autopsy. See "Coroners and Autopsies," page 1232.

# Outline of Laws Governing Collection of Accounts

THIS article is designed as an outline of some of the more important every-day aspects of collection law, and to suggest certain practical devices of aid in the collection of accounts of special interest to the physician. Blank promissory notes, judgment notes, and chattel mortgages may be obtained from various stationer's supply houses. Their use may facilitate, but will be no guaranty, of payment. In the final analysis, a sympathetic understanding of a debtor's position and a willingness to cooperate with him are surer means, as a general rule, of ultimate collection than resort to legal action. In involved matters, in the actual trial of cases in Justice Court, or where large sums are involved, services of a local attorney should be secured.

## Liability For Services Rendered

Generally, the person who contracts for the services is responsible for payment thereof, but in certain cases there are qualifications of that rule.

*Husband-wife.*—A husband is liable for the reasonable value of *necessities* furnished his wife and minor children. Essential medical services are necessities. However, he is not liable for bills which his wife incurred before their marriage, or after they are divorced. A married woman living with her husband is not liable for medical services out of her separate estate, unless she *expressly* contracted for them upon her own credit, or unless she guaranteed payment (in writing) by her husband. It should be especially noted that any third party ordering medical services for a friend may be held responsible for payment where he expressly advises the doctor that he will pay, or where he executes a written guaranty to pay if the patient does not. In addition, where the proof shows circumstances establishing the third party's intention to pay, a promise to do so will be implied from his request for the services and his acts and conduct in that respect, and the law will hold him liable. *Andrew v. Brecker*, 229 Wis. 526.

*Guardian-ward.*—Guardians are empowered by statute to apply the personal property and the income from the property "as far as may be necessary for the suitable education, maintenance, and support of the ward . . ." Sec. 319.26 Wis. Stats. But when the guardian has made adequate provision for the care and attention of his ward, a volunteer assuming to perform services or furnish supplies for the ward without knowledge or authority of the guardian cannot recover the value of such services or supplies.

*"Employer-employe" and "indigent-poor relief" cases.*—For information on these subjects see articles especially devoted to these cases on pages 1182, 1214, and 1223.

*Expenses of last illness.*—Such expenses, being obligations contracted for during lifetime, must be presented as claims against the estate, unless they were expressly contracted for by someone other than the decedent. Such claim is a preferred claim and is entitled to be paid in full prior to the payment of other obligations except those for funeral expenses. Sec. 313.16, Wis. Stats.

## Claims Against Decedents and Bankrupts

*Decedents.*—In the administration of an estate, the county court fixes a time during which creditors must present their claims. Notice is given by publication, and unless the claim "be filed within the time limited for that purpose, (it) shall forever be barred." Sec. 313.08 Wis. Stats. The time for filing can be extended, but not to exceed two years, upon proper application (showing cause therefor) filed with the court within sixty days after the expiration of the time set. Claim should be filed with the register in probate; should state fully the nature and amount of the claim, and the correctness of the items; and the amount should be sworn to before a notary public. County courts will furnish, upon request, the proper blanks to be used in filing the claim. A charge of 25 cents is made in Milwaukee county as a fee for filing any claim against the estate of a deceased. In counties other than Milwaukee, the clerk of county court is permitted to make a small charge, but in practice this is not done.

Claims for the expenses of the last sickness of the decedent, being preferred, may be ordered by the court to be paid in advance of general claims if the former have been presented within sixty days after the date of the original order. Sec. 313.03 (2) Wis. Stats.

*Bankrupts.*—Bankruptcy is a discharge of all debts which have been *listed* on schedules filed by the debtor (with certain exceptions). Claims, duly verified before a notary must be filed with the referee in bankruptcy ordinarily within six months after the first meeting of creditors. Creditors are given notice by mail (and by publication) of the first meeting, at which, if they desire, they can be present to question the debtor. A receiver is appointed to take over the assets, if there are any, and distribute them among the creditors.

A debtor who has received his final discharge in bankruptcy may still render himself liable for claims which have been proved and allowed. He may do so either by making a payment on the account to the creditor or by executing a written agreement to pay the account.

## Matters Preliminary to Collection

*Office records.*—Collection of accounts may be simplified if in the first instance the doctor obtains the full name and address of the patient. He should in-

sist upon the middle name or initial especially in the case of such common names as Johnson, Smith, etc. If treatment is for a minor, the name and address of the parents should be obtained, and if for a married woman, her husband's name, occupation, and employer. If children are not minors but are living at home, obtain the parent's name as well, since it may simplify the matter of locating the patient later. Physicians who make a practice of jotting down information regarding the patient's relatives, place of employment, etc., often find such information invaluable in locating them later, and frequently use that information in determining the charges to be made.

*Locating debtor.*—When the debtor moves, his new address can often be obtained from his ex-landlord, or from neighbors. If he has a telephone, the telephone company will supply the new address. In some cities it is mandatory for trucking companies to report all removals which they handle, and an alphabetical list of such removals and new residences is kept at the police station. If gas or light is charged directly to the debtor at his new residence, the gas or electric companies will have information in their files which can often be obtained. If he owns personal property upon which a tax is levied, his address can be obtained at the assessor's office. If he owns a car, and it is licensed in his name, the Motor Vehicle Department at Madison will have his address. Each year an Automobile Directory is published by the Wright Directory Company, of Milwaukee, which aids in locating debtors who have moved. If a debtor is in the habit of buying on installment contracts, the contracts are usually filed with the register of deeds, and the address can be ascertained by checking the files, which are arranged alphabetically. Again, the importance in the first instance of obtaining the full name must be stressed, for, without that, the tracer is under a handicap in using any of the above methods.

The post office maintains, in connection with its registered mail service, a "tracing" service. For 20¢ in addition to the regular registration and return receipt fee, a letter will be delivered to the addressee personally, and none other, if he can be located, and the return receipt will show the address where the letter was delivered.

## Informal Methods of Collection

*Collection letters.*—The attorney general has ruled that a letter stating that if a person does not pay, the sender will "take it out of his hide" constitutes an offense under the blackmail statute. Sec. 340.45 Wis. Stats. In effect, this statute provides that any person who shall maliciously threaten to accuse another of any *crime* or *offense* or *threaten to do injury to the person, property, business or profession of another,* with intent to extort money, may be prosecuted therefor. Collection letters should be dignified and confined to the purpose for which intended. Collection by postcard is forbidden by postal regulations.

*Promissory notes.*—Parties may, by contract, provide for interest rates of 10 per cent or less per year; 6 per cent is the legal rate if none other is specified in the note. Sec. 115.04 Wis. Stats.

A judgment note differs from an ordinary promissory note in that it provides a method of taking judgment including costs and attorney's fees, without service of process. It is ordinarily preferred, therefore, since it provides remedies that may be sought and enforced expeditiously.

*Chattel mortgages.*—Under some circumstances, it may be advisable to secure the note by obtaining from the debtor a chattel mortgage. The mortgage must describe accurately and in detail the property which it covers, and be filed with the register of deeds in the county where the property is situated if it is to protect the creditor against subsequent mortgages by the same debtor. Sec. 241.10 Wis. Stats. Chattel mortgages must be signed by the mortgagor and by his wife when exempt property is covered, and her signature witnessed by two persons. Sec. 241.08 Wis. Stats. They may be taken on any type of personal property. Such a mortgage is valid for three years, and can be extended for additional one-year periods by filing an affidavit with the register of deeds, describing the property, the prior mortgage, and the interest the mortgage holder has therein. Sec. 241.11 Wis. Stats. Provision is made for foreclosure and sale of the mortgaged property, upon proper notice to the mortgagor. Sec. 241.13, 241.135 Wis. Stats.

*Wage assignments.*—An assignment of wages by a married man of salary or wages which are exempt from garnishment is valid for only two months in advance. However, no assignment of such wages or salary is valid at all unless signed by his wife, if she be at the time a member of his family, in the presence of two disinterested witnesses. Sec. 241.09 Wis. Stats.

Wages to be earned under an employment not then in existence are not assignable. The law recognizes no assignment of future earnings unless such earnings are based on an existing contract of employment. Porte v. C. & N. W. Ry. Co., 162 Wis. 446.

## Collection by Suit

*Statute of limitations; malpractice.*—Accounts for physicians' services become outlawed if six years have elapsed since the date of last payment, or since the last item of work was done, if no later payments were made. But, if the debtor "shall depart from and reside out of this state . . ." the statute of limitations is suspended during the time he is absent. Sec. 330.30 Wis. Stats.

It should be kept in mind that in order to avoid a possible counterclaim for malpractice, the physician should wait at least two years before bringing

suit. (See the article in this issue relative to malpracticc.) Under the provisions of section 330.19 (5), Wis. Stats., the complainant, if he has not already instituted action by summons and complaint in a personal injury action (including malpractice), must give notice within two years after the happening of the event which caused the damage claimed; and if such notice has not been given, his claim is barred.

*Where suit is brought.*—Actions involving less than $200 are commonly brought before a justice of the peace because the procedure there is usually more speedy, and the costs are less than in courts of record. Since a justice court is not a court of record, the plaintiff or defendant, except persons under 21 years of age, may appear therein "by an attorney, agent or in person and conduct or defend any action." 301.20 Stats.

The jurisdiction of a justice of the peace extends only to actions involving an amount of $200 or less, with certain exceptions, and only within the county where he is elected. The service of a justice court summons outside the county of issuance is ineffective as contrasted with a summons out of circuit court which is effective when served anywhere in the state. Therefore, if suit is against a nonresident of the county, it is usually forwarded to that county or brought in circuit court. Special courts, such as the Superior Court of Dane County and various municipal courts, have been created by the legislature from time to time, having such territorial jurisdiction as is granted by the act creating them.

*Costs and fees in court actions.*—Costs and fees vary, depending on the court in which action is brought and the type of action involved. In general, the costs are less in justice courts than in courts of record.

Justice court: Ordinarily if a summons is issued and the action settled thereupon without further proceedings the justice fees average $2. If the justice enters judgment by default, his fees average $3.50, but if the case is contested, the fees range from $5 up, depending upon the length of trial, number of witnesses, and amount of testimony Chap. 307, Wis. Stats.

The officer serving the summons is entitled to 10¢ per mile for travel, in addition to the fee set by statute for service. Sec. 60.55 (10) Wis. Stats. Witnesses are entitled to $2 a day plus 5¢ per mile travel. Sec. 325.05 Wis. Stats.

The costs and fees are added to the judgment, to which may be added attorney's fees in the amount set by statute, if the party claiming them is represented by an attorney, and the opposing party appeared to prosecute or defend the case. Sec. 307.02 (4) Wis. Stats.

Courts of record: Costs and fees differ in that the judge is on a salary basis, and collects no fee for his services. A filing fee and state tax amounting to $3.50 for the summons is provided. Sec. 59.42 Wis. Stats. Other costs depend upon the individual case.

*Lien of judgment.*—A judgment, or transcript thereof, when filed with the clerk of the circuit court of the county in which the debtor has real estate, is a lien on such real estate (except his homestead) as the debtor may have at the time of docketing or for ten years thereafter. Sec. 270.79 Wis. Stats.

It should be noted that a judgment rendered in justice court is not a lien on the debtor's property unless the judgment creditor has a transcript of it filed with the clerk of circuit court. Thereupon it "shall be deemed the judgment of the circuit court." Sec. 270.75 Wis. Stats. The justice is entitled to 25¢ for the transcript, and the clerk charges $1 to enter it.

While judgments rendered in circuit court remain liens for only ten years, an action to collect the judgment can be brought at any time during the 20 years next after rendition. Actions to collect judgments of justice court (which have not been filed with the clerk of circuit court) are barred after a lapse of five years. Sec. 303.07 Wis. Stats., and in any event after ten years. Sec. 270.75, Wis. Stats.

## Collection of Judgment

*Introductory.*—The fact that suit is resorted to in the enforcement of a claim is no assurance that the money will be collected, for many debtors are not in a position to pay many of their bills. Therefore, before resorting to suit, it is advisable to ascertain whether or not the debtor is in a position to pay the judgment, in case it is obtained.

*Garnishment.*—Garnishment proceedings can be instituted at the same time the original summons is issued or any time before final judgment, or later upon the judgment itself. Sec. 267.01 Wis. Stats. While commonly thought of as a method of reaching the wages paid to the debtor, the process of garnishment can be instituted to attach any property whatever, real or personal, due the debtor and in the hands of a third person, unless it is exempt. Various items reached in this manner are, money due on contract or salary, drafts or notes belonging to the defendant and other personal property. By statute the person who owes the debtor is liable as to debts due or to become due at the time the garnishee summons is served upon him, but the debt must be due absolutely and without depending upon any future contingency; for example, under a building contract under which nothing was due until completion of the building, garnishment was ineffective unless served after completion of the building. Mundt v. Shabow, (1904) 120 Wis. 303.

Executors and administrators are not subject to garnishment of moneys belonging to the estate they represent, at least not until their accounts are settled and they have been ordered by the court to pay over the respective shares to legatees or distributees. As a general proposition any property or fund in the

custody of the law is immune from garnishment, as is property in transit by common carrier. Trustees, guardians, and assignees in bankruptcy are ordinarily not subject to garnishment of funds which they hold for the benefit of others. However, by section 272.30 Wis. Stats., real estate held in trust or for the use of another is liable for debts, judgments, execution and attachment against the person to whose use it is held.

*Quasi garnishment.*—Municipal corporations are not subject to ordinary garnishment proceedings, but the statute (Sec. 304.21) provides for what is known as quasi-garnishment of public employes whereby a judgment can be filed with the proper officer, and payment thereof made out of salary due the employe or such sums that may at any time become due the employe, subject, of course, to exemptions permitted by statute. The judgment should be filed with the Secretary of State, in the case of state employes, otherwise with the clerk of the county, village, city, town, or school district. This procedure is more convenient than ordinary garnishment, in that costs are eliminated and certainty of payments is greater. The salary of a member of the legislature cannot be garnished. 20 Atty. Gen. 29.

*Execution.*—An execution cannot be issued until judgment is obtained. It is a written command issued by a court to the sheriff, directing him to execute the judgment of the court. In the ordinary case, it directs him "to satisfy the judgment out of the personal property of such debtor, and if sufficient personal property cannot be found, out of the real property belonging to him . . ." Sec. 272.05, Wis. Stats.

All of the property of the debtor, except that exempt by statute, is liable for his debts, that is, bank notes, money, bonds, stocks, equities in goods mortgaged or pledged and real estate. The officer conducting the sale must give twenty days notice of sale of personal property, and six weeks notice (by publication in addition to posting) in the case of real property. Sec. 272.29, 272.31, Wis. Stats.

*Exemptions.*—The statute sets out at length (Sec. 272.18) what property is immune from seizure by garnishment, execution, attachment, etc. to satisfy the debts of a person.

a. Earnings. The debtor is entitled to an exemption of 60% of his earnings, including the earnings contributed by minor children, but not less than $60 or more than $100 for the month preceding the issuance of the writ and not less than $180 or more than $300 for the preceding three months. In addition he is entitled to an extra $10 per month exemption for each child under 16 years dependent on him for support. This statute applies only to persons who have families dependent upon them for support. Sec. 272.18 (15) Wis. Stats. Thus most single people are excluded. Earnings include proceeds from the sale of crops, livestock, dairy products and other products grown or produced by a person to which his personal effort or that of his minor children has contributed.

b. Automobiles. Any automobile used or kept for the purpose of carrying on the debtor's trade or business, and not exceeding $400 in value, is exempt. If it is worth more than $400, it can be seized and sold, the $400 paid the debtor and the excess paid to the creditor. Sec. 272.18 (6) Wis. Stats.

c. Tools, etc. Tools, implements and stock in trade of a person used or kept for the purpose of carrying on his trade, not exceeding $200 in value, are exempt, (8) *Ibid.* In addition the statute (6) sets out various farm implements, to the value of $300; eight cows, ten swine, fifty chickens, two horses or mules and food for them for a year.

d. Household equipment. Household furniture not exceeding $200 in value is exempt, besides beds, stoves and wearing apparel. (5) *Ibid.*

e. Other personal property. Numerous specified articles are exempt, and the statute (Sec. 272.18) should be referred to before attempt is made to satisfy judgment by execution or otherwise.

f. Homestead exemption. The statute provides for a homestead exemption of not more than 40 acres of land, when used for agricultural purposes, and the dwelling thereon owned and occupied by the debtor, to the amount of $5,000. Sec. 272.20 Wis. Stats. If the land is in a village or city, or not used for agricultural purposes, the amount is limited to one-fourth of an acre including the dwelling thereon.

*Attachment.*—Attachment differs from execution in that it is available at the time an action is begun. It may be one of the methods of beginning an action. It consists in having the sheriff or constable seize property of the debtor and hold it until further direction of the court. It is available only under certain conditions set out in section 266.03, Wis. Stats., and is used primarily in cases where the debtor is about to move away or dispose of his property—situations in which it is essential to act quickly to tie up the property of the debtor. If, upon trial of the action, the plaintiff is awarded judgment, the property is sold as by execution, and the proceeds applied likewise. Sec. 266.23 Wis. Stats.

Before a warrant of attachment is issued, the plaintiff or somebody in his behalf must file with the court an affidavit stating that the defendant is indebted to the plaintiff in an amount over $5 in justice court or $50 in circuit court due on express or implied contract or judgment, and stating reasons why an attachment should issue. The court issues the warrant which can be served immediately and the goods attached. It should be kept in mind that the ordinary rules of exemption apply to attachment as well as garnishment and execution proceedings. It is important to note that the attachment only creates a lien which may be lost unless

within a reasonable time after judgment the creditor issues execution. Special provision is made for sale of perishable property. Sec. 266.14 Wis. Stats.

*Remedies supplementary to execution.* — Sometimes it is suspected that the debtor has assets which are not exempt, but which have been concealed or for some reason have escaped execution. Supplementary proceedings in aid of execution can be invoked under Chap. 273, Wis. Stats., and an order issued by the court, or a judge of the county to which execution was issued (not a justice of peace), requiring the debtor to appear and "answer concerning his property." Sec. 273.03 Wis. Stats. Witnesses can be subpoenaed if necessary, and the debtor questioned upon oath as to his assets. If assets are discovered, not exempt, the court can order them applied toward satisfaction of the judgment. This procedure is available when execution is returned unsatisfied.

A receiver may be appointed to collect assets which may be due the debtor from others. Sec. 273.04 Wis. Stats.

# Analysis of the Federal Soldiers' and Sailors' Civil Relief Act

THE Soldiers' and Sailors' Civil Relief Act, 1940, although of greater interest to business men than physicians, has such far-reaching effects that a knowledge of its essential provisions is necessarily of interest to professional men and the public generally.

With a few scattered exceptions the act is a reenactment of the World War Act. Sometimes referred to as the Act of October 17, 1940, it protects all persons in military service from legal proceedings based on contractual obligations incurred prior to entering the service.

Its purpose, as stated by Congress, is to enable persons in military service to devote their entire energy to the defense needs of the nation. The act operates as a temporary suspension of legal proceedings but does not annul the obligation itself. Sec. 100.

From and after the date of the act it applies to those then in military service and to others as they enter the service. In no case does the act apply before induction into service. Its protection extends to those in the National Guard and reserve components of the army who have been ordered into active military service by the President under the act of August 27, 1940.

Section 604 of the act provides that its protection shall continue until the date of discharge from active service or death of the person while therein, or until the expiration date of the act, which is stated to be May 15, 1945; or, if the United States is then at war, it continues until six months after peace is proclaimed.

Sureties, endorsers, guarantors and the like may, in the discretion of the court, be extended the same relief as that granted to their principals. Sec. 103.

## General Relief

In general the act provides, in section 200, that before any default judgment may be entered in any court, state or federal, whether a court of record or not, the plaintiff must file an affidavit setting forth facts showing that the defendant is not in military service, that he is in such service, or that the plaintiff is unable to determine the fact. Unless an affidavit is filed showing that the defendant is *not* in military service, no judgment shall be entered without a court order directing such entry. If the defendant is in military service no order directing entry of judgment shall be made until the court has appointed an attorney to represent the defendant. His acts, however, do not bind the defendant. Sec. 200 (3). Unless it appears affirmatively that the defendant is not in military service, the court may require as a condition to the entry of judgment, a bond to indemnify the defendant against any loss or damage should the judgment later be set aside in whole or in part. The court may make such further order as seems to it necessary to protect the rights of the defendant under this act. To get the judgment reconsidered, there must be a "meritorious or legal defense," and application must be made not later than ninety days after termination of service.

Bona fide purchasers for value under such a judgment which is subsequently vacated or modified, are, however, not affected. Sec. 200 (4).

The court may on its own motion, and must on request by or on behalf of a person in service, (a) stay any action or proceeding involving such a person, (b) stay the execution of any judgment or order entered against him and/or vacate or stay any attachment or garnishment of his assets, unless it believes that his ability, in case (a), to prosecute or to defend, or in case (b), to comply with the judgment or order entered or sought "is not materially affected by reason of his military service." Sec. 201 and 203.

There shall be no penalty where an action for noncompliance with any contract is stayed; and where a person fails to perform any obligation and a fine or penalty is incurred therefor, the court may, on such terms as may be just, relieve against the enforcement of the fine or penalty if it shall appear that the person was in military service when the

penalty was incurred and thus, by reason of such service, his ability to pay or perform was materially impaired. Sec. 202.

The period of military service shall not be included in computing the running of statutes of limitation. Sec. 205.

### Rent

Without leave of court granted upon application therefor, or granted in an action affecting the right of possession, no eviction shall be made during the period of military service as to any premises for which the agreed rent does not exceed $80 per month and which are occupied chiefly for dwelling purposes by the wife, children, or other dependents of a person in military service. Sec. 300. But the Secretaries of War, Navy and Treasury, as the case may be, are empowered to order a reasonable allotment of pay for rent. Sec. 300 (4).

In an interesting decision under the World War Act, a New York court held that where, because of the military service of the tenant, his landlord subleased the dwelling for less rental than that paid by the tenant, the difference was not an obligation of the tenant. States Realty Co. v. Greenfield (1920) 110 Misc. 220, 181 N. Y. S. 511.

### Installment Sales

No person who, *prior to August 18, 1940*, has received a deposit or installment of the purchase price under a contract for the sale of real estate or personal property from one who after that payment enters military service, may exercise any right or option under the contract to rescind or resume possession of the property except by court order. Sec. 301. The court may stay the proceedings, as provided in the act, or may make such other disposition of the case as may be equitable to conserve the interest of all parties to the contract. The court may order all or any part of the deposit or installment payments to be refunded to the purchaser before allowing the seller to resume possession. The court may adjust the payments to the financial ability of the person in military service, or it may arrange for the payments to be completed after the period of military service. Subsec. 4. The act provides that the purchaser and seller can change or cancel the contract on such terms as they may agree upon in writing. Similar relief is provided as to obligations originating *prior to August 18, 1940*, which are secured by mortgage, trust deed or other like security. Sec. 302.

No court shall deny or stay a legal proceeding to repossess a motor vehicle sold under installment contract unless the court shall find that 50 per cent or more of the purchase price has been paid. But, in any event, before allowing repossession, the court may require the plaintiff to post an indemnity bond. Sec. 303.

### Real Estate Taxes

Section 500 forbids, in the absence of court proceedings, the forfeiture or sale of real estate "owned and occupied for dwelling, agricultural, or business purposes by a person in military service or his dependents at the commencement of his period of military service and still so occupied by his dependents or employees" for nonpayment of taxes, general or special, falling due during the period of service. To get this benefit, however, an application must be made to the collector of taxes by or on behalf of the person in service showing that his ability to pay is "materially affected" by reason of his service. Interest on past due taxes is restricted to 6 per cent and penalties are forbidden.

Relief under the act is extended to citizens of the United States who serve with the forces of any nation with which the United States may be allied in the prosecution of any war, provided they are honorably discharged and resume United States citizenship, or die in or as a result of such service. Sec. 512.

### Income Taxes

With the exception of employes subject to the Federal Insurance Contribution Act, the collection of income taxes from any person in military service, whether the tax falls due prior to or during the service, shall be deferred for a maximum period of six months after termination of service, if his ability to pay the tax is materially impaired thereby. No interest or penalties may be charged for the extension, but the statute of limitations on actions to collect the tax shall also be suspended during military service and for nine months thereafter.

The validity of this law is established under the authority of the Congress to declare war and maintain armies. Hoffman v. Charlestown Bank (1918), 231 Mass. 324, 121 N. E. 15; Pierrard v. Hoch (1920), 970 Ore. 71, 191 P. 328.

## PHYSICIANS' EXEMPTION FROM JURY DUTY

Section 255.02 (2), statutes, provides in part for the exemption of all practicing physicians and surgeons from service as jurors. This exemption from jury duty is not a disqualification to act as a juror, but is a mere personal privilege which the juror may claim or waive.

Physicians desiring to take advantage of their exemption should appear in court if by oversight called for jury duty, and should state the fact of their profession to the presiding judge.

# Agreements of Lease and Locum Tenens

THE negotiation and signing of leases is an almost universal periodic experience for the physician. If he will observe the precautions indicated below, he may avoid disagreeable experiences and monetary loss.

## A. OFFICE LEASES

A lease is a special type of contract and once general negotiations have been completed, the desirable and prudent policy is to have an attorney draft the instrument itself. This will often prove a much more desirable policy than for the physician to read over hurriedly, and perhaps without full understanding, the printed provisions and rules of a "form" lease, which is generally drafted for the owner's protection rather than for that of the tenant.

The law on the subject of relation of landlord and tenant is a highly involved one and contains a large number of rules. It is thus difficult to generalize those rules, and the effort here made in that direction is intended to *indicate* problems which may quite commonly arise, together with suggested solutions. It must be borne in mind that the remedy in a given case may hinge on the particular facts, or even on a single fact, and that the suggestions above made will have general rather than specific application.

### Important Lease Considerations

1. **Cancellation of lease by tenant for health or professional reasons.** The physician may wish to leave the community, in which he is practicing, for reasons of health or because of a more promising professional opportunity elsewhere. But because his office lease requires him to pay to the end of the term, and no other tenant can be readily procured, he may feel he cannot afford to leave.

*Remedy:* A clause giving the physician tenant the privilege of leaving for reasons of health, or for professional reasons, may be inserted in the lease with the consent of the owner. Ordinarily, such a provision requires the payment of some additional rent after the physician moves or gives notice of moving, say for thirty or sixty days ahead, so as to compensate the owner against possible vacancy for that period. The owner might reasonably require that in the event of removal for professional reasons, such change of location must not be merely to a place in the same locality, but some specified distance beyond the locality. This and details of notice and causes for moving should all be carefully agreed upon in such a provision.

2. **Cancellation of lease following death of physician.** The ordinary lease does not terminate on the death of the tenant but is expressly made binding on the tenant's heirs, personal representatives and assigns. This has the legal effect of binding the estate on rental and other obligations. It would seem wise to give the personal representative of a deceased physician (his administrator or executor) the option of limiting or terminating the rental liability of the estate whenever, in his judgment, this should be done.

*Remedy:* Following is proposed phrasing to carry out this suggestion:

---

It is mutually understood and agreed between the parties hereto, that in the event of death of the lessee during the term of this lease, his executors or administrators shall have the option of either terminating the lease or reducing its terms to a month to month rental basis, such privilege to be exercised within 60 days after the executors or administrators qualify as such in proper court proceedings.

Written notice of termination given to the lessor, or his agent, pursuant to the above agreement shall terminate all liability on the part of the lessee's estate, his administrators, executors or heirs, for rents to be paid for future occupancy of the premises beyond the 30 days next following the service of the notice.

Any option to renew contained in this lease may be exercised by the executors or administrators of the lessee at the time and in the same manner as provided for the lessee himself, but renewal of this lease will not be implied from any failure of the lessee's representatives to act hereunder.

---

3. **Decorating of premises.** Unless a lease otherwise provides, the owner may not be obligated to do any decorating of the exterior or interior of leased premises.

*Remedy:* Questions of decorating leased premises prior to occupancy and during the course of occupancy can easily be handled by appropriate provisions in the lease.

4. **Destruction of premises.** Leases frequently do not provide for the suspension of rent where fire or other casualty has rendered the premises partially or totally unfit for occupancy. Thus a situation may arise, in which the physician cannot continue to occupy the premises following a fire or other serious damage, or can, at best, only occupy them under great difficulty, and yet is compelled to continue full rent payments.

*Remedy:* The lease should provide that in the event the premises should become wholly untenantable by reason of casualty damage the physician either be immediately released from rental liability or be released following the expiration of a reasonable period required either for the rebuilding of the premises or for the substitution of office facilities in a form acceptable to him. Where premises have been made partially untenantable by reason of casualty damage the lease should provide for a proportionate abatement of rent. Thus if the premises are

only 50 per cent usable, there should be a 50 per cent rental allowance until they are fully restored, but any percentage of nonuse over 50 per cent might well be considered as sufficient to excuse any rent payment.

5. **Heating and hot water facilities.** Unless a lease so specifies, the owner may not be obligated to furnish either heat or hot water, both of which are such essential items in a physician's office.

*Remedy:* Questions both of heating and the furnishing of hot water should be settled at the time negotiations are under way, and then should be carefully set out in the lease itself.

6. **Installations.** A physician may find that the premises he proposes to rent will require additional water and plumbing facilities, and also special gas and electric facilities. The three questions which arise in connection with such installations are: (1) Who has to pay for them initially? (2) Whose property do they become following installation? (3) Must they be removed or the premises restored at the termination of the lease? Such installations are generally costly, and these questions are therefore of substantial importance to the physician tenant.

*Remedy:* Wherever the plumbing, wiring, or other installations will permanently benefit the premises, the physician should endeavor to arrange that the owner pay so much of the installation cost as possible, and that he pay only the remainder. Wherever such installations are of such a character that they could be removed to other premises by the physician on the termination of his lease, he should reserve in himself the title to and right to remove such installations by terms of the lease itself. In the absence of such a provision, installations will ordinarily be regarded as affixed to the premises and, as such, a part of the real estate. This places title to such fixtures in the owner, and the tenant has no right to remove them on the expiration of the lease. Should the lease be for a period of only two or three years, a substantial investment would have been lost at the termination of that time should the physician be unable or unwilling to renew.

Where the tenant is permitted to remove such fixtures as he has installed, he would ordinarily be expected to restore the walls, floors and other affected parts of the premises to their original condition. This is a reasonable enough provision. Some leases, however, not only give the owner the legal title to such installed plumbing, wiring, etc., but also provide that at the owner's option the tenant may be required to restore the premises to their original condition on expiration of the lease, without being permitted to take away any of the fixtures for which he paid. The tenant should not permit such a provision in the lease.

7. **Military service.** Physician registrants under 36 years of age may be called under the Selective Service Act; many have already been called as members of the National Guard or as reservists. While the present extent of compulsory training is eighteen months, the limit might be increased by subsequent legislation, and could be indeterminate should war be declared. The physician will be facing a serious enough loss by being away from his practice without having to pay the rental on his office during his period of service.

*Remedy:* It is doubtful whether the Soldiers' and Sailors' Civil Relief Act permitting under certain conditions the suspension or termination of leases by men in the service applies to offices required for professional purposes. It would be advisable on all leases made hereafter to insert a clause permitting the physician tenant either to cancel or go on a month to month basis should he be called into the military service of the government for training or for any other military purpose. It would seem equally advisable for those whose leases have some time to run to discuss the matter promptly with their landlords in an effort to work out some reasonable arrangement should the physician be called at a later date.

8. **Public liability coverage.** Many leases contain a clause under which the physician tenant assumes all liability which would normally accrue to the owner of the premises, as, for example, injury to a patient who might be hit by falling plaster in the physician's waiting room while keeping a professional appointment. The average public liability policy does not cover liability assumed under a contract by the tenant but, instead of this, commonly contains a clause substantially as follows:

> *"This policy does not apply to any liability assumed by the assured under any contract or agreement."*

The legal effect of such wording is that the physician is without protection under such a policy although he thinks he has coverage.

*Remedy:* First, examine the lease to see whether it contains such a provision; namely, that the physician tenant is responsible for any injury received by any person while on the leased premises, even though a defect in the building be its cause. Second, examine the public liability policy carefully. Third, if the policy contains an exclusion of any liability assumed by contract, the physician should then adopt one of the following two courses promptly: (1) arrange with the owner to change the lease provision under which he assumes such liability; (2) if he cannot have the lease modified, have the assumed liability covered by a specific endorsement to be added to the public liability policy.

9. **Renewal of lease.** No lease is automatically renewed unless it contains a specific renewal provision. All indications point to some increase in rental in the years immediately ahead, and the most practical way to hedge against increased rental is by timely provision in present leases or in leases which may hereafter be signed.

*Remedy:* If the physician is now under lease, it would be well for him to negotiate with the owner of the premises for a renewal option at this same

rental. This provision could be added by mutual consent to the existing lease and would take effect on its expiration, if the option were exercised by the physician according to its terms. Ordinarily, such an option provides that the tenant may renew for an agreed period, at an agreed rental, by giving notice in writing of his intention to do so a certain number of days or months before the present lease expires. Those entering into leases hereafter would do well to include such renewal provisions.

10. **Repairs and upkeep.** The average responsible owner of office space will wish to keep up at least the exterior of the premises so as to prolong its life, minimize fire insurance rates and for other prudent reasons. Such owners are not necessarily willing to keep up the interior of the premises, however. Many leases go a step further and provide that all repairs of any nature which become necessary during the course of a lease are to be at the expense of the tenant. Thus, a physician might take over premises which were old or run down and have to replace such expensive items as the roof, floors, stairs, plumbing, heating plant and wiring during his occupancy.

*Remedy:* The prospective physician tenant should first make careful inspection of the premises he intends to lease, and come to immediate terms with the owner as to the condition in which they are to be put before he begins occupancy. He should then provide in the lease so far as possible that exterior repairs, such as painting, replacement of rotted boards or steps, or of the roof, be at the owner's expense. A still further provision might well be that repair or replacement of any substantial part of the premises during the lease was to be the obligation of the owner where such repair or replacement was due to ordinary wear and tear rather than to the negligence of the tenant. Still another prudent provision is that all structural repairs, which should include foundations, walls, floors, stairs, and roof, are to be the obligation of the owner rather than of the tenant. These provisions have particular importance where the physician is going to occupy old or outmoded premises.

11. **Subleasing.** Unless a lease makes provision for subleasing of the premises, the tenant has no rights whatever in this respect. A physician called into military service might find a highly desirable fellow physician to take over his practice, but he would be helpless in the matter unless the owner approved the subleasing. The same is true in the case of the physician who might wish to leave a community for reasons of health or because of an opportunity elsewhere.

*Remedy:* Provision should be made in the lease permitting subleasing of the premises after written notice to the owner. The provision permitting the physician to sublease should be as broad as possible, since he might not always be able to find a physician successor. At the very least it should permit him to sublease the premises to another medical practitioner.

## B. LOCUM TENENS

In the case of many of the physicians called into the service of our country, the responsibility of continuing medical service for the community and of maintaining the professional establishment will be of major concern. The State Medical Society holds itself ready to be of assistance to its members in this problem at any time.

In those cases where a locum tenens is secured, the Society urges that the arrangements be confirmed by a written contract, drawn with the assistance of a local attorney. In arriving at the terms of such an agreement members should consider these fundamental points:

1. *Licensure.*—The locum tenens must be licensed in Wisconsin as one entitled to practice medicine and surgery, with his license filed in the county in which he resides. He should be a member of the local and State Society as a further assurance of his ethical standing and abilities.

2. *Staff privileges.*—Association on the hospital staff, where necessary, should be arranged. The locum tenens should be apprised of the conditions necessary to a continuation of this association, and his compliance with them should be a continuing condition of the contract.

3. *Malpractice liability.*—Malpractice insurance should be maintained by both parties under all circumstances.

4. *Partners, independent contractor, or employe.*—One of the most important matters for decision is that of determining the relationship under which the locum tenens is to assume management of the office. Your own attorney can best describe the practical aspects of this problem. It is sufficient to say that there is a real distinction between these with respect to liability of the principal party for the acts of the locum tenens, and with respect to his power to bind or otherwise obligate his absent confrere. In deciding this relationship, consideration must necessarily be given to the extent the locum tenens is to control the practice. For example, may he move the office acting upon his best judgment alone? Or may he make such purchases to the office account as his judgment dictates? Are the costs of operation to be a joint burden, and in any event, what are they?

5. *Financial arrangements.*—Whether the locum tenens is reimbursed on a salary or drawing basis, arrangements must be made with respect to handling withdrawals, the financial records to be kept, collection policy and obligations of locum tenens with respect to accounts receivable of the physician. In this connection note "Fee Splitting," page 1176, and particularly the "Analysis of the Federal Soldiers' and Sailors' Civil Relief Act," page 1170.

Physicians and their attorneys are also referred to the article and opinions of the attorney general relative to division of fees between physicians, appearing on page 1176.

6. *Locum tenens to give entire time.*—As an essential provision of the contract, provision should be made with reference to the amount of time that the locum tenens is to devote to the practice. Is he to give his entire time and not to engage in any business which would detract from his abilities to serve the community professionally?

7. *Costs of operation.*—If the salary or drawing arrangement with the locum tenens is to be based on the percentage of net income after payment of operating costs, items of costs should be specified so nearly as can be determined. If the physician should own his own office it is only proper that a rent basis for use of the office be established, and such items as light, heat, wages, insurance, supplies and equipment and the like should all be taken into consideration.

The physicians must likewise determine their policy with reference to accounting for collections for services rendered prior to execution of the agreement by the reserve officer. Are these to be considered income under the contract or are they excluded?

8. *Restriction on practice after termination of agreement.*—Wisconsin courts recognize the validity of clauses restricting practice after termination of a contract of employment. Your attorney may refer to the cases of *Eureka Laundry Company v. Long*, 146 Wis. 205, and *Madson v. Johnson*, 164 Wis. 612. The test is whether such a clause is in itself fair and reasonable and necessary for the proper protection of the professional interest involved. A frequent provision reads that the assistant may not maintain an office or hold himself out for practice in the city or within a reasonable area surrounding the city for a period of five years after termination.

9. *Arbitration of disputes.*—A clause may be inserted in the contract providing that in the event of disputes the matter may be referred to an arbitration committee of three, one to be selected by each party to the contract, the two so selected to select a third. The decisions of such an arbitration committee are ordinarily binding under the Wisconsin statutes.

10. *Termination.*—A provision for termination of the contract should be made. At the option of the party a definite date may be selected or termination can depend upon the time when the absent associate returns, or may be of indefinite duration, and terminable upon sixty or more days' notice. In any event it should be stated that failure on the part of the locum tenens to carry out in good faith the provisions of the contract should be cause for termination without notice.

11. *Miscellaneous matters.*—Other matters which a physician may desire to pass upon may include questions concerning the handling of bank accounts, power of attorney with reference to writing checks and the handling of certain business and personal matters of the absentee member, as well as the form of stationery, billing head, prescriptions, liquidation after termination of the agreement of accounts receivable arising during the operation by the locum tenens of the practice, care and replacement of medical instruments and the like.

* * *

The State Medical Society is most willing to cooperate with its members and their attorneys in the preparation of these contracts to meet the varying need of special circumstances and of the communities. If the physician is already in partnership, but a locum tenens is still necessary, the arrangement should be among all of the parties and the same applies even though the physician going into service is employed on a salary basis at the present time but wants to protect his particular practice.

## PHYSICIANS AND THE PHARMACY LAW

The sale, compounding and dispensing of drugs, other than narcotics, are governed by the provisions of chapter 151, Wisconsin statutes, entitled "Pharmacy." This defines the practice of pharmacy and sets forth the requirements of registration and other regulations of those who practice in this field.

The definition of "drugs" is very broad. Included are all articles intended for use in the diagnosis, cure, mitigation, treatment and prevention of disease, together with articles recognized in the official pharmacopoeias.

It is expressly provided in section 151.04 (3) that this chapter shall not interfere with the dispensing of drugs, medicines or other articles by physicians. The effect of this provision is that physicians are not governed by this law in so far as they dispense or compound drugs for their own patients or fill an occasional prescription for another physician. However, they must not fill prescriptions for others *as a business*. See 3 Atty. Gen. 555; 16 Atty. Gen. 722. A physician who desires to engage in the business of pharmacy must comply with the provisions of the pharmacy law just as must the pharmacist.

This chapter of the statutes has nothing to do with narcotic drugs, their definition or use. For information on this field see "Narcotic Laws," page 1237.

# Fee Splitting

BY STATUTE enacted in 1913, and strengthened in 1915, fee splitting by physicians is prohibited, even between physicians taking part in the same operation. *Each physician must render his bill direct to the patient.*

Section 343.322 of the Wisconsin Statutes provides:

**Fee splitting by physicians.** (1) Any physician or surgeon who shall claim or demand and collect and receive any money or other thing of value as compensation for his professional services in treating or operating upon a patient who was induced or advised by another physician or surgeon to submit to such treatment or operation, and who shall have previously paid or delivered, or shall thereafter pay or deliver, any money or other consideration to such other physician or surgeon or his agent, as compensation for such inducement or advice, or as compensation for assistance in the case, or any physician or surgeon, giving such inducement or advice, who shall, as compensation therefor, or as compensation for assistance in the case, demand, receive or retain any money or other consideration directly or indirectly from the physician or surgeon treating or operating upon the patient so induced or advised, shall be guilty of a criminal fraud and upon a conviction thereof shall be punished by a fine of not more than one hundred dollars or by imprisonment in the county jail not exceeding six months. Such conviction shall operate also as an annulment of the license held by the convicted person to practice as such physician or surgeon.

(2) Any physician or surgeon, not a citizen of Wisconsin, who shall in any adjoining state treat or operate upon a citizen of Wisconsin, and who shall have previously paid or delivered, or shall thereafter pay or deliver, any money or other thing of value to another physician or surgeon as compensation for inducing or advising such patient to submit to such treatment or operation, or as compensation for assistance in the case, is forbidden to practice medicine or surgery within this state or to participate in this state with other physicians and surgeons in consultations. Every violation of this subsection shall be a misdemeanor punishable by a fine or by imprisonment as prescribed in subsection (1).

(3) Any physician, surgeon, nurse, anesthetist, or medical assistant or any medical or surgical firm or corporation who shall render any medical or surgical service or assistance whatever or give any medical, surgical or any similar advice or assistance whatever to any patient for which a charge is made from such patient receiving any such service, advice or assistance, shall render an individual statement or account of his charges therefor directly to such patient, distinct and separate from any statement or account by any other person, firm or corporation having rendered or who may render any medical, surgical or any similar service whatever or who has given or may give any medical, surgical or any similar advice or assistance to such patient. Any violation of this provision shall be punishable by the penalty prescribed in subsection (1) of this section.

(4) All prosecutions under this section shall be in the circuit court.

## 1914 Opinion of Attorney General

Shortly after the passage of this law, Attorney General Walter C. Owen, later a member of the Wisconsin Supreme Court, was called upon to give his opinion with respect to its interpretation and general effect. The important questions asked, and his answers thereto are summarized below. For a more complete discussion see 3 Atty. Gen. 218.

1. *Under the law as it now stands, can a surgeon, not a member of the regular staff of a hospital operate at such hospital for a stated fee for the institution, and let the hospital collect the surgical fee from the patient according to his ability to pay along with other hospital fees; the hospital paying the surgeon the fee agreed upon, whether larger or smaller than the fee charged the patient by the hospital, or must the surgeon under the circumstances, charge the fee for the operation direct to the patient?*

The object of this law was to prevent the practice, which was alleged to have grown up in this state, of physicians and surgeons in the larger cities paying fees or commissions to the country physicians and surgeons for inducing or advising patients to submit to operations or treatments by such city physicians and surgeons. Such fees or commissions were not for any services rendered to the patient, but for service rendered to the other physicians or surgeons by sending them this business. Generally it was not known to the patient that this fee or commission was being paid. It was felt that this was an abuse, as it gave an inducement to the physician or surgeon first consulted to advise the patient to submit to treatment or operation by the city physician or surgeon offering the largest fee or commission, regardless of his ability or skill. It would seem that the statute was intended not only to prevent the paying of these fees or commissions, but also to prevent the employment by one physician or surgeon of another, except, possibly, that one physician may employ another physician upon salary, the latter not being paid a separate compensation for each case.

While the law does not specifically make it an offense for a hospital to employ a surgeon who is not a member of its regular staff to perform a particular operation under an arrangement that the hospital make its charge to the patient for such operation or treatment and that it make its charge for such surgical services irrespective of the amount paid by it to the surgeon, yet it would seem that the evils incident to such a practice would be as great as in the case of fee splitting between two physicians or surgeons.

2. *Where a surgeon operates at a hospital in which he has a financial interest, or in which he is part owner or sole owner, but conducts the business in the name of the hospital, must he make a separate charge for operation or may the whole charge be made by and in the name of the hospital?*

The hospital may employ a physician or surgeon upon salary, and then make a contract with the patient to furnish him both medical or surgical treatment and hospital service. If this is done the entire charge could be made in the name of the hospital. If, however, the physician or surgeon is not paid a salary, but charges separately for each treatment or each operation, the safer practice is to make the charge for medical services direct to the patient and let the hospital make its charge separately to the patient.

3. *Can a surgeon who is not a resident of the city where the hospital is located and who does not hold himself out as a member of the staff of such hospital operate at such hospital and make a charge direct to the hospital under the existing law?*

4. *Where a country physician engages a surgeon to assist him in an operation at the home of the patient or at the residence of the country physician can the surgeon make his charge direct to the country physician engaging him or must he make a special contract with the patient?*

5. *Under these conditions can the country physician make the contract with the surgeon or must the contract be made directly with the surgeon by the patient?*

The attorney general's opinion answered all three of the questions with the statement that the safer practice under any of the above circumstances is for the surgeon to make his charge direct to the patient, or to phrase it otherwise, for the consulting surgeon to make a contract with the patient which is separate from that between the original physician and the patient. The opinion noted that the fee splitting statute specifically forbids the surgeon performing the operation to pay the physician or surgeon who induced or advised the patient to submit to the operation any money or other consideration as compensation for such inducement or advice, or as compensation for assistance in the case. It would appear that the same reasoning would apply where the physician or surgeon advising or inducing the operation collects the entire fee and then pays the surgeon performing the operation.

6. *Is a physician who brings a patient to a hospital for an operation or to a surgeon for an operation entitled to a fee for assisting in such operation or for time spent in accompanying the patient to the hospital or place of operation?*

The physician could make a charge for such services, but such charge should be made direct to the patient and not the surgeon or to the hospital.

7. *Can a surgeon charge a regular fee for operations to a physician, including fee for operating room, dressings, anesthetic, etc., irrespective of the ability of the patient to pay, and the physician in charge of the case collect his fee, including such operating fee as he thinks right, the surgeon performing the operation doing the work for and on contract with the physician?*

Under this law it is illegal for one physician or surgeon to employ another physician or surgeon to treat a certain patient or perform a certain operation. If this is not the case, then the doors are wide open for evasion of the statute. It should be distinctly understood that for the treatment or operation performed, the patient pays the only compensation that is received by the physician or surgeon giving the treatment or performing the operation, and that he pays no more than is received by such physician or surgeon. No intermediate physician or surgeon should either profit or lose by the services performed by such other physician or surgeon.

8. *If the surgeon or hospital charges a regular fee for operation to physicians, must the same fee be charged to patients who come for operation not accompanied by their physician, or can the surgeon or hospital make a charge suited to the ability of the patient to pay?*

No part of the fee received by the surgeon or hospital should be paid to the physician or surgeon inducing the patient to take such treatment or submit to such operation. Neither should the hospital charge the patient for such treatment or operation except where the surgeon performing the operation is a regular member of the staff of the hospital, and is compensated by it on a salary basis. In other cases the charge should be made direct to the patient by the surgeon performing the operation.

## 1935 Opinion of Attorney General

The statute was again referred to the attorney general in 1935 for his interpretation as to its effect under certain circumstances. The facts are set out below, together with a summary of the answer reported in 24 Atty. Gen. 580.

*Dr. A sent me a letter that Dr. B had sent him and also a check for $3.50, representing two-thirds of a fee that was paid to Dr. B. Dr. B was the family doctor for a man by the name of C. Dr. B does not perform major operations. After examining this man he diagnosed his illness as, I believe, appendicitis and informed him that he would call in Dr. A to perform the operation. It was satisfactory with his patient. Dr. A performed the operation. Mr. C paid Dr. B periodically. Dr. B charged a customary and going charge for the operation. As fast as Dr. B receives his instalments he pays Dr. A two-thirds. Dr. B gave the anaesthetic and assisted Dr. A in the operation.*

The law is now so clear that there can be no question but that a practice such as is described above comes clearly within the purview of that law. There is no ground for holding that it does not apply to a case where the relation of patient and doctor had already existed. If that were the case it

would be an easy matter to circumvent this statute. It is clear that the law was violated in the case described above.

The practice of fee splitting has been widely criticized in the profession. For example, the American College of Surgeons has as a part of its requirements for the standardization of hospitals the adoption by each hospital of a resolution against the practice joined in by all physicians who have hospital privileges. Fee splitting is unreservedly condemned and a hospital in which this practice is known to exist cannot secure or retain a place on the approved list. Its manual suggests that the most effective method of abolishing fee splitting is through the intelligent cooperation of the medical profession, the hospitals, and the public, and especially, through education of the public as to its evils.

# Malpractice and Malpractice Suits

THE Wisconsin statutes provide that complainants in personal injury actions must give notice of their claim within two years after the "happening of the event" causing the damage claimed, unless they have begun action by service of summons and complaint within the same period. Section 330.19 (5). The Wisconsin Supreme Court has held that no matter whether a cause of action based upon malpractice is predicated upon a tort (wrongful act) or contract (breach of agreement) liability, the action is essentially one for personal injury and falls within this particular statute. See Frechette v. Ravn, 145 Wis. 589; Klingbeil v. Saucerman, 165 Wis. 60. This is likewise true although the action may be one for loss of services, nursing and medical expense. See: Shovers v. Hahn, 178 Wis. 615. Our Supreme Court has also held that an infant is not excused from complying with this statute. Hoffmann v. Milwaukee Electric, 127 Wis. 76. Thus it follows that the provisions of the statute are applicable to individuals incapacitated by reason of insanity or a similar cause.

But if the statutory notice is given by those incapacitated by reason of infancy or insanity, the ordinary statute of limitations is extended. In the case of infants, the statute is extended until they reach the age of twenty-one years. If the individual is insane, the statutory period of limitations will be extended five years, unless he recovers within the six-year period. If he recovers after the ordinary period of limitations has expired but before the eleven-year period has expired, he must bring his action within one year after the disability ceases.

In order to protect himself properly in event of a malpractice claim, certain routines should be followed by every physician. (In this connection see also page 1248 of this *Journal.*) These routines may avoid unmerited claims arising through misunderstanding or precipitated by some thoughtless remark. In *The Wisconsin Medical Journal,* 27:573–575 (Dec.) 1928, certain precautions were suggested, and their substance is restated and somewhat augmented here, to help in avoiding malpractice actions:

## Causes For Misunderstanding

1. Medicine is a science but its proper application is largely an art. It is unwise to make unnecessary positive statements, particularly in early diagnosis or treatment in the broad field of human ills. When you say, "It is nothing but a cold; take these, go back to work and forget it," and subsequently it is found that the patient had incipient tuberculosis at the time he saw you, he is sure at least to resent your too-positive attitude if nothing more.

2. Few of the laity understand that an exact anatomical alignment in a fracture is not usual or necessary; that you are trying to attain it but that you are primarily interested in the functional result. When this is not explained and the patient subsequently sees an x-ray film showing only a fair anatomical result, who is to blame him if he fears he has had poor treatment? Frankness in explaining at least something of this to "fracture patients" is urged; then they will at least appreciate the difficulties that beset the paths of the best of men and will be thoroughly satisfied to find a good functional use restored.

3. The physician who promises quick results and fails to attain them frequently finds his patient seeking another physician.

4. Attorneys frequently say that street corner advice is worth just what one pays for it, yet it occurs with a fair degree of frequency that an attorney will ask a physician for street corner advice on a supposed course of treatment. Be careful what you say for he may be trying to arrive at conclusions whether a client has a real malpractice case. What he tells you will likely be but one side of the case and when all is known to you, your first opinion may be reversed.

5. In these days of compensation insurance a new cause for misunderstandings between physicians exists. It is an everyday occurrence for insurance carriers to demand that "their physician" see the insured. Reports are occasionally written by such physicians scoring the acts of the family physician. The insurance company may show this report to the claimant to show how his period of recovery was prolonged by faults of the family physician explaining that the company could hardly be expected to pay for that period. Again it is suggested that the second physician be sure he is in possession of all the facts before he scores the family physician. If he did his work carefully and exercised the same degree of skill as other practitioners in the community he will not be found guilty of malpractice even

though a better treatment might have been had in a distant, large hospital with more adequate facilities.

6. When a patient does not pay his bill and the ability to pay appears to exist many physicians turn the bill over tc a collection agency which may start suit in a physician's name. The man who does not pay his just debts within a reasonable period of time when ability to pay exists, is frequently not a man of honor or character. Such a man may bring a counterclaim alleging malpractice as a means of blackmailing the physician into dropping the original action for collection of fees. Indeed, records show a fairly large percentage of malpractice suits are begun as counterclaims rather than as original actions. The understanding physician, appreciating the danger in counterclaims on the part of the unscrupulous, will watch carefully that bills of such persons are not pressed unduly until after two years have passed following the last treatment. This generally means an added delay of but a few months and is a wise precaution when dealing with the type of people mentioned. After two years malpractice is outlawed but the statute of limitations still allows four years more in which to collect the debt.

7. No physician should pass over a case of definitely suspected fracture, dislocation or foreign body without advising x-ray pictures to make certain the diagnosis, if it is impossible by the unaided senses to exclude these conditions. Failure to give such advice may lead to a malpractice suit.

8. The law does not require you to respond to a call by anyone who applies. But after you have once accepted employment, you assume responsibilities with respect to attendance that continue throughout employment. If you yourself desire to terminate those responsibilities, you may,—provided you give reasonable notice, in view of the condition of the patient, as will permit the patient to employ another attendant. This is a general rule of law; its applicability will vary as to each case.

## Routine to Be Followed

Certain precautions should be followed as a routine if a physician desires to take every precaution to avoid malpractice actions.

1. Every x-ray plate should show the patient's number, the date, and at least the initials of the operator. The patient's record should show clearly the number of x-ray exposures.

2. In the case of fluoroscopic examinations the examiner should by all means note on the patient's record at the time the length in time of examination under the rays and the setting of the machine.

3. Do not put your faith in "fool-proof" apparatus. Have your equipment, such as your x-ray and fluoroscopic machines inspected regularly, for the assurance of the maker is no protection to you if something goes wrong.

4. Take no x-ray pictures; do no fluoroscopic examinations without noting on the record the patient's statement as to when he was last exposed. If the patient is a "traveler" he may be burned through multiple exposures.

5. In fracture cases take an x-ray picture routinely on the day the patient is released. Besides providing you with the opportunity to explain functional versus anatomical results, you have evidence to prove the condition of the patient when released. Then if the patient has a subsequent accident he cannot substantiate a claim of non-union when released.

6. If your patient does not accede to x-ray examination you have advised, or desires to leave the hospital before you think it wise, protect yourself against what might happen by reducing your advice to writing and handing a copy to the patient in the presence of at least one and preferably two witnesses. A written statement, signed by the patient in the presence of witnesses, refusing permission for use of the x-ray by you, or further hospitalization, is preferable. Following such procedure is of immeasurable value in event of future litigation.

7. It seems hardly necessary to state that in full records lies your greatest protection. Such records, made at the time, are the best evidence in court of conditions you found and treatment you advised. If your patient is not following your advice, be sure to make note of that at the time.

8. The importance of obtaining consent in all procedures involving operations or autopsies must never be overlooked. Neither good faith, patient welfare, nor good medical practices will stand alone as a defense against failure to secure consent, except only in those cases where an emergency makes it impractical for a physician to confer with the patient, or his guardian. See: Throne v. Wandell, 176 Wis. 97.

*Burden that of surgeon.*—While it is probably routine in all well-regulated hospitals to secure a written consent from a patient about to undergo an operation, it must not be understood as any the less the surgeon's responsibility. And while oral consent is sufficient, difficulty of proof as to the fact that it was given condemns this procedure as insufficient protection.

*Extent of consent.*—A physician authorized to perform a specific operation acts at his peril in performing another or different one; nor, apparently, is he authorized to perform a more extensive and involved operation than that authorized. In all cases the consent should be sufficiently broad to include any procedures whether anticipated or not which may confront the surgeon at the time of operation. Consent must be obtained without fraud, and thus it is the safer policy to explain that sometimes unanticipated conditions or complications arise, so that, for the patient's welfare, the physician should be authorized to deal with them as they may arise.

*Who may give consent.*—Under ordinary conditions, and except in the emergency case as noted

elsewhere, the person operated upon, if not a minor nor incompetent, may give his consent for any lawful operation. In the case of minors and incompetents, only those in the position of legal guardians are empowered to give such consent. The mere fact that a relative such as a brother endeavors to authorize an operation is insufficient, unless legal authority to do so exists.

*Autopsy.*—Consent is of equal importance where an autopsy is to be performed, and if it is desired to remove organs or specimens, the consent should so provide. The Wisconsin Supreme Court, in the case of Koerber v. Patek, 123 Wis. 453, held that—

> We can imagine no clearer or dearer right in the gamut of civil liberty and security than to bury our dead in peace and unobstructed; none more sacred to the individual, nor more important of preservation and protection from the point of view of public welfare and decency; certainly none where the law need less hesitate to impose upon a wilful violator responsibility for the uttermost consequences of his act. We recognize, of course, that public welfare may and does require governmental control in many respects for protection of life and health of the people, and for discovery of crime connected with the death of a person, and to such interests the private right is subservient so far as necessary. Upon this ground rest cases of autopsies upon dead bodies under public authority, and to satisfy police regulations for ascertainment of cause of death.

Dr. W. C. Woodward, recently resigned director of the Bureau of Legal Medicine and Legislation of the American Medical Association, has pointed out that, subject to the legal rights of coroners, the right to control and custody of a dead body vests primarily in the surviving spouse, if there is any, and if not, in the next of kin in order of their consanguinity.

In the Koerber case, cited above, the Wisconsin Supreme Court also held that—

> In absence of any surviving spouse, situations become subject to such complications that it probably is not wise, if proper, to attempt to declare general rules beyond the case actually presented. Suffice it to say that the duty and right of the parent toward the body of a minor child dying a member of his household, or of the adult child toward a widowed parent, either a member of the child's family circle, or not a member of any other, seems to clear to warrant discussion.

And while Wisconsin has not yet stated any further rules, Dr. Woodward suggests that as a practical matter: "Generally it will be found that some one of a given group will be at the place of death and will assume charge of the body, and it is to such a one that application will generally be made for permission to perform an autopsy. Almost universally, such consent is recognized as valid by other members of the group; but even if it should not be the dissenting members would have difficulty in proving they had suffered damage by any supposed trespass on their rights."

However, it is only prudent to suggest that where there is doubt, great care should be exercised, and the advice of a local attorney sought. Even where the autopsy is performed at the request of a coroner the physician is protected only when the coroner properly has jurisdiction of the body. Generally speaking, that means in Wisconsin either that the coroner must have ordered an inquest—on his own motion or at the request of the district attorney because there is good reason to believe that murder or manslaughter has been committed—before asking the doctor to perform the autopsy, or that a cremation of the body is planned and in the coroner's judgment an autopsy is warranted. When the physician is in any doubt as to the coroner's authority to authorize an autopsy, he would do well to check first with the district attorney and then with his own attorney on the question of the coroner's proper jurisdiction.

*Character of suit.*—Physicians generally understand that under the Wisconsin law, if a malpractice suit is not begun within two years after the happening of the event upon which the cause of action arose, proper notice must be given. The Wisconsin court has held that this is true whether the action be one in behalf of a minor, and whether based on breach of contract or negligence. But it is not clear whether the same law applies in the case of autopsies without consent. An action involving an unauthorized autopsy may be predicated differently, and not come within the statutory contemplation of an action arising out of a personal injury.

*Other examinations; treatments.*—It must be pointed out that many statutes come into play in connection with specific matters of examination and treatment. With these the physician is generally well acquainted. For example, authorization for treatment may be secured from the employer in workmen's compensation cases, but this does not release the patient's right to control, even though at some possible cost to himself, the question whether he shall or shall not receive some particular treatment. Yet even this may not be the right of the patient with venereal disease. The law becomes more complex, not more simplified, with the extension of legislative programs affecting the public security and welfare; but in all this the physician must keep in mind the general rules that govern the patient's welfare and his personal relationship to him.

For a more detailed treatment of the problem of consent to autopsies see the article entitled "Coroners and Autopsies," page 1232.

9. If your operative reports are typed, read them carefully and sign your name in full. Do not just initial typed records. Never sign hospital operative records in blank to accommodate the hospital.

10. In the delegation of certain duties or functions to a technician, care should be exercised that such functions are those which may be called mechanical or ministerial and require the exercise of no judgment or discretion by the technician properly that of the physician.

### The Case of Threat

Assuming that some day you are given a summons in a suit, or a suit is threatened, these pointers may be helpful:

1. Report the suit or threat to your insurance company *at once.*

2. You may be invited to call on the patient's attorney to "avoid" a suit. Let your attorney do that for you.

3. Tell your own attorney all the facts even though some do not reflect credit on your judgment. He cannot help you if you "hold out" on him.

4. Do not be offended if a friend of yours is going to testify for the plaintiff. Better a friend who will give you a square deal than a quack whose testimony is purchasable.

5. Be careful of too-positive statements. Tell what you know in terms the jury can understand and admit that you do not know everything in medicine. When the plaintiff's attorney gets you to making one wholly positive statement after another he is soon apt to discredit your entire testimony by showing that authorities do not agree with some two or three statements and q. e. d.—you are "all wrong."

*Every malpractice action undermines the confidence of the public in all physicians and it is said that a dozen new suits are commenced based upon the publicity of a new case. You are your brother's keeper in maintaining a justified public confidence. Let no improper act of yours lead to a betrayal of that trust.*

# YOUR DEAD LINES

Below are some of the dead lines of a practicing physician:

**Driver's License, Taxes, Narcotics:**

1. Renew your Wisconsin driver's license immediately! Your old license expired on October 31, 1941. Application should be made to the Motor Vehicle Department, Madison.
2. File state and federal income tax returns on or before March 15, 1942.
3. Renew your federal narcotics license before July 1, 1942.

**Change of Residence:**

1. If you are registered under the Selective Service Act, notify your local draft board of changes of residence or temporary absences.
2. Notify the collector of internal revenue to insure the legality of your narcotics license. Penalties are imposed for failure to do this.
3. If you take up residence in another county, record your license with the county clerk so that no question will arise as in the collection of your fees.

**Remember to:**

1. Make prompt report to the State Board of Health of cancer cases, communicable diseases and others as described in the article on page 1249.
2. File a certificate for all births attended by you within five days of the event. Otherwise your medical fees are unlawful. Sec. 69.26, statutes.
3. Register with the county judge if you desire reference work on commitment proceedings for persons allegedly insane, epileptic, inebriate, mentally deficient, and drug addicts. Registration is limited to physicians who have practiced for two years, or have had one year's experience in a hospital for the insane. Sec. 51.01 (2), statutes.
4. Notify the next of kin or a person who may be chargeable with the funeral expenses before you send, or cause to be sent, the corpse of any deceased person to a funeral director, undertaker, mortician or embalmer. The penalty is severe for failure to do so. Secs. 156.14; 156.15 (1), statutes.

# Summary of Wisconsin Poor Relief Laws Affecting Care of Indigent Sick

## A Digest of Laws, Rulings and Practices

In the administration of relief, the following rulings are applicable and must be followed by relief officials:

**1. Blind Pensioners.** Blind pensions are granted in proper cases under the provisions of chapter 47 of the Wisconsin Statutes. Such a pension is a gratuity by the state in which the recipient has no vested right. But, on the other hand, neither can the county officials seek to control its expenditure after it reaches the control of the recipient. See: 24 Atty. Gen. 109. In determining the amount of blind pensions, officials may take into account medical and surgical needs, but if the total assistance granted is not adequate for medical and surgical needs, then medical and surgical relief shall be extended through regular relief channels for there is no provision in the law providing for the expense of medical and surgical care out of the funds available for pensions, and consequently such assistance must be extended under the general relief provisions of Chapter 49, or, in proper cases, under the provisions of Chapter 142, the Wisconsin General Hospital Law.

**2. Old Age Assistance or Pensions.** In determining the amount of old age assistance aid, officials may take into account medical and surgical needs; the total aid received from such old age assistance officials shall not, however, exceed a total of $40 a month. If the assistance granted is not adequate for the medical or surgical needs, then medical and surgical relief shall be extended through the regular relief channels. See: 25 Atty. Gen. 287 and 26 Atty. Gen. 306.

**3. Aid to Dependent Children (Mothers' Pension).** Medical and dental care is available from the pension funds not only for the child, but in the discretion of the pension agency for the father, if incapacitated, and the mother. Section 48.33 (6), Wisconsin Statutes. Maternity aid, in the form of supplies, nursing, medical or other assistance, shall be granted during the period from six months before to six months after the birth of a child, if the financial condition of the mother is such as to deprive her or the child of proper care. Section 48.331, Wisconsin Statutes.

The granting of aid for dependent children does not prevent the relief unit from furnishing medical aid in proper cases. See: 20 Atty. Gen. 146.

**4. W. P. A. Employes.** The fact that an individual in need of medical care which he has not the means to purchase, is employed on a W. P. A. project does not relieve the proper relief officials from extending him that care. The sole question is whether he has sufficient funds to secure such services for himself. If not, he is entitled to assistance through regular relief channels. See: 24 Atty. Gen. 802 and 26 Atty. Gen. 610.

**IMPORTANT: There is no "no-man's land" in matters involving relief.** No matter if the applicant is working and is possessed of sufficient means to provide the ordinary daily necessities of life, if that individual has need of medical care for himself or family which he cannot himself secure, he is entitled to have the assistance of relief officials. See: Coffeen v. Town of Preble, 142 Wis. 183. Thus it has been held the duty of relief officials to supply liver extract to one, suffering from pernicious anemia, whose means were insufficient to purchase that item, although sufficient for other purposes. See: 20 Atty. Gen. 162. In another case involving similar circumstances, the Attorney General held the furnishing of insulin proper. See: 18 Atty. Gen. 8.

The responsibility of relief authorities to provide relief to those in necessitous circumstances is mandatory by statute and by decisions of the Wisconsin Supreme Court. See: Meyer v. Prairie du Chien, 9 Wis. 233; Elkey v. Seymour, 169 Wis. 223.

Failure of relief officials to render aid is misconduct for which they are "amenable in some way." Patrick v. Town of Baldwin, 109 Wis. 342. Unless the funds are insufficient, poor relief officials' wilful failure to care for a needy person subjects them to criminal prosecution as well as personal liability. See: 21 Atty. Gen. 1141.

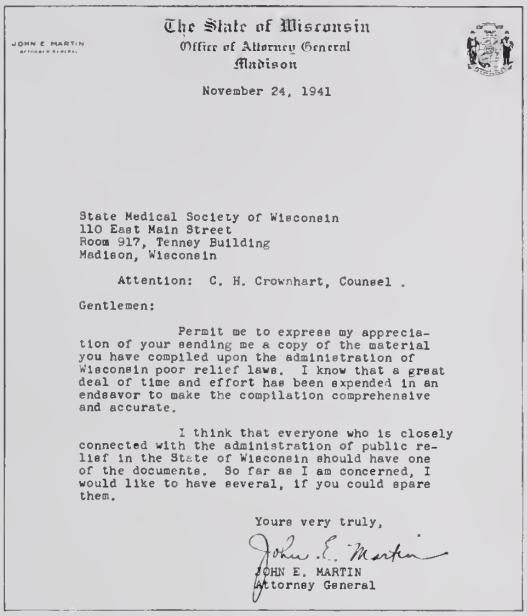
## SUMMARY OF POOR RELIEF LAWS

### CONTENTS


| | Page |
|---|---|
| 1. Relief is mandatory | 1184 |
| 2. Legal settlement | 1184 |
| 3. Transient pauper | 1185 |
| 4. Who is entitled to relief | 1186 |
| 5. Extent of relief | 1186 |
| 6. Three systems | 1187 |
| 7. Authorizing relief | 1188 |
| (a) Prior authorization necessary | 1188 |
| (b) Who may authorize relief | 1188 |
| (c) Amount of relief authorized | 1189 |
| (d) Standardizing authorization | 1189 |
| (e) Where treatment may be authorized | 1189 |
| 8. Emergency relief and hospitalization | 1189 |
| 9. What should physician do when called to treat person obviously indigent but for whom relief is refused? | 1189 |
| 10. Obstetrical cases | 1190 |
| 11. Habitual drunkards and drug addicts | 1190 |
| 12. Hospitalization, nurse, etc. | 1190 |
| 13. Quarantine | 1190 |
| 14. Medical care in jails, etc. | 1191 |
| 15. Poor relief by relatives | 1191 |
| 16. Proof of indigency | 1191 |
| 17. Cutting physician's bill | 1191 |
| 18. Must physician's bill be itemized? | 1191 |
| 19. Is doctor's pay dependent upon results? | 1191 |
| 20. Malpractice | 1192 |
| 21. Commitment to county home | 1192 |
| 22. County hospital and insane asylum | 1192 |
| 23. County tuberculosis hospital | 1192 |
| 24. Soldiers and sailors relief | 1192 |
| 25. Hospitalization of soldiers and sailors | 1193 |
| 26. State tuberculosis hospitals | 1193 |
| 27. Wisconsin state general hospital | 1193 |
| 28. Crippled children | 1194 |
| (a) Orthopedic hospital | 1194 |
| (b) State public school at Sparta | 1194 |
| (c) Special district schools | 1194 |
| (d) Interdepartmental committee and federal aids | 1194 |
| 29. Dependent and neglected children | 1194 |
| 30. Education of blind and deaf | 1195 |
| 31. Pensions | 1195 |
| (a) State pension department | 1195 |
| (b) County pension department | 1195 |
| (c) Applications | 1195 |
| (d) Aid to dependent children | 1195 |
| (e) Old-age assistance | 1196 |
| (f) Blind and deaf pensions | 1197 |
| (g) Miscellaneous | 1197 |
| 32. Offenses | 1197 |


### Milwaukee County Physicians Please Note!

Because of various exemptions in the laws and the separate institutions in Milwaukee county, this digest is not applicable in general practice in Milwaukee county, as it relates to the authorization of physicians to care for the sick.



The State of Wisconsin
Office of Attorney General
Madison

JOHN E. MARTIN
ATTORNEY GENERAL

November 24, 1941

State Medical Society of Wisconsin
110 East Main Street
Room 917, Tenney Building
Madison, Wisconsin

Attention: C. H. Crownhart, Counsel .

Gentlemen:

Permit me to express my appreciation of your sending me a copy of the material you have compiled upon the administration of Wisconsin poor relief laws. I know that a great deal of time and effort has been expended in an endeavor to make the compilation comprehensive and accurate.

I think that everyone who is closely connected with the administration of public relief in the State of Wisconsin should have one of the documents. So far as I am concerned, I would like to have several, if you could spare them.

Yours very truly,

John E. Martin

JOHN E. MARTIN
Attorney General

IN THE absence of statute, there would be no legal obligation on the part of a municipality to relieve the poor. Meyer v. Prairie du Chien, 9 Wis. 233, and Patrick v. Baldwin, 109 Wis. 342.

In the Wisconsin statutes of 1849 it was provided that, "Every town shall relieve and support all poor and indigent persons lawfully settled therein, whenever they shall stand in need thereof." The provision is but little changed today. To a large extent, revision of the poor law has dealt, not with the betterment of relief, but with the problem of who shall pay for the relief.

The history of poor relief is rife with neglect and misunderstanding. In Mappes v. Board of Supervisors, 47 Wis. 31, 35, the court said: "But in taking leave of the case, we are constrained to say that the ingratitude of the children of this aged pauper, and the neglect of the public authorities in discharging their duties in respect to her, are complimentary neither to the affection and filial duty of the former, nor to the humanity and public duty of the latter. 'Man's inhumanity to man' is not a mere figment of poetic genius."

Poor relief officials, however great their zeal, are hampered in the performance of their duty by lack of training in poor relief, unfamiliarity with the interpretation of laws, and justifiable fear of criticism if they err on the side of humanity at the expense of the public funds. Each new set of town, village, city, and county officials, in each of the many governmental subdivisions of the State, view the poor relief laws and their duties under them from a different point of view. The wonder is, not that poor relief has failed of perfection, but that it has made progress at all.

From court decisions, attorney generals' opinions, and other available authorities, certain principles

have become established, certain rules laid down. Innumerable problems have been met and decided. It is the aim of this discussion to set forth the answers to such perplexing questions as seem settled, as well as to briefly digest a large part of the poor relief law, to the end that those working under it may have a more definite understanding of their duties, liabilities, and rights.

## 1. Relief is Mandatory

Section 49.01 of the Wisconsin statutes requires that each town, village and city "shall" relieve and support all poor and indigent persons lawfully settled therein. The statute is mandatory. Meyer v. Town of Prairie du Chien, 9 Wis. 233. An action will lie to compel the performance of a duty by officials. State ex rel. Owen v. Stevenson, 164 Wis. 569. State ex rel v. Zimmerman, 183 Wis. 132, 150. If poor officials fail to render aid "they are doubtless amenable in some way for such misconduct." Patrick v. Town of Baldwin, 109 Wis. 342, 354.

Where the necessity for aid is urgent and the afflicted person poor, indigent, and helpless to such a degree that obtaining relief without town aid in time to save life or health may be impossible, it cannot be said as matter of law that he is not entitled to relief from the town merely because he possesses some meager property not immediately available for conversion into cash or as a basis of credit. Coffeen v. Town of Preble, 142 Wis. 183.

## 2. Legal Settlement

Legal *settlement* and legal *residence* should not be confused; they are not synonymous. 22 Atty. Gen. 929; 24 Atty. Gen. 711.

Legal settlement for poor relief purposes must be in a town, city or village. But the county may be used as the unit of settlement for other purposes (as basis of aid to dependent children, 27 Atty. Gen. 285). And for some purposes settlement may be in *two* counties (apportionment of cost of hospitalization of tubercular person, 27 Atty. Gen. 529). Legal settlement and residence for school purposes may differ. 27 Atty. Gen. 326.

Section 49.02, Wis. Stats., states how legal settlement is acquired. In brief:

*Any Adult:* By residence in the municipality one year.

Wife: Her settlement is that of her husband. If he has none, then her settlement is the one she had at the time of marriage, unless she has since acquired a new one.

Husband: By one year's residence.

If he has none, and his wife has one, he may be granted relief at her place of settlement.

*Minors:*

Legitimate children: Their settlement is that of the father, if he has one; otherwise, that of the mother.

Illegitimate children: Their settlement is that of the mother at the time of birth. (Even though she subsequently changes her settlement. 27 Atty. Gen. 469.)

If neither parent has a settlement, a child may acquire settlement by one year's residence.

A minor bound as an apprentice takes immediately the settlement of the master.

Settlement is not gained in the place of birth by birth unless a parent had settlement there.

Emancipation of a minor does not make him "of age" in the matter of gaining legal settlement. Town of Grand Chute v. Milwaukee County, 230 Wis. 213; also La Crosse County v. Vernon County, 233 Wis. 664.

*Loss of Settlement:*

By voluntary and uninterrupted absence for one whole year.

Receipt of aid breaks the running of the year, so that one does not lose legal settlement if he receives relief while absent from his place of legal settlement. Town of Cleveland v. Industrial Commission, 232 Wis. 147.

Reorganization (attachment or division) of a municipality: Settlement follows the territory, as does also any period of residence towards the acquiring of a settlement.

*A Foreigner:*

May acquire a legal settlement so as to entitle him to poor relief. 4 Atty. Gen. 660; 20 Atty. Gen. 801.

May be deported. 23 Atty. Gen. 227.

A settlement cannot be acquired while being supported as a pauper. Scott v. Clayton, 51 Wis. 185; 11 Atty. Gen. 419; 13 Atty. Gen. 503; 22 Atty. Gen. 922; 27 Atty. Gen. 777.

Aid under section 48.33 (mother's pension or aid to dependent children) is pauper support and affects legal settlement under section 49.02. Milwaukee County v. Waukesha, 236 Wis. 233; Jefferson County v. Dodge County, 236 Wis. 238. But such aid does not affect specialized settlement for purposes of mother's pension under section 48.33 (5), (b). 30 Atty. Gen. 9.

Question of pauper status is one of fact. Support by relatives or friends does not necessarily classify one as a pauper. Town of Ellington v. Industrial Comm., 225 Wis. 169. But pauper status may continue after public support ceases if one had not thereafter been self-supporting. See: Town of Rolling v. Antigo, 211 Wis. 220; Town of Holland v. Belgium, 66 Wis. 557, and Monroe County v. Jackson County, 72 Wis. 448.

Receiving of old-age pension prevents gaining legal settlement. 24 Atty. Gen. 163; 27 Atty. Gen. 576. Receipt of blind pension also prevents gaining legal settlement. 27 Atty. Gen. 51.

Legal settlement cannot be acquired by person under legal restraint (in prison). 21 Atty. Gen. 893. Settlement is not lost by imprisonment, even though imprisoned in another state. 22 Atty. Gen. 786.

Work relief, although wages therefor are paid in cash, constitute maintenance of the family as a public charge. See City of Madison v. Dane County, 236 Wis. 145.

A person admitted as a pay patient to a county tuberculosis sanatorium who does not pay his bill is not a public charge within the provisions of sections 50.07 (3) and 46.10, statutes.

No relief unit of this state need support one who has removed to another state while such person resides there. 21 Atty. Gen. 363.

Person living in automobile trailer with his family may acquire legal settlement. 28 Atty. Gen. 696.

The Attorney General has ruled upon the question of legal settlement in innumerable instances, based upon the particular facts of each case. Space does not permit a digest of these opinions, but reference to them is given and they may be classified as follows:

Pauper status is question of fact; legal settlement is conclusion of law. Waushara County v. Green Lake County 238 Wis. 608 (Nov., 1941).

*Minors:* 21 Atty. Gen. 547, 643, 709, 759, 780, 1095; 22 Atty. Gen. 75, 110, 116, 225, 279, 363, 592, 680, 977, 1041; 23 Atty. Gen. 105, 475, 580, 680, 684, 755, 796, 825; 24 Atty. Gen. 5, 583, 602; 25 Atty. Gen. 430, 686, 745; 27 Atty. Gen. 574; 28 Atty. Gen. 65; 28 Atty. Gen. 675; 29 Atty. Gen. 80, 159, 293.

*Wife or mother:* 20 Atty. Gen. 170; 20 Atty. Gen. 231, 244, 320; 21 Atty Gen. 752, 780; 22 Atty. Gen. 75, 128, 140, 363, 593, 665, 944, 1041; 23 Atty. Gen. 113, 475, 580, 617, 755; 24 Atty. Gen. 110; 25 Atty. Gen. 430.

*Effect of removal order:* 29 Atty. Gen. 141.

Effect of voluntary absence for purpose of obtaining medical aid. 29 Atty. Gen. 395, as modified in 29 Atty. Gen. 438. See also Milwaukee County v. Oconto County, 235 Wis. 601.

*Miscellaneous:* Husband, single person, transient, etc.: 20 Atty. Gen. 622, 1144; 21 Atty. Gen. 119, 186, 318, 390, 621, 707, 780, 846, 893, 979, 983; 22 Atty. Gen. 25, 45, 75, 145, 147, 155, 222, 302, 424, 435, 665, 680, 771, 786, 802, 845, 909, 922; 23 Atty. Gen. 314, 382, 527, 541, 702, 744, 820; 24 Atty. Gen. 9, 112, 163, 190, 221, 251, 416; 24 Atty. Gen. 719; 25 Atty. Gen. 718; 26 Atty. Gen. 28, 472, 574; 27 Atty. Gen. 51, 177, 183, 198, 576, 708; 28 Atty. Gen. 675.

### 3. Transient Pauper

A transient pauper is one who is in a municipality wherein he has no legal settlement.

(Doubt is expressed whether "professional tramps" are entitled to poor relief. Vagrancy is itself an offense by law and it would therefore be inconsistent to consider it as indigency. 21 Atty. Gen. 517.)

He is entitled to relief:

If he furnishes a sworn statement as to his legal settlement, the municipality furnishes the relief. Sec. 49.03.

If he does not furnish such sworn statement as to legal settlement, the relief must be furnished by the county, under section 49.04, Wis. Stats. 20 Atty. Gen. 1248. The requirement as to sworn statement was placed in the law in 1929; prior to that time, the municipality furnished the relief. 19 Atty. Gen. 74. See also Milwaukee County v. Sheboygan, 94 Wis. 58, and Ebert v. Langlade County, 107 Wis. 569.

The expense of relief is billed against the county, which in turn bills the county of his legal settlement, and that county bills the municipality of his settlement. 22 Atty. Gen. 699.

If the pauper has no legal settlement, or none that can be ascertained, the county must furnish his relief. Sec. 49.04. 20 Atty. Gen. 1248; 22 Atty. Gen. 730, 918; 26 Atty. Gen. 538.

The clerk of the municipality which renders the relief shall, if possible, ascertain the place of legal settlement, and shall, within ten days from the date the person becomes a public charge, serve a written notice on his county clerk, stating the name of the person, the municipality of his legal settlement, or that it could not be ascertained, and the date on which aid was commenced. The notice may be given after ten days, but in that event the county is liable for the cost of the relief only from the time of the giving of the notice. The county clerk must give notice to the county clerk of the county of settlement within ten days after he gets notice. He may give the notice after that time, but in that event the county of settlement is liable for the cost of relief only from the time of the giving thereof. 20 Atty. Gen. 1034.

Under Sec. 49.03 (9) upon application to the county judge or municipal judge, made either by the municipality rendering the relief or the municipality of legal settlement, the judge may make an order requiring the pauper to remove to his legal settlement, "unless it shall clearly appear that his removal would be against his best interests." The cost of removal is chargeable to the municipality of legal settlement. Refusal of the pauper to obey an order of removal subjects him to loss of the right to relief until he does comply. See 22 Atty. Gen. 771; 23 Atty. Gen. 730; 25 Atty. Gen. 686.

Quarantine; removal not considered as being to best interest of patient. 27 Atty. Gen. 532.

Sec. 143.05 (10) provides procedure for indigent quarantine cases. There should be no conflict between that section and 49.03 (9) in practical administration of the two. 27 Atty. Gen. 532. See Title 13, this digest.

If the "county system" of poor relief is in effect in the county of legal settlement, that county is chargeable with the expense of relief.

If the "county system" is in effect in the county where the relief is rendered, the relief is, of course,

given by the county instead of by the town, city or village. Sec. 49.15.

One who has lost his legal settlement and not acquired a new one must be supported by the county of his *residence*. 20 Atty. Gen. 1264.

One who is brought from one county into another, in order to receive hospitalization, is not a transient so as to render the latter county responsible for such hospitalization, nor does his legal settlement change. 19 Atty. Gen. 325.

*What relief unit pays?* The following opinions deal with this question: 22 Atty. Gen. 699, 875, 914, 952, 1005; 23 Atty. Gen. 175, 183, 221, 283, 321, 439, 820; 24 Atty. Gen. 125, 202, 384, 438; 26 Atty. Gen. 538, 610; 27 Atty. Gen. 214; 28 Atty. Gen. 1, 27.

Miscellaneous opinions relating to transients: 22 Atty. Gen. 802, 909, 935.

### 4. Who is Entitled to Relief

It is the duty of the poor authorities to grant relief when the circumstances are such that the poor person has not the means or credit presently available with which to secure all the necessities of life. Elkey v. Seymour, 169 Wis. 223.

The ownership of property upon which funds cannot be presently raised to furnish necessities does not bar right of relief. It goes only to the question of reimbursement of the municipality for relief given. Elkey v. Seymour, 169 Wis. 223.

In 1931, section 49.01 was amended to provide that, "The ownership of a home or an equity therein shall not bar the granting of relief, in the discretion of the authorities in charge of such relief, to any person who by reason of unemployment or sickness stands in need of such relief."

Under a common rule of statutory construction, *expressio unius est exclusio alterius*, the amendment might easily be interpreted as narrowing the statute, rather than broadening it. Under a narrowed interpretation, one owning a home but not unemployed or not sick would not be entitled to relief, even though in most dire need and even though the home could not be presently used to raise means or credit to supply necessities. Likewise, under narrow interpretation, the ownership of any property might bar relief, contrary to the rule laid down in the Elkey case cited above.

But it is not believed that the legislative intent was to narrow the statute. On the contrary, keeping in mind the background of 1931 legislation, the business depression, a vast amount of unemployment, reduced income, and the innumerable bills introduced in the legislature for the relief of those affected by unemployment and reduced income, it seems more reasonable to conclude that the legislature intended to *broaden* the statute, so that one need not mortgage his home if unemployed or sick.

Sec. 49.025 was enacted in 1933, and provides that no person shall be denied relief because of owning an equity in a home in which he lives or by reason of having an insurance policy with a cash value of not to exceed $300; and no applicant for relief shall be required to assign such equity or insurance policy as a condition for receiving relief. 22 Atty. Gen. 760; 25 Atty. Gen. 104.

In 1937, Sec. 49.01 was further amended so as to authorize relief authorities to pay the interest on a mortgage on a homestead, when by so doing it will cost less than the authorities would have to expend for shelter. In 1939 the statute was further amended to permit payment of taxes and interest on a mortgaged homestead.

The authorities are without power to require a needy person, as a condition of relief, to contract to reimburse the town or county and to convey present or future property as security therefor. 21 Atty. Gen. 596; 22 Atty. Gen. 261, 277; 25 Atty. Gen. 673. However, in Estate of Pelishek, 216 Wis. 176 it was held that under Sec. 49.10 the unit furnishing relief might recover the amount thereof from a recipient of such relief who later comes into funds or property. It was otherwise held in the case of Guardianship of Decker, 181 Wis. 484, which was decided in 1923. The legislature changed the law to subject after-acquired property to this liability by Ch. 118, Laws of 1925.

A minor having estate resulting from damages for personal injuries is not indigent so as to be entitled to relief, although his parents are indigents. 28 Atty. Gen. 401.

The county may require work of applicants for poor relief. 22 Atty. Gen. 277; 25 Atty. Gen. 137.

An alien indigent is entitled to relief (20 Atty. Gen. 801), but may be deported upon proof that he is a pauper. 20 Atty. Gen. 338; 23 Atty. Gen. 227.

Indians are entitled to poor relief under the state poor relief laws. 20 Atty. Gen. 498. Indians who are still members of Indian tribes are entitled to such relief. 20 Atty. Gen. 534; 23 Atty. Gen. 680. Also persons of mixed blood, even though living on reservation. 23 Atty. Gen. 314.

### 5. Extent of Relief

The relief required to be given must be coextensive with the person's necessities; that is, whatever he may lack of food, clothing, lodging, medicines, medical attendance, nurse, or hospitalization, must be furnished. For example:

The person has sufficient means to feed his children but not to clothe them. The poor authorities must furnish clothes.

Or he has means to furnish all the ordinary necessities, but requires a surgical operation for which he is unable to pay. He is entitled to such operation at public expense.

Or he has means to furnish ordinary necessities but requires expensive medicine costing beyond his means, such as insulin. He is entitled to it at public expense.

18 Atty. Gen. 8; 20 Atty. Gen. 140; 20 Atty. Gen. 162.

School tuition should be furnished. 23 Atty. Gen. 252; 24 Atty. Gen. 602; 25 Atty. Gen. 290.

The furnishing of employment under Reconstruction Finance Corporation and industrial commission outdoor relief plan constitutes relief within the meaning of chapter 49 of the statutes. This is also true where rent, food, etc., is furnished to the recipient and he is given employment to the value of such supplies. 22 Atty. Gen. 198 and 218.

W. P. A. worker's family is entitled to medical aid and hospitalization. It was so ruled in answer to the following question in 24 Atty. Gen. 802. "Your county is operating under the county system of relief. The head of a family is working on a W. P. A. project and is receiving forty dollars per month from the federal government.

"You ask whether the members of his family are entitled to medical aid and hospitalization from the county.

"The furnishing of medical aid and hospitalization in no way depends upon the fact as to whether a person is entirely destitute. The essential question is: Has the person sufficient means to furnish such needs for himself? Coffeen v. Town of Preble, 142 Wis. 183. In 20 Atty. Gen. 162 it was held that it is the duty of a town under the town system of poor relief to provide all medical relief for which a person has no means to provide himself, although he may be able to provide all other means of existence: this includes furnishing of liver extract over a long period of time in case of pernicious anemia.

"See also 18 Atty. Gen. 8, in which it was held that a poor commissioner has power to furnish a daily supply of insulin to a person affected with diabetes, even though such person is capable of supporting himself in all other respects."

See also: 26 Atty. Gen. 610.

### 6. Three Systems

There are three systems of administering poor relief: (1) the town system under which each town, village and city relieves the poor within its boundaries; (2) the county system in which the county has elected to take charge of poor relief; and (3) the system in which the county has elected by ordinance to assume all sickness care requiring medical and hospital aid, leaving all other poor relief on the local basis (section 49.15, as amended by Chapter 204, Laws 1941). See also 28 Atty. Gen. 514, for discussion of rendering of relief in cases where territory is transferred from one county to another.

Except under the single exception noted above, the law does not authorize the administration of poor relief partly under the county system and partly under the town system. See 22 Atty. Gen. 189, 1005, and City of Washburn v. Bayfield, 235 Wis. 215, and Legault v. Owen, 235 Wis. 675.

A county may not administer poor relief and have the expense borne by the township. But the county may provide sickness care leaving other forms of poor relief to the town, cities and villages. See section 49.15, as amended by Chapter 204, Laws of Wis., 1941.

Counties, towns, cities and villages may act, under section 66.30, statutes, in groups for joint administration of poor relief under an unofficial opinion of the attorney general, dated January 14, 1941.

The county system is established by resolution of the county board and may be abolished in the same manner. Secs. 49.15 and 49.16. 25 Atty. Gen. 533; 27 Atty. Gen. 252.

There is express authority, under the county system, for the establishment of the office of superintendent of the poor. (Sec. 49.14). But this provision is not a restrictive one, and the county is given full power to care for the poor in some other manner. See also: 24 Atty. Gen. 633.

In cities (Sec. 62.09) and villages (Sec. 61.34), there appears to be no question but what the council or board may delegate the duty of caring for the poor to a poor commissioner.

As to towns, the right to appoint a poor commissioner is not clear. Sec. 60.29. The town board is charged with "all affairs of the town not by law committed to other officers." The specific authority in that section for the town board to appoint a night watchman, policeman, a superintendent of police, etc., negatives the right of the town to appoint other officers or agents, and tends to the view that poor relief is a duty imposed upon the board itself. See also: 24 Atty. Gen. 269.

When poor relief is properly delegated to a commissioner, his authorization for the rendering of relief is, of course, sufficient authority to charge the municipality.

But a superintendent or board of trustees authorized to care for the poor may not expend funds in excess of the amount budgeted to them for the purpose. However, the exhaustion of such a fund does not relieve the municipality of its duty to relieve the poor. 19 Atty. Gen. 521. 24 Atty. Gen. 384. It follows, then, that after the poor commissioner's fund is exhausted, authority to render relief should be secured as in municipalities where there is no poor commissioner,—that is, from the chairman, village president, etc., in emergency cases, and from the board or council in other instances.

Where the county system is in force, the county is charged with all the duties of the town, village, or city, with reference to poor relief. Sec. 49.15. Municipalities may contribute. 23 Atty. Gen. 504.

By reason of quarantine expense being on the town, village or city, under the provisions of Sec. 143.05, Stats., preventive serums and measures must be paid for by the town, village or city, even though the county system of poor relief is in force. For instance, the cost of the Schick test and serums used to immunize a quarantined indigent must be borne by the town, city or village; other medical care must be at the expense of the municipality liable for poor relief, even though the person be under quarantine. 21 Atty. Gen. 303; 25 Atty. Gen. 514.

By Chapter 14, Sec. 7, Laws of Special Session 1937, standards of aid and eligibility for relief

shall be determined by the local unit of government administering relief.

By Chapter 435, Laws of 1939, all duties imposed on the Industrial Commission by Chapter 363 of the Laws of 1933, were transferred to the Department of Public Welfare.

The Department of Public Welfare is given authority to hear and decide claims between poor relief units for relief rendered. Sec. 49.03 (8a).

This section, however, does not apply in the administration of aid to dependent children. 30 Atty. Gen. 9.

Review of orders in relief claim proceedings under section 49.03 (8a) is by appeal to the proper circuit court. Milwaukee v. The Ind. Comm., 236 Wis. 252.

Poor relief is purely a matter of statute. Municipal corporations hold their powers from the state, which has full power to prescribe the method of furnishing poor relief and what municipality shall be liable therefor. The statute giving the Industrial Commission the duty of determining disputes between relief units was upheld in Holland v. Cedar Grove, 230 Wis. 177.

A county does not have implied power to purchase realty for housing relief clients in individual housing units, although under certain circumstances (no other adequate method of performing its relief duties) it may do so. It may use property acquired through tax title for such purpose. 28 Atty. Gen. 372.

## 7. Authorizing Relief

### (a) Prior Authorization Necessary

Anyone furnishing supplies or services to the poor must be authorized by the proper relief officials prior to furnishing the supplies or services, in order to be able to enforce payment therefor. *This is true even in an emergency,* except hospitalization in the instance explained under "Emergency Relief."

Jones v. Town of Lind, 79 Wis. 64, 67: "As the town can only be chargeable for the services rendered by virtue of some contract made with its officers for such services, we think the circuit court was clearly justified in reversing the judgment * * *."

Patrick v. Town of Baldwin, 109 Wis. 342, 353: "The agents empowered to act for the municipality in such matters must, either by express contract or by some act or acts from which a contract can be reasonably inferred, bind such municipality, or it cannot be bound at all."

Menasha Woodenware Co. v. Winter, 159 Wis. 437, 454: "A town has no authority to pay the debts of poor persons. It is chargeable with the duty of presently caring for and aiding them when in need, but it has no power to pay their past debts or debts not lawfully incurred on the credit of the town."

The board or council may, however, voluntarily pay for relief furnished in reliance on the credit of the town, although not authorized by one actually having power to authorize it. This may be done on the theory of ratification of the unauthorized contracts of an agent. For example, a health officer's act in authorizing dental work for a poor person.

MacLeod v. Washburn, 178 Wis. 379, where ratification of a mayor's employment of an attorney was upheld, although the mayor had no power to make the employment.

Koch v. Milwaukee, 89 Wis. 220, 228, where it was said: "A municipal corporation may ratify the unauthorized acts and contracts of its agents which are within the scope of its corporate powers, and such ratification is equivalent to previous authority."

See also Frederick v. Douglas County, 96 Wis. 411, 424.

It would even seem that the acts of one who is not an agent for the municipality might be adopted and ratified, provided the relief was furnished for and on behalf of the municipality. In the Menasha Woodenware Co. v. Winter case, supra, the court refused to permit the payment of past debts of a poor person "not lawfully incurred on the credit of the town," but did allow a storekeeper's account to be paid for goods furnished in excess of what the poor authorities had previously authorized. The court said, page 453: "The town board * * * could have allowed a larger amount in the first instance. A larger amount was furnished. They could ratify what they might have done originally. There is no showing that more than what was reasonably necessary was furnished. The goods were sold with the understanding that the town would pay for them, and credit was given the town."

See also 21 Atty. Gen. 149; 21 Atty. Gen. 1067.

Also St. Joseph's Hospital v. Withee, 209 Wis. 424–425: "The law, as pointed out in Patrick v. Baldwin, 109 Wis. 342, 85 N. W. 274, does not permit a private party, at the expense of the town, to aid or relieve an indigent person without a contract to that effect existing between him and the town."

Emergency ambulance service must be previously authorized. 24 Atty. Gen. 332.

### (b) Who May Authorize Relief

Sec. 49.01 provides that "The town board, village, trustees, or common council * * * shall have the oversight and care of all such poor persons * * * and shall see that they are properly relieved and taken care of * * *."

In Patrick v. Town of Baldwin, 109 Wis. 342, 353, it was said: "The statute, as has been said, does not indicate that the supervisors must act in a body in contracting for the relief of a poor person. The nature of the duty in such cases is not consistent with such a requirement. The statute must have a reasonable, sensible construction, in view of the duty imposed. It says that 'the supervisors' shall see that poor persons are taken care of as required by law. That clearly indicates that at least a majority must consent to relief being furnished to a pauper at the expense of their town in order to bind it."

(c) Amount of Relief Authorized

The authority from the board, or, in emergency cases, from the town chairman, village president, etc., should be specific as to the amount of relief.

For example, if a doctor is authorized to make but a single call, and the patient requires further calls, the doctor must secure authority to make such additional calls. Or, if he is authorized to treat the patient for measles and finds an appendectomy necessary, authority for the latter must be secured.

Even in emergency cases, prior authority must be secured, except hospitalization as explained under "Emergency Relief."

Of course, authority may be in general terms, such as to "do whatever is required." The extent of authority is always a question of fact.

(d) Standardizing Authorization

Inasmuch as medical aid may be granted through the authorities having charge of aid to dependent children, old-age pension, etc., as well as by those directly in charge of ordinary poor relief, the securing of authorization is not always simple. However, in practically all counties, the relief agencies and the physicians have cooperated in some plan to simplify the rendering of medical service. In some, a schedule of fees has been established; in others, contracts have been made between relief agencies and medical societies, etc. As a result of this cooperation, there is a growing tendency for the particular agency which asks for medical service to undertake to secure any necessary authorization, both for the service and as to the amount of service. The State Department of Public Welfare strongly recommends that there be a definite plan of authorization, to the end that both patient and physician may avoid the need of contacting more than one relief agency; and the Department has prepared suggested forms for use in medical referral. *(Medical Care for Recipients of The Social Security Aids in Wisconsin—1939.)*

(e) Where treatment may be authorized

Relief officials are not compelled to continue treatment of indigent under local physician if authority is given for treatment under Wisconsin General Hospital Law. An indigent has no free choice of physician and a relief official discharges liability upon providing necessary care either under Chapter 49, or through filing application with county judge under Chapter 142. Question of adequacy of care not determined. See Reissmann v. Jelinski, 238 Wis. 462.

Section 146.17, statutes, prohibiting interference with the individual's right to select his own physician or mode of treatment should be used by municipalities as guide to exercise of discretion under poor relief laws, but does not prohibit conscientious exercise of discretion. 30 Atty. Gen. 18.

## 8. Emergency Relief and Hospitalization

Subsec. (1) of Sec. 49.18 provides that, unless the board or council shall have designated some other official therefor, the town chairman, village president, mayor, or chairman of the county board, shall provide temporary medical relief.

Subsec. (2) (enacted in 1933) makes an exception to the hard and fast rule requiring previous authorization. It provides that the town, city, village or county shall be liable for hospitalization in instances where a physician reasonably finds that immediate hospitalization is required, for indispensable emergency operation or treatment "and prior authorization for such hospitalization cannot be obtained without delay likely to be injurious to the patient."

The obligation resting upon the municipality to see that one in distress does not suffer from neglect, does not ordinarily attach until it has been shown that such an individual is an indigent person and entitled to pauper relief.

Where hospital and medical aid is given under section 49.18, unless authorization is given, the burden of showing the patient to have the status of a pauper is upon those furnishing aid. Carthaus v. Ozaukee County, 236 Wis. 438.

A municipality is liable for costs of treatment only when contract therefor exists. Emergency hospitalization section creates an exception to this rule. But this section would be meaningless and its beneficent purposes nullified if the term "hospitalization" were not construed to include necessary treatment.

In order to make the public liable for hospitalization, written notice must be mailed or delivered to the official designated in subsec. (1) within twenty-four hours after admission of the patient, reciting the name and address of the patient, so far as known, and the nature of the illness or injury and the probable duration of hospitalization. Inasmuch as the hospital is most interested, it should exercise diligence as to the notice.

An amendment of the law in 1935 permits the municipality paying for such relief to recover from the municipality of *legal residence.* (Chapter 453, Laws of 1935.)

See also: 23 Atty. Gen. 847; 26 Atty. Gen. 239; 28 Atty. Gen. 16.

## 9. What Should a Physician Do When Called to Treat a Person Who is Obviously Indigent But for Whom the Poor Authorities Refuse to Grant Relief?

Inasmuch as the municipality is required, by statute, to relieve poor persons, the doctor should notify the proper authorities that the person requires aid. If they fail to render the aid "they are doubtless amenable in some way for such misconduct." Patrick v. Town of Baldwin, 109 Wis. 342, 354. A writ of mandamus will lie to compel a county board of supervisors to perform its duties. State ex rel. Owen v. Stevenson, 164 Wis. 569. The writ should be sued out by the person requiring relief, as being the person in interest, and not by the doctor. State ex rel.

Board of Education v. Haben, 22 Wis. 660; State ex rel. Milwaukee County v. Buech, 171 Wis. 474.

Poor relief officials are criminally liable and liable in damages for wilful failure to care for needy persons. 21 Atty. Gen. 1141.

If the doctor were to render aid in such a case, it would seem that something must transpire between him and the poor authorities upon which an implied contract for his services can be predicated, in order that the town can be held liable.

Under authority of Davis v. Town of Scott, 59 Wis. 604, it might seem that the doctor could continue to render services, after notice to and failure of the poor authorities to perform their duties in such an instance. It was said in the Davis case, at p. 608: "Nor is the primary duty and liability of the defendant town any the less stringent and absolute by reason of the town of Clayton being ultimately liable. We do not think the town is liable until notice is brought home to the supervisors, or some of them. Assuming that such notice was given, and that the woman and her children were in a condition to be a proper town charge * * * then the defendant is liable to the plaintiff for just compensation for whatever time he supported such paupers after such notice, and for which he has received no compensation."

In Beach v. Town of Neenah, 90 Wis. 623, 625, the Davis case was cited as an instance of implied contract.

Patrick v. Town of Baldwin, 109 Wis. 342 discusses the Davis case, not with reference to the holding, but with reference to the notice necessary to the town ultimately liable. However, in the Patrick case it is later said, p. 354: "Performance of that duty by the person designated by law is absolutely essential to create a binding obligation upon the municipality to compensate one for relieving a poor person, legally entitled to relief at its expense * * * Mere neglect of the supervisors of a town to act when they ought to act for the relief of a poor person, would [not] give a private party, not liable by law to furnish such relief, and residing in such town, the right to do so at the expense thereof. There is no more reason for holding that a person may aid a pauper, upon the supervisors of the town in which such pauper has a legal settlement neglecting their duty, and hold such town liable therefor, than for holding that one may repair the highways of a town because its supervisors neglect their duty in that respect, and recover of such town therefor."

In St. Joseph's Hospital v. Town of Withee, 209 Wis. 424–425, the court said: "The law, as pointed out in Patrick v. Baldwin, 109 Wis. 342, 85 N. W. 374, does not permit a private party at the expense of the town to aid or relieve an indigent person without a contract to that effect existing between him and the town. The officers * * * terminated the arrangement theretofore existing between the town and the hospital under which the town was liable for the maintenance. This termination occurred March 26, 1931. The services rendered thereafter * * * were not so rendered under any contract or promise to pay therefor on the part of the town. This leaves the respondent [hospital] without remedy against the town for the services rendered after that date."

The foregoing deals with the right of the physician to *compel* payment for services not previously authorized. With reference to the right of the municipality to voluntarily pay for unauthorized relief, see remarks under "How relief is authorized."

While there appears to be no legal barrier to prevent the doctor from withdrawing from the case, in such a situation, at least after giving notice to the authorities, yet a principle of medical ethics is involved, and the physician's conduct is a matter that he must decide for himself. Clearly, even the most ethical and tender-hearted physician must somewhere draw the line.

### 10. Obstetrical Cases

There is no difference between obstetrical cases and other medical care, insofar as the liability of the public is concerned. Prior authority to handle the case must be secured, as in other cases.

### 11. Habitual Drunkards and Drug Addicts

Wisconsin Keeley Institute Co. v. Milwaukee County, 95 Wis. 153, holds that a municipality is not required to furnish an habitual drunkard with care in a private institution for the cure of such affliction.

Note, however, that drunkenness and use of drugs are reasons why a person may be committed to a county home, or an asylum. Secs. 49.07, 51.26 (5), 51.26 (6). 25 Atty. Gen. 288.

### 12. Hospitalization, Nurse, Etc.

A doctor authorized merely to treat a sick poor person may not, without prior authority, order the patient to a hospital, or employ a nurse, at public expense, except as set forth in "Emergency Relief."

### 13. Quarantine

Sec. 143.05 (10) provides the procedure for indigent transient quarantine cases. There should be no conflict between the administration of that section and Sec. 49.03 (9). See 27 Atty. Gen. 532.

Sec. 143.05 (10) provides that expenses for necessary nurses, medical attention, food and other articles needed for the comfort of the afflicted person shall be cared for at municipal expense.

Sec. 143.03 (2) provides that: "Local boards of health may do what is reasonable and necessary for the prevention and suppression of disease; may forbid public gatherings when deemed necessary to control epidemics, and under direction of the state

board, shall furnish antitoxin free to indigent persons suffering from communicable disease." See 21 Atty. Gen. 303; 22 Atty. Gen. 894; 25 Atty. Gen. 514.

### 14. Medical Care in Jails, Etc.

The sheriff is required by statute to furnish medical care to prisoners. Sec. 55.07 (3). This is not poor relief, but must be furnished whether or not the prisoner be poor; it is furnished to him just as are his food and bedding. The statute contemplates payment by the sheriff and reimbursement of him by the county. See Deissner v. Waukesha County, 95 Wis. 588; Hartwell v. Supervisors, 43 Wis. 311; Bell v. Fond du Lac County, 53 Wis. 433. However, the county is responsible for the medical care of prisoners. See Rider v. Ashland County, 87 Wis. 160, 163, where it was said: "It is no doubt, the duty of the county board to procure and furnish all needful medical aid and attendance to persons confined in its jail." It would therefore seem that recovery might be had direct from the county, at least if the sheriff failed to pay.

The sheriff is not required to furnish outside hospitalization. When a prisoner requires hospital care, and is entitled to poor relief, such hospitalization must be authorized and furnished by the poor relief authorities. 20 Atty. Gen. 374–375, 436–437. The sheriff as such has no authority to incur expense under the poor relief laws. Hittner v. Outagamie County, 126 Wis. 430. 28 Atty. Gen. 16.

### 15. Poor Relief by Relatives. Sec. 49.11

The father, mother, husband, wife, or children of any poor person who is blind, old, lame, impotent, or decrepit or for any other reason is unable to maintain himself, may be compelled to relieve and maintain such person.

The statute fixes the order of liability, as follows: First the husband or wife; then the father, then the children; and lastly the mother.

The poor authorities may secure an order of the county court compelling relief. The court, in making the order for relief, shall take into consideration the financial status of the person compelled to furnish the relief, "having due regard for their own future maintenance and making reasonable allowance for the protection of the property and investments from which they derive their living and their care and protection in old age."

The court may order partial maintenance, when the relative chargeable cannot wholly support but can contribute; or the court may order two or more relatives to share the burden.

The liability of a child to support its parent is wholly statutory, and the statutory provisions for enforcing such support must be followed. County court therefore has no power to order support paid from estate of an incompetent. Guardianship of Heck, 225 Wis. 636.

Grandparents cannot be compelled to support grandchildren. 5 Atty. Gen. 100.

Brothers and sisters not liable for support. 27 Atty. Gen. 847.

A wife having no separate estate and no property except her inchoate dower and homestead rights is under no legal obligation to support her indigent parents. Her husband is under no legal obligation to contribute to the support of her parents. 8 Atty. Gen. 29.

### 16. Proof of Indigency

When the poor authorities have authorized a physician to treat a supposedly poor person, the burden of proof is not upon the physician to prove the person was entitled to aid, in order to collect his fee. In Elkey v. Seymour, 169 Wis. 223, 228, it was said: "While it was incumbent upon the plaintiff, dealing with public officials, to know or ascertain at her peril the scope of the powers of such public officials, she was not required to examine further and to ascertain whether or not the person to whom such lawful authorities proposed to grant relief, * * * did not meet the calls of the statute which prescribed the duties and obligations of such authorities in the care of the poor. *That duty rested upon such officers.*" (Italics ours.) See also title 8, where reference is made to the case of Carthaus v. Ozaukee County, 236 Wis. 438.

### 17. Cutting Physician's Bill

When the town, county, or village board, or city council, "allows" a physician's bill at less than the amount thereof, what may the physician do?

He may accept such lesser amount and may sue for the balance. Secs. 59.76, 62.25, 60.35 (1), and 61.51, and Sharp v. Mauston, 92 Wis. 629.

From a practical standpoint, it is advisable that the doctor's fee, or at least rate of charge, be specified at the time of being authorized to render the services.

### 18. Must Physician's Bill Be Itemized?

A physician's bill must be itemized, and sworn to. See Secs. 59.77, 62.12 (8), 60.33 (2), and 61.51.

### 19. Is Doctor's Pay Dependent Upon Results?

In Ladd v. Witte, 116 Wis. 35, 39, the supreme court criticized an instruction to the jury: "It certainly tended to confine the jury to consideration of *what and how much benefit resulted* to the defendant from this fruitless incision into the body of his new-born child, whose death was certain without the operation, but equally occurred, it notwithstanding. *That is not at all the test.* So that a surgical operation be conceived and performed with due skill and care, the price to be paid therefor *does not depend on the result.* The event so generally lies with the forces of nature that all intelligent men know and understand that the surgeon is not responsible

therefor. In absence of express agreement, the surgeon who brings to such a service due skill and care earns the *reasonable and customary price* therefor, whether the outcome be beneficial to the patient or the reverse." (Italics ours.)

In Holsapple v. Scofield, 176 Wis. 649, 651, it was said: "If the plaintiff performed the dental service for the defendant and did the same in good, workmanlike manner in accordance with the recognized and established practice of those in the same profession in his locality, he became entitled to the reasonable value of his services."

In Wurdemann v. Barnes, 92 Wis. 206, 207, an action by a physician to recover his fees, the court said: "There was no claim that the charges were above the usual rate for such services, and therefore there was no question for the jury."

And on page 208 it was said: "It is claimed that the defendant's son grew worse under the plaintiff's treatment, and that he grew better after the plaintiff had been discharged, but this does not show that the plaintiff was guilty of negligence or unskilfulness in treating him. * * * He could not be held responsible simply because he failed to cure the defendant's son, nor for mere misjudgment in treating him, if the treatment was such as physicians and surgeons of ordinary knowledge and skill would apply."

### 20. Malpractice

Relief units are not liable for malpractice of physicians who are paid by such units. 23 Atty. Gen. 829. A physician is not relieved of liability for malpractice merely because he is engaged in a semi-governmental function. 21 Atty. Gen. 927; 23 Atty. Gen. 829.

### 21. Commitment to County Home

Commitment is by order of the judge of any court of record, on petition of the official in charge of the poor, if there be but one, or by any two officers in charge of the poor, of any town, city or village, or county.

Any person having legal settlement who is without sufficient means of support and is by reason of sickness, infirmity, decrepitude, old age, drunkenness, addiction to drugs, or pregnancy likely to become a public charge, either temporarily or permanently, or who lives in a state of indigence, squalor or filth likely to induce disease, or who has moved to another municipality and received temporary aid there (at the expense of the municipality of settlement, of course), may be committed to the county home. Sec. 49.07.

If the county has no county home, the person may be sent to the county home of another county, but not without first having opportunity to be heard.

Where person is committed to county home, county cannot make a contract for support of such person in a private home. 26 Atty. Gen. 483.

Inebriates or drug addicts may be transferred to a county or state insane asylum after hearing before the county judge. Sec. 51.26 (5).

### 22. County Hospital and County Insane Asylum

A county may establish a county hospital, for the treatment of indigents and persons afflicted with any disease, malady, deformity or ailment, which can probably be remedied or treated advantageously, who are financially unable to provide for their own treatment.

Persons not indigent may be received and treated at actual cost. Sec. 49.145.

Counties may maintain county insane asylums. Sec. 51.25. Commitment may be by the county judge (sec. 51.05), and, in case of insane paupers, by the county judge on petition of a majority of the supervisors of any town, of the common council of any city or of the board of trustees of any village (sec. 51.09). Admission may also be upon voluntary application of the person, supported by certificate of two physicians. (Sec. 51.10.)

Inebriates or drug addicts may be committed to such asylum after hearing before the judge of any court of record. Sec. 51.26 (6).

The county of legal settlement is liable for the cost. Secs. 51.10 and 46.10. If the inmate has no settlement, the state is chargeable. Sec. 46.10. 25 Atty. Gen. 288.

### 23. County Tuberculosis Hospital

Such a hospital may be established by any county. Sec. 46.17. Admission may be had by any person suffering from tuberculosis or showing symptoms thereof, on presentation of a certificate of a physician so stating and upon approval of the county judge of the county of residence. Sec. 50.07.

Indigents are cared for at the expense of the county of settlement, with state aid. Sec. 50.07. 21 Atty. Gen. 119.

### 24. Soldiers and Sailors Relief

Section 45.10 makes it the duty of the county board to levy annually a tax sufficient to provide relief to needy soldiers, sailors, and marines, and for indigent wives, widows, and dependent children of such persons. It is mandatory that the county board reasonably estimate the needs and levy the tax accordingly. 21 Atty. Gen. 960. The county board must make a reasonable not arbitrary estimate. 29 Atty. Gen. 240.

This special provision for needy veterans does not relieve the town or county from the obligation to relieve them, except insofar as their need is removed by this special relief. 21 Atty. Gen. 522, 719.

The relief is limited to the tax levied, and so the county board may not in any year make further appropriation to the soldiers' relief commission. 21 Atty. Gen. 719. But where the budget upon which

the county levy is made contains a specific contingent fund, deficiency in the soldiers' relief fund may be met therefrom. 21 Atty. Gen. 960.

Relief is limited to those who served in time of war. 24 Atty. Gen. 101.

A widow is not entitled to relief after remarriage. 24 Atty. Gen. 47.

See also: 24 Atty. Gen. 54, 238; 25 Atty. Gen. 587; 27 Atty. Gen. 276. 29 Atty. Gen. 71.

### 25. Hospitalization of Soldiers and Sailors

Sec. 45.275 requires the soldiers' rehabilitation board to provide hospitalization for any indigent, disabled, honorably discharged soldier, sailor, marine or nurse of any war who is ineligible to hospitalization under federal law. The applicant must have been a resident of Wisconsin for five years prior to application. Treatment shall be at the Wisconsin General Hospital except in emergency cases or those requiring special treatment which can only be provided elsewhere.

By provision of Secs. 142.09 and 142.10, preference in order of admittance to Wisconsin General Hospital shall be given honorably discharged veterans of any of the wars of the United States. Any such veteran may be permitted to enter the Wisconsin General Hospital and obtain all care including professional service at the clinic cost rate. The veteran must have been a resident of this state for not less than five years next preceding his application for treatment. See Title 27, this digest.

### 26. State Tuberculosis Hospitals

Such hospitals are maintained by the state. Sec. 50.01.

The state board of health appoints physicians throughout the state for the examination of applicants, whose reports are forwarded to the hospital superintendent. On notice from the superintendent, the patient is admitted. The physician receives a fee of $4.00 for making the examination, which is paid, in the case of indigents, by the state, one-half being charged back to the county of settlement. Secs. 50.02 (2), 50.03. Admission is upon approval of the county judge of the county of residence. Sec. 50.02 (1). Half the cost is charged to the county of settlement. Sec. 50.03.

### 27. Wisconsin State General Hospital

This hospital is maintained by the state at Madison. Commitment is by application to the county judge, made by any sheriff, county supervisor, town clerk, health officer, health nurse, poor commissioner, policeman, physican, or any public official, all of whom *shall* make application if the need come to attention, or by any teacher, priest or minister, who *may* make application. The county judge makes investigation of the financial and physical condition, appoints a physician to examine the person, and makes a finding that the person may be advantageously treated at the hospital or rehabilitation camp (sec. 142.01) and then makes an order sending him there. If the person or his guardian makes selection of that hospital, the person shall be sent there. Secs. 142.02, 142.03.

If the county judge finds that the person can be treated as advantageously at home or in another hospital, and if the person or his guardian does not make selection of the state hospital, and if the judge finds that the cost of treatment at home or in another hospital will be the same or less than the cost to the county for having the person treated at the state hospital, the judge shall make order for such treatment at home or at another hospital, the order to specify the place of treatment and the physician. Sec. 142.04.

In determining the cost to the county, the judge should take into consideration the traveling expense of the person, as well as of the guardian or other person who may necessarily accompany the person, both to and from the hospital, keeping in mind that all of such traveling expenses are borne by the county without state aid. 20 Atty. Gen. 933.

In 22 Atty. Gen. 463, at 465, the Attorney General said: "It is our opinion, therefore, that the county judge, in an emergency, may make a commitment to a nearby hospital even where the expense would be somewhat more than the cost of treatment at Madison." In arriving at that conclusion, the Attorney General said: "The provisions of Chapter 142 are intended to be beneficent in their nature and should be liberally construed to effectuate the evident intent back of their enactment. * * * It is not only a charitable statute but one that is humane as well. It is not believed that the legislature intended to endanger the life of an indigent by insisting upon his removal to Madison where the treatment would be slightly less costly if the patient were able to survive the trip. * * * Where the trip to Madison would necessarily endanger the life of the patient and probably very materially impair his chances of surviving the treatment even if the trip itself were endured, it is not believed that the treatment at Madison would be considered adequate or that the county judge would be bound to prescribe treatment, if any, at Madison." See also 22 Atty. Gen. 875.

The cost of treatment at home or in local hospital must be paid by the county treasurer upon certificate of the county judge who shall be satisfied as to the correctness and reasonableness thereof. 21 Atty. Gen. 240; 24 Atty. Gen. 202. Sec. 142.08 (5).

The number of patients certified to the Wisconsin General Hospital, at joint county and state expense, in any one fiscal year is limited to two persons per thousand of population or major fraction thereof in the county according to the last federal census; and patients certified in excess of such number shall be maintained wholly at county expense. The limitation does not apply to patients certified to the Wisconsin Orthopedic Hospital nor to counties in

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

which there is no hospital. Sec. 142.04. See 24 Atty. Gen. 155.

Whether there is a "hospital" in the county is a determination to be made by the secretary of state and not by the county judge or by the Wisconsin General Hospital. 30 Atty. Gen. 98, 100.

Commitment must be from county of legal settlement. 21 Atty. Gen. 846. One who does not have legal settlement within the county as provided for by Sec. 49.02, although he may have resided in county a year or more, may not petition the court for hospitalization. 27 Atty. Gen. 708.

The physician who examines the patient must make written report to the judge. The selection of the examining physician rests in the discretion of the judge. Prior to 1927, the examining physician was required to be one residing in the county. The law was amended in that year, however, by striking out that requirement, the purpose of the amendment being, as explained to the legislature, to facilitate the examination of patients residing near county lines. Sec. 142.03.

The examining physician is paid five dollars, by the county, for making examination. Sec. 142.03. His appointment by the judge is a question of fact, and if he receives authentic knowledge of his appointment, he may proceed to make the examination, without waiting for a formal, written appointment. Obviously, he could receive authentic knowledge of his appointment orally from the court, as by telephone.

A contract cannot be made by the county with a county medical society which will take away the judge's discretion as to place of hospitalization. 23 Atty. Gen. 711.

County judge may authorize furnishing glasses under Chapter 142. 25 Atty. Gen. 429.

Nurse transporting patient at request of county court may be held liable for negligence in accident occurring during such transportation. Liability insurance may not protect nurses if mileage paid for transporting patient is construed as transportation for hire within terms of most liability insurance contracts. County would not be liable, as it is acting in performance of essential governmental function. 27 Atty. Gen. 339.

See also: 22 Atty. Gen. 1051; 23 Atty. Gen. 439; 24 Atty. Gen. 384; 27 Atty. Gen. 143.

## 28. Crippled Children

### (a) Orthopedic Hospital

The state maintains the children's orthopedic hospital at Madison, for the treatment of crippled children whose parents are unable to provide adequate treatment.

Half the cost of treatment is charged to the county. Sec. 36.32.

The method of commitment is the same as for commitment to the Wisconsin General Hospital. Sec. 36.32 (4) and Sec. 142.04. Report to and cooperation with the bureau for the handicapped children of the department of public instruction is required. Sec. 142.03 (1).

However, the Wisconsin Orthopedic Hospital is not a charitable or curative institution as that term is used in section 48.10 (6), relating to charging the county of legal settlement of patient for his support and maintenance under the law. 30 Atty. Gen. 329.

### (b) State Public School at Sparta

Crippled or deformed children may be admitted to the state public school, if their ailment or deformity is subject to cure or amelioration. Sec. 48.21.

Insane, feebleminded or epileptic persons are not admitted. Sec. 48.20.

Admission to the school is through the department of public welfare. Sec. 48.20.

One-half the cost is charged to the county of the child's legal settlement. Sec. 48.20. The expense of a person to accompany the child is charged to the county.

### (c) Special District Schools

School districts may maintain special schools for crippled children. Sec. 41.01.

By chapter 231, Laws of 1939, the laws relating to education of crippled children were extended and strengthened. State aid for special schools for such children was set up, a bureau for handicapped children was established in the department of public instruction, schooling was made compulsory, etc.

### (d) Interdepartmental Committee and Federal Aids

In 1935 section 48.50 of the statutes was enacted, constituting an interdepartmental committee consisting of the superintendent of Wisconsin Orthopedic Hospital, state health officer, and director of the children division of the state department of public instruction. The duty of the committee is to prepare a unified and comprehensive plan for services for crippled children—locating them, furnishing medical, surgical, corrective and other care, and facilities for diagnosis, hospitalization, and aftercare. The committee's plan is to take into consideration federal aids and services.

See 24 Atty. Gen. 812.

## 29. Dependent and Neglected Children

(See also "Aid to Dependent Children." Title 31 (d), this digest.)

Such children may be sent to the state public school at Sparta.

Admission is by department of public welfare. Sec. 48.20.

Such children may also be sent to any other suitable public institution or placed in the care of relatives or a child welfare agency. Sec. 48.07.

Children placed in foster homes under the provisions of section 48.07 are considered public charges. 30 Atty. Gen. 119.

See also: 20 Atty. Gen. 1246; 21 Atty. Gen. 267; 22 Atty. Gen. 312; 24 Atty. Gen. 133, 195; 25 Atty. Gen. 574, 577.

## 30. Education of Blind and Deaf

(See also "Blind Pension." Title 31 (f), this digest.)

Schools, workshop and employment agency are maintained by the state. Secs. 47.01, 47.02, 47.05.

No tuition is charged. Sec. 47.02.

Admission is on order of the county or municipal judge. Sec. 47.03.

Admission is also voluntary. Sec. 47.02.

The state bears entire expense.

Legal settlement is not essential for admission. 24 Atty. Gen. 512.

## 31. Pensions

**(a) State Pension Department.** Sec. 49.50

The State Pension Department shall "supervise the administration of old-age assistance, aid to dependent children, and blind pensions."

To enable the state to receive federal aid, the department is given authority to make rules and regulations, and county officers and employes are required to conform thereto. By Chap. 435, Laws, 1939, the functions of the State Pension Department were transferred to the State Department of Public Welfare, Division of Public Assistance.

**(b) County Pension Department.** Sec. 49.51

A county may establish a county pension department, in which case such department is charged with administering the forms of relief mentioned above.

See also: 24 Atty. Gen. 698, 709, 710, 711, 763, 764, 765.

**(c) Applications**

Application for either form of relief is made to the county judge (or to the county pension department if one has been established), who makes proper investigation and fixes the amount of pension. Secs. 49.28 (old-age assistance), 48.33 (aid to dependent children), 47.08 (blind pension).

A denial of pension may be appealed to the State Department of Public Welfare, and its decision shall be final. Sec. 49.50 (4).

**(d) Aid to Dependent Children.** Sec. 48.33

This is the form of relief commonly but erroneously known as "Mother's Pension." It is not necessarily given to the mother, but is given to the person having the care and custody of one or more children under the age of sixteen and dependent upon the public for proper support. Aid may be given, in the court's discretion, for minor children over the age of sixteen, but no federal aid is given the county for such cases. Subsec. (5) (a).

Application must be made in the county of legal settlement, but the children may, with the approval of the court, reside outside the county. Subsec. (5) (b).

However, receipt of public aid by family of child in whose behalf application is made during year preceding application does not bar child from having legal settlement in county in which application is made. 30 Atty. Gen. 9.

Applicant is eligible for mother's pension if in fact abandoned for one year and a warrant has been issued regardless of date of making of the criminal charge. 30 Atty. Gen. (Oct. 24, 1941).

Aid is granted to a mother if without a husband, or the wife of a husband who is incapacitated for gainful work by mental or physical disability likely to continue for one year, or the wife of a husband sentenced to a penal institution for at least a year, or the wife of a husband who has deserted her for one or more years if the husband has been legally charged with abandonment, or to a wife who is divorced and for one year has been unable to compel her former husband to support the child. Subsec. (5) (d). 26 Atty. Gen. 289, 304, 490.

Dependent children of veterans must be eligible under sec. 48.33 (5) as subsec. (13) added by Chapter 200, Laws of 1939, provides only for determination of county liability for children of veterans who are in institutions outside their home counties. 29 Atty. Gen. 417. Absence of father from home due to military service is not alone sufficient to permit the granting of aid under section 48.33. 30 Atty. Gen. 153.

The amount of aid to dependent children shall be "sufficient to enable the person having the care and custody of such children to care properly for the children. The amount to be granted shall be determined by a budget for each family in which all possible income as well as expenses shall be considered." Subsec. (6). Note that the budget is for the "family," not merely for the needs of the children.

In an unofficial opinion by the Attorney General to the State Pension Department, dated July 11, 1939, it was held that medical and dental aid may be granted to an incapacitated father, whether or not he is the supervising adult within the meaning of section 48.33 (7) of the statutes. The pension agency is given discretion as to such aid but may not abuse the discretion.

The ownership of a homestead by the person having the care of the children shall not bar aid if the total cost of maintenance of the homestead does not exceed the rental which the family would be obliged to pay for living quarters. Section 48.33 (5) (f).

Maternity aid, in the form of supplies, nursing, medical or other assistance, shall be granted during the period from six months before to six months after the birth of a child. Sec. 48.331. 27 Atty. Gen. 256, 258.

Aid to dependent children does not prevent nor relieve the relief unit from furnishing medical aid. Sec. 48.33 (6) provides: "Medical and dental aid may be granted to minor children, the mother or the incapacitated father, as necessary." Also: "Aid pur-

suant to this section shall be the only form of public assistance granted to the family for the benefit of of such child, *except medical* and dental aid." See 20 Atty. Gen. 146; 21 Atty. Gen. 952.

Directly in point with the foregoing statement is the holding in Town of Cleveland v. Industrial Commission, 232 Wis. 147, where the court said: "* * * the provision in subd. (6) of sec. 48.33, Stats. (above quoted) that such aid for dependent children 'shall be the only form of public assistance granted to the family', etc., *cannot be construed to prohibit and render illegal the performance of the statutory duties prescribed by sec. 49.03 (1), Stats.* The scope and effect of whatever inhibition there is by reason of the above quoted provision in subd. (6) of sec. 48.33, Stats., *is limited to the action on the part of officers engaged in the granting of aid for dependent children* * * *" (Italics ours.)

Also the case must be construed as meaning that the language "except medical and dental aid" as used in sec. 48.33 gives express authority for those who administer aid to dependent children to provide medical and dental aid.

The acceptance of aid under a federal rehabilitation program does not necessarily disqualify for aid under section 48.33. 24 Atty. Gen. 522; 26 Atty. Gen. 610.

See also: 22 Atty. Gen. 769, 772, 920, 952, 1002, 1041; 23 Atty. Gen. 452; 24 Atty. Gen. 26, 158; 25 Atty. Gen. 68, 470, 505; 26 Atty. Gen. 133, 180.

(e) Old-Age Assistance

The applicant must have attained the age of 65 years, but aid can be given at age 60 when the federal government grants assistance for ages 60 to 65. Sec. 49.22 (1).

Applicant must have been born in or be a citizen of the United States. He must have resided in Wisconsin at least five years during the nine years immediately preceding application, during the last year of which period he must have resided continuously in this state. However, an applicant who has resided one year in the state of Wisconsin may be granted old-age assistance if the state from which he has removed to Wisconsin has undertaken to grant assistance to any resident of Wisconsin who has moved to such state and has lived there continuously for one year. Sec. 49.22 (2), (3). Absence from the state in the service of the state or of the United States shall not be deemed to interrupt residence if a domicile be not acquired outside the state. 25 Atty. Gen. 736.

Applicant must not be an inmate of any prison, jail, workhouse, infirmary, insane asylum, or any other public correctional institution. Sec. 49.22 (4).

He must not have a child or other person responsible for his support and able to support him. Sec. 49.22 (8). 26 Atty. Gen. 382.

Persons may not be granted old-age assistance while inmates of and receiving the necessities of life from any public institution, or while an inmate of a private charitable, benevolent or fraternal institution or home for the aged to which no admission charge as a life tenant has been made. An inmate of a county home may make application, but assistance shall not begin until he ceases to be such inmate. A person shall not receive assistance if the combined property of husband and wife living together exceeds five thousand dollars; or who has deprived himself of any property for the purpose of qualifying for assistance. Sec. 49.23. 28 Atty. Gen. 234.

The amount of assistance shall not exceed an amount which, when added to the other income of the applicant, shall exceed a total of forty dollars per month. Sec. 49.21 as amended by chapter 533, Laws of 1939. 26 Atty. Gen. 306.

Subsec. (4) of Sec. 49.26, as created by chapter 7, Laws of Special Session 1937, provides that when a certificate of old age assistance is filed in the office of the register of deeds it operates as an automatic statutory lien against the real estate of a beneficiary which is situated in the county where filed. The county pension authority may still require the transfer of realty situated without the State of Wisconsin or of personalty with the exception of an insurance policy of less than one thousand dollars in value. Sec. 49.25 providing for claims against the estates of old age assistance beneficiaries was also amended by chap. 7, Laws of Special Session 1937, and this amendment should be consulted. Priority of old age assistance claims and liens in probate are discussed with relation to fact situations, 27 Op. Atty. Gen. 751. In checking the following opinions they should be read with reference to the time of change in the law. 26 Atty. Gen. 322, 418, 564; 27 Atty. Gen. 69, 751, 830.

Funeral expenses not exceeding one hundred dollars may be allowed. Sec. 49.30. Subject to the limitation that discretion granted to an administrative officer may never be arbitrarily exercised, the director of old-age assistance within the limitations imposed by sec. 49.30, Stats., controls both who shall act as undertaker and the amount to be paid for such services. 29 Atty. Gen. 436.

Where agreement exists between county and undertaker, effectiveness of contract is not altered by agreement on part of wife and children to pay for additional services agreed upon between them and the undertaker. 30 Atty. Gen. 51.

It is very doubtful that county board can control discretion of pension administration within limitations of section 49.30. 29 Atty. Gen. 344.

During the continuance of old-age assistance, no recipient shall receive any other relief from the state or any political subdivision "except for medical and surgical assistance." Sec. 49.31. If the assistance granted is not adequate for the medical or surgical needs, then medical and surgical relief shall be extended through the regular relief channels. 25 Atty. Gen. 287; 26 Atty. Gen. 306.

State and federal aid is given counties. Secs. 49.38, 49.51, 20.18 (6), 20.748.

The county board may require each town, city and village to reimburse the county for all amounts paid in old-age assistance to its residents, less state and federal aid. Sec. 49.37 (2).

An Indian on a reservation may receive old-age assistance. 24 Atty. Gen. 591.

Old-age assistance is exempt from garnishment, levy, etc. Sec. 49.32

See also: 23 Atty. Gen. 820; 24 Atty. Gen. 280, 438, 624. Income defined and property discussed, 24 Atty. Gen. 461, 709, 710, 711, 763, 764; 25 Atty. Gen. 115, 250; 26 Atty. Gen. 206, 218, 526, 576.

Eligibility to pension offices see: 24 Atty. Gen. 698, 762, 765, 768, 771; 25 Atty. Gen. 55; 26 Atty. Gen. 52; 28 Atty. Gen. 353.

**(f) Blind, and Blind-and-Deaf Pension**

Any needy blind or blind and deaf person eighteen years of age or more shall receive pension. Sec. 47.08 (1).

It shall be in an amount which, when added to income from other sources, shall not exceed $780 per year. But no pension shall exceed $360 if the person is blind and $480 if both blind and deaf. Sec. 47.08 (1).

Residence requirements are the same as for old-age assistance, except that if an applicant lost his sight while a resident of the state, then he need not comply with the other resident requirements. 27 Atty. Gen. 828.

Applicant must not be an inmate of any publicly-owned charitable, reformatory or penal institution or any public school for the blind or deaf (except summer school of the Wisconsin school for the blind); must not be publicly soliciting alms; must not have relatives legally responsible for his support and able to support him. Sec. 47.08 (2).

All applicants must be examined by a regular practicing physician, appointed by the county board, and designated "Examiner of the Blind and Deaf." Sec. 47.08 (4). Fee paid the physician is $2.00 for each applicant, but the county board may allow a larger fee. 25 Atty. Gen. 671.

A person is not entitled to blind pension while receiving old-age assistance. Sec. 47.08 (8).

Husband and wife may each receive pension. 24 Atty. Gen. 445.

Recovery from estate of blind pensioner is not permissible. 27 Atty. Gen. 141.

**(g) Miscellaneous**

The State Department of Public Welfare policy is to include in the grant to old-age and blind pensioners the amount necessary for medical aid (within the statutory limits as to amount of pension, of course), leaving it to the pensioner to make payment to the physician. In allowing medical aid to dependent children, however, such aid may either be included in the grant or payment of the physician may be made direct by the authorities.

See also: 22 Atty. Gen. 710; 23 Atty. Gen. 248; 24 Atty. Gen. 109, 449, 709; 25 Atty. Gen. 272, 441, 671; 27 Atty. Gen. 828; 28 Atty. Gen. 360, 499.

## 32. Offenses

A person may be punished who:

Wilfully makes any false representation with intent to secure relief, for himself or another.

Wilfully does any act designed to interfere with the proper administration of relief.

Sells or exchanges articles or supplies furnished as relief or disposes of them with intent to defraud the relief unit, or who buys the same.

Sends or brings, or advises any dependent to go into, any municipality in order to relieve himself or his municipality from relief.

Being in charge of relief, or any assistant who, receives or solicits any personal financial gain through any purchase, sale, disbursement or contract for supplies or other property used in administering poor relief.

Secs. 49.124, 343.25, 348.28.

Pension frauds are punishable. Secs. 49.34 to 49.36.

Wrong intent is essential. 24 Atty. Gen. 573.

## LEGAL STATUS OF A POSTHUMOUS CHILD

For purposes of inheritance or succession a posthumous child is considered as living at his parent's death. Section 237.07, statutes. Any child born after the making of his parent's will shall have the same share in the estate of such parent as if the parent had died without a will where the will makes no provision for such afterborn child, unless it is apparent from the instrument itself that it was the intention of the deceased parent to make no provision for such child. Section 238.10, statutes.

When property is left by will to heirs, or issue, or children, posthumous children are entitled to take the same share in the same manner as if born before the death of the parents. Section 230.30 statutes. When a will provides that a gift of real estate or personal property depends upon the death of a person without heirs, issue, or children, the birth of a posthumous child will defeat the gift. Section 230.31, statutes.

# Provisions of Wisconsin General Hospital Law

ACCORDING to the provisions of chapter 142 and section 36.31, Wis. Stats., the State of Wisconsin General Hospital, located in Madison, was established for two primary purposes: (1) to furnish facilities for teaching and the advancement of medical knowledge; and (2) to furnish specialized facilities for the care and hospitalization of patients lacking such facilities within their own communities.

142.01 Public patients. (1) A person having a legal settlement in any county in this state who is crippled or ailing and whose condition can probably be remedied or advantageously treated, if he or the person liable for his support is financially unable to provide proper treatment, may be treated at the Wisconsin general hospital or the Wisconsin orthopedic hospital for children at Madison or in such other hospital or rehabilitation camp as the county judge shall direct, except that when the person to be treated, or his guardian if he be under guardianship, shall select that such treatment be at the said Wisconsin general hospital or the said Wisconsin orthopedic hospital or rehabilitation camp, the hospital or rehabilitation camp of his selection shall be the place of treatment; provided that the right of such selection shall not exist in counties having a population of five hundred thousand or more . . .

142.02 Application. When the case of such person shall come to the notice of the sheriff, county supervisor, town clerk, health officer, health nurse, poor commissioner, policeman, physician or surgeon, or any public official, he shall and any teacher, priest or minister may, file with the county judge of the county wherein such afflicted person has a legal settlement an application for such treatment at such hospital.

The judge then appoints a physician to investigate the physical condition of the patient. At the same time the judge makes an investigation as to the propriety of such a commitment. The supervisor of the town, village or ward of residence of the person is required to furnish the court, upon request, with all material information within his knowledge in order that the judge may intelligently decide the case. If the judge is satisfied that the patient or the person liable for his support is financially unable to provide proper treatment and upon recommendation of the physician that the patient is a proper person for hospitalization at the State of Wisconsin General Hospital, the judge shall then issue an order approving such hospitalization, in which instance the cost is borne equally by state and county, provided that the county has not exceeded its quota for that year.

Unless the case is an emergency, the hospital desires the court order certifying the patient to the institution prior to the arrival of the patient. This allows the hospital to delay admission in certain cases where the services are already over-crowded.

Patients are also admitted to the hospital upon receipt of a letter from the family physician stating that the patient can pay $6 a day, in advance, for hospitalization, but that a professional fee or extras in addition would be a severe hardship. A few private cases are also admitted, but the hospital is not primarily interested in this type of work. Address all communications to the office of the Superintendent, 1300 University Avenue, Madison, Wisconsin.

Classification of patients admitted to the hospital, in 1940, is given below:

1. *County-state patient:* Hospitalization is authorized by the county judge of the county in which patient resides. Hospitalization costs are paid equally, half by the county and half by the state unless that county's quota for that year is exhausted in which case the county bears the full burden; (88 to 90 per cent of the patients in the hospital come under this classification).

2. *Special rate patient* (formerly called the "clinic case"): This type of patient comes to the hospital on his physician's recommendation that he be accepted on a $6 per day basis. A financial statement of the patient is taken on admission and if it is felt that his status justifies a $6 per day charge he is admitted on that basis; he is thereby entitled to every service except transfusions and special nursing; (6 to 8 per cent of the patients in the hospital come under this classification).

3. *Private patient:* This type of patient is handled the same as would be the case in any other hospital *except* that he is accepted only on reference or recommendation of the physician in the home community.

No patient is accepted at Wisconsin General Hospital unless referred or recommended by the patient's physician, except in case of emergency or accident where delay may cause serious complications.

## Divisions of Wisconsin General Hospital

*Wisconsin General Hospital:* Admissions per above; general hospital service plus teaching privileges in connection with the University.

*Wisconsin Orthopedic Hospital:* Orthopedic and plastic surgery patients only. All patients admitted through the regular admitting channels of the Wisconsin General Hospital. Crippled Children's Division secures admission for many patients through its services.

*Wisconsin Psychiatric Institute:* Furnishes facilities for blood and spinal fluid Wassermann examinations for the various state agencies and institutions, and for any physician desiring its facilities.

*Bradley Memorial Hospital:* This is a unit of Wisconsin General Hospital.

*University of Wisconsin Infirmary:* Student health center and hospital.

## Scope and Fees

Provisions of the Wisconsin General Hospital Law as it relates to the relief of the medically indigent are contained in the "Summary of Wisconsin Poor Relief Laws Affecting Care of Indigent Sick," pages 1193 and 1194, and the purpose of this article is to treat particularly the extent of the law and the collection of physicians' fees allowed thereunder.

### Treatment May Be at Home or in Local Institution

Under the Wisconsin General Hospital Law (sections 142.01 and 142.04) a person having a legal settlement in any county, who is crippled or ailing and whose condition can probably be remedied or treated advantageously, and for whom treatment is financially impossible, may be confined, as the situation warrants, in the Wisconsin General Hospital, in the Wisconsin Orthopedic Hospital, in a local institution or at home.

### Limited Choice of Physician

A decision of the Wisconsin Supreme Court dated October 7, 1941, holds that under the present law an indigent patient cannot force the local relief unit to accept the physician chosen by him. In this case, entitled *Reissmann v. Jelinski*, 300 N. W. (adv. sh.) 164, the court emphasized that a county in furnishing relief under Chapter 142 may avail itself of the advantage to it in sharing relief costs with the state. The indigent had contended that although the county insisted that a needed operation be performed at the Wisconsin General Hospital, he could compel the county to authorize its performance by his personal physician at a local hospital.

The court recognized that under the law as it now stands the common practice of the local relief units is to select the physician regardless of the wishes of the indigent. His rights under the statute extend only to the furnishing of treatment, and the county has discharged its obligation when it makes treatment available to him. The question whether this is a desirable result was not discussed.

The point of the case is only that an indigent patient does not have free choice of physician, but there is nothing in the decision lessening the well established responsibility of a poor relief official to see that adequate medical care is provided for such persons. Chapter 49 is construed as a beneficent act, and under the provisions of 49.18 (2), the physician continues to have both the professional duty and statutory authorization to hospitalize an indigent patient when in his reasonable opinion "immediate hospitalization is required for indispensable emergency operation or treatment and prior authorization for such hospitalization cannot be obtained without delay likely to be injurious to the patient." In other words, patient welfare is still paramount and the wilful denial by the proper poor relief official of adequate medical care under all the circumstances of a given case is actionable both civilly and criminally. See 21 Atty. Gen. 1141, 1155.

### Conditions Necessary to Local Treatment

Where treatment is to be given at home or in a local institution, the court must find that such treatment will be adequate and at the same or less expense to the county. But it must be kept in mind that the law is beneficent, and must be construed to give effect to its purpose. Thus the Attorney General has held that treatment need not be ordered at Madison in the emergency case, even though the expense might be less than in a local institution, because "it is not believed that the treatment at Madison would be considered adequate. . . ." (XXII Atty. Gen. 465). And in the consideration of "expense," the county judge may take into account the costs necessary to remove a patient to Madison, for transportation expense, and those of an attendant, both to and from the institution, are not items of joint state and county expense.

### The County Quota

Under the provisions of the law, state aid ceases when the total county patients committed from any one county exceeds a ratio of more than two persons per thousand of population or major fraction thereof, although there is no limit if there is no hospital in the county concerned nor as to patients certified to the Wisconsin Orthopedic Hospital. The decision whether there is a hospital in the county is for the secretary of state at the time he certifies to the county its share of the costs. 30 Atty. Gen. 98. If the county exceeds its quota, then the county must pay the entire cost of hospitalization if the patient is to be confined in Madison. If the patient is confined at home under the provisions of the law no expense of hospitalization is involved at all. The only expense to the county would be that of medical care and nursing.

### Physicians' Fees

In proceedings under the Wisconsin General Hospital Law, two entirely separate and distinct fees are permitted physicians.

By provisions of section 142.03 (2) the county judge, if satisfied that a patient presents a proper situation, "shall appoint a physician personally to examine the person." By statute, the physician is directed to make a verified report in writing giving certain required information, and shall "be paid by the county $5.00 and actual and necessary expenses." Since no method is provided for the payment of the physician, he must proceed through legal channels for the collection of the $5.00 fee allowed. Following the provisions of section 59.77 (1), dealing with claims against the county, the physician must make a statement of his claim in writing upon county voucher forms setting forth its nature and the facts

upon which it is founded. If the claim includes mileage, the statement should specify the days and places, so as to show between what points, and when, and the purpose for which the travel charges were made. Since the fee is statutory the time expended in the performance of service need not be stated. But the statement must be verified by affidavit and filed with the county clerk, whose duty it is, under the provisions of section 59.79 to transmit the same to the county board.

A further fee is allowable for medical treatment where a patient may be confined under the Wisconsin General Hospital Law in local hospitals or at home. Where such is the case, the county judge is required to "enter an order directing such treatment, the place thereof, and the physician or physicians." The expense of treatment of such patients, in local institutions or at home, shall be paid by the county treasurer, upon the certificate of the county judge who shall be satisfied as to the correctness and reasonableness thereof. The claim of the physician rendering the treatment need not be passed upon by the county board, but only by the county judge. See sections 142.04 and 142.08 (5). See also 21 Atty. Gen. 240 and 22 Atty. Gen. 408.

# Treating the Sick in Wisconsin

Zealous in guarding the sick, and appreciative that the interest of the public health is always the foremost consideration, Wisconsin through its legislature and its courts has accepted the doctrine that to treat the sick is not a right but a privilege,—a privilege that must be guarded carefully in the interest of the public. The material presented here is particularly designed for the information of those seeking this privilege in Wisconsin, as well as to provide those who have already secured that privilege with basic information relative to their particular practice and its authorized scope.

For rules and procedure in filing application for licensure as prescribed by the State Board of Medical Examiners, physicians are referred to the secretary of the Board, Dr. H. W. Shutter, 425 East Wisconsin Avenue, Milwaukee.

## THE BASIC SCIENCE LAW

### General

IN 1925, at the request of the State Medical Society of Wisconsin, the Wisconsin Legislature enacted the Basic Science Law, being the first state to do so. The majority of the states now have laws similar in purpose and effect. The Basic Science Law, which is a part of Chapter 147 of the Wisconsin Statutes, is appropriately named because it enumerates not alone the basic qualifications imposed upon those who would treat the sick, regardless of their method or system of doing so, but because it is also the basic structure upon which the health laws of Wisconsin are predicated.

The Basic Science Law does not authorize one who has successfully passed the examination to engage in any form or manner in caring for the sick. The law is intended only to afford reasonable certainty that, in the basic sciences of anatomy, physiology, pathology and diagnosis,[1] those who treat the sick in Wisconsin possess the minimum qualifications.

The Basic Science Law provides that no person shall treat, or attempt to treat, the sick unless he has a certificate of registration in the basic sciences, recorded with the county clerk of the county in which he resides.[2] But this alone does not permit a registrant to treat the sick. He must be otherwise licensed.[3] No examining board for any branch of treating the sick may license, register or admit to its examination any applicant unless he first presents a certificate of registration in the basic sciences, with the exceptions noted in the paragraphs immediately below.

Specifically exempt from the operation of the Basic Science Law, are commissioned surgeons of the army, navy and federal health service,[5] registered nurses,[6] dentists,[7] optometrists,[8] and persons practicing Christian Science or others administering to or treating the sick by mental or spiritual means.[9] Medical or osteopathic physicians of other states or countries in actual consultation with resident licensed practitioners,[10] persons gratuitously prescribing and administering family remedies or rendering treatment in an emergency are likewise exempted.[11]

The attorney general has ruled that masseurs are not required to qualify under this law, since their licensure provisions impose what amounts to a basic science examination in the limited field of practice of massage and hydrotherapy.[12]

All persons, who, prior to February 1, 1925 (the effective date of the Basic Science Law), were not registered or licensed to treat the sick but, on that date, were lawfully treating the sick in Wisconsin

were granted the opportunity of being registered upon application to the board.[13] Thus, all persons lawfully treating the sick in Wisconsin, other than those above enumerated, must possess a basic science certificate or its equivalent.

## Definitions of "Treating the Sick" and "Disease"

Section 147.01 (1), Wisconsin Statutes, 1941, defines what constitutes treating the sick in Wisconsin:

(a) "To treat the sick" is to examine into the fact, condition, or cause of human health or disease, or to treat, operate, prescribe, or advise for the same, or to undertake, offer, advertise, announce, or hold out in any manner to do any of said acts, for compensation, direct or indirect, or in the expectation thereof.
(b) "Disease" includes any pain, injury, deformity, or physical or mental illness or departure from complete health and proper condition of the human body or any of its parts.

Even such minor departures from complete health, as astigmatism, headaches and partial paralysis, constitute "disease" within the meaning of the Basic Science Law, and advising as to their care constitutes "treating the sick."[14] The use of x-ray for diagnosis and treatment is treatment of the sick.[15] The use of natural forces, such as light, heat, air, water and exercise, in the treatment of disease, constitutes treating the sick within the provisions of the Basic Science Law.[16] Diagnosis and treatment of unhealthy conditions of the skin and scalp constitute treating the sick.[17]

## Board of Examiners in the Basic Sciences

The State Board of Examiners in the Basic Sciences consists of three lay educators appointed by the Governor to serve for a term of six years each.[18] None of the appointees may be on the faculty of any department teaching methods of treating the sick.[19]

The board keeps a complete record of all applications, examinations, registrations, fees, decisions, orders and proceedings. It is authorized to appoint, subject to the civil service law, such competent and recognized experts as shall be necessary in examinations, as well as clerks. Their compensation, together with the compensation of board members, may not exceed in amount the fees received.[20]

## Application for Registration

Application for a certificate of registration must be made to the Board of Examiners in the Basic Sciences. Such application must be accompanied by satisfactory evidence of good moral character and preliminary education equivalent to graduation from an accredited high school of this state, together with a fee of $10.[21] *The applicant is not required to disclose the professional school he attended or the system of treating the sick which he intends to pursue.*[22]

The preliminary high school requirement is waived only as to those applicants who were attending a professional school which was teaching the basic sciences on February 1, 1925.[23]

## Basic Science Examination and Certificate

The examinations are conducted at least four times a year at times and places fixed by the board, and are both written and practical.[24] The applicant is examined in anatomy, physiology, pathology and diagnosis,[25] and if he achieves the grade of 75 per cent in each subject, he receives a certificate in the basic sciences signed by the president and secretary of the board. In the event the applicant fails in one subject only, he may be reexamined in that subject at any examination within one year without further fees, but if he fails in two or more, he must await the passage of one year, and must re-apply and be reexamined in all subjects.[26]

An applicant seeking one of the limited licenses, such as for chiropody, need only state to the board that his practice is to be confined to one organ or set of organs, and his examination and certificate are limited accordingly.[27]

Since a certificate in the basic sciences does not authorize one to engage in the practice of treating the sick, compliance with the law is merely a condition precedent to taking the examination of one of the licensing boards. The Basic Science Law in no manner supplants conditions imposed by the various licensing boards.[28]

## Reciprocity

The board may issue a certificate to an applicant who presents satisfactory evidence of having passed examination in the basic sciences before a legal examining board or officer of another state, or of a foreign country, if the standards are as high as those of this state, and upon the payment of a fee of $15.[29] This does not authorize the board, however, to accept the results of an examination conducted by the National Board of Medical Examiners in lieu of its own examination, for the reason that the National Board of Medical Examiners is a voluntary board as distinguished from a board created by law.[30]

## Court Review

The applicant affected, or any state examining board for any branch of treating the sick, may commence action in the circuit court for Dane County against the board to set aside action by it either granting or denying a certificate of registration under the Basic Science Law. In such action the complaint must be served with the summons, and within twenty days the board must answer and file with the clerk of court the papers and records upon which it acted or copies thereof. The court must then try the issues upon such papers and records and such additional evidence as it in its discretion may decide upon. The court may then

dismiss the action, or remand the record to the board for further examination or investigation, or for modification or reversal of its action. In these actions the Attorney General appears for the board, and no costs are taxed by either party.[31] No such action has ever been instituted since organization of the board in 1925.

### Revocation

A certificate of registration in the basic sciences is subject to revocation for the causes and in the manner provided in Section 147.20, Wisconsin Statutes.[32] For discussion of that section and procedure under it see "Revocation of License," page 1203.

## LICENSING REQUIREMENTS AND PROCEDURES

### General

Under the provisions of the statutes, treating the sick is governed in the following terms:

147.14. Practice. (1) No person shall practice or attempt or hold himself out as authorized to practice medicine, surgery, or osteopathy, or any other system of treating bodily or mental ailments or injuries of human beings, without a license or certificate of registration from the state board of medical examiners, except as otherwise specifically provided by statute, nor unless he shall record the same with the county clerk of the county in which he resides and pay a fee of fifty cents for such recording. Nonresidents shall file such license or certificate in each county in which they shall practice. The clerk shall enter in a book kept for that purpose the date of the license or certificate, the name of the licensee, school or practice shown, and the date of the recording.

Several exceptions to this provision are created by virtue of a statutory provision that exempts those engaged in healing the sick through Christian Science or by mental or spiritual means;[33] while still another provision exempts from licensure requirements those engaged as commissioned officers of the army, navy, or federal public health service, or licensed practitioners in medicine and surgery or osteopathy and surgery of other states or countries who may be in actual consultation with resident licensed practitioners of this state. Nor does this law apply to gratuitous prescribing and administering of family remedies, or to treatment rendered in an emergency.[34]

Still others are exempt from the provisions of this section by reason of their compliance with other specific licensing statutes, such as those dealing with chiropractic and optometry.

However, there is no "No Man's Land" in licensure in Wisconsin. Specific theories or systems of treating the sick not recognized in Wisconsin *may not be pursued as a vocation.* This includes such cultists as naturopaths, naprapaths, and others. To treat the sick in Wisconsin, one must be licensed specifically to exercise that privilege under the Wisconsin licensure law.[35]

Each specific licensing field in Wisconsin is grouped under one of the several licensing boards. The State Board of Medical Examiners licenses applicants for the practice of medicine and surgery, osteopathy and surgery, midwifery, massage and hydrotherapy, and chiropody. Section 147.16 of the statutes states that all applicants in these several fields of treating the sick are to be given the same examination, so far as practicable, in the fields of anatomy, physiology, general diagnosis, pathology, histology, chemistry, hygiene and sanitation.

There are also licensing boards in chiropractic and optometry, dentistry and nursing. The latter two of these boards will not be discussed in this article, because each embraces a well defined and well regulated professional field, which does not call for extended comment here.

Licensure requirements and procedure, together with the powers of the respective licensing boards, will be treated in the pages following. As a matter of convenience for the reader, the licensing requirements and procedure for the several types of applicants will be summarized under the particular system of treating the sick, rather than by a classification of licensing boards.

### Medicine and Surgery

*Examining Board.*—The examining body for applicants for license to practice medicine and surgery is the State Board of Medical Examiners, which is composed of eight licentiates, appointed by the governor for four-year terms.[36] No instructor, stockholder, member of, or persons financially interested in any school having a medical or osteopathic department, is eligible.[37] The board meets regularly on the second Tuesday of January at Madison, and on the last Tuesday of June at Milwaukee, and at such other times as are considered advisable. At the annual June meeting a president and secretary-treasurer are elected. It is the duty of the secretary-treasurer to receive for the board all money, and to pay it into the state treasury,[38] as well as to keep a record of its proceedings and a register of applications, licenses and certificates of registration issued.[39]

There is appropriated from the state general fund to the board for the execution of all its functions, all money received by it and paid into the general fund.[40] Of this there is allotted to each examiner not more than $10 for each day actually spent, together with actual and necessary expenses, to the board members.[41]

All applications for licensure from the State Board of Medical Examiners must be made to the board at the time and place designated by it, or at any regular meeting.[42]

*Educational Requirements.*—The applicant must have the three-year premedical course of the University of Wisconsin or its equivalent. Educational

requirements of applicants for license to practice medicine and surgery are summarized in Table 1, column 1, page 1208.

Each applicant must also file with the board a verified statement that he is familiar with the state health laws and with the rules and regulations of the State Board of Health relating to communicable diseases,[43] satisfactory evidence of good moral and professional character[44] and proof of the fact that he is twenty-one years of age.[45] An applicant for license to practice medicine and surgery must also present a diploma from a reputable professional college approved and recognized by the board.[46]

The State Board of Medical Examiners has broad discretion in determining the reputability of professional schools,[47] and where it is impossible for the board to determine whether the college is reputable, the burden is upon the applicant to prove its reputability.[48]

In the event the applicant feels that the board was unjust in its determination that the professional school from which he was graduated did not meet its requirements, he may mandamus the board to grant him a license.[49]

*Under no conditions or circumstances may the board issue a temporary license or certificate to an applicant in any system of treating the sick.*

*Examination and Licensure.*—The State Board of Medical Examiners examines all applicants in anatomy, physiology, general diagnosis, pathology, histology, chemistry, hygiene and sanitation after first satisfying itself that all educational requirements have been met.[50] The board, by rule, may accept a basic science certificate in lieu of any examination in the fields of anatomy, physiology, pathology and diagnosis.[51] In addition to the uniform examination in the above subjects, the applicant is also examined by the board in such further subjects as are usually taught in a reputable medical school.[52] The board, if six of its members find the applicant qualified, then issues a license to practice medicine and surgery, signed by the president and secretary, and attested by the seal of the board.[53]

This license must be recorded by the physician with the county clerk of the county in which he resides, the recording fee being 50 cents. Nonresidents shall file such licenses in each county in which they practice. Until such license has been issued and recorded, no person may practice or attempt or hold himself out as authorized to practice medicine and surgery.[54] No person who is unlicensed, or who has not recorded his license as above provided, has the right to collect by law any compensation for professional services or to testify in a professional capacity, except in criminal actions, or under certain conditions, except for nonresident expert witnesses in medicine and surgery, or osteopathy and surgery.[55]

An immigrant applicant shall present satisfactory evidence of having first citizenship papers, and if his professional education was completed in a foreign college, the application shall be accompanied by a fee of $50. Any applicant who, by reason of his nationality, is ineligible to citizenship and who is a graduate of a reputable professional college in this country prior to the taking effect of the statute on February 1, 1925, and who has all other necessary qualifications, is issued a license if at least one of his parents was a native of the State of Wisconsin. Immigrant applicants also are required to pay the cost of translation into English by the board of documents and papers in a foreign language.[56]

*Licensure without Examination.*—The board may license without examination a person holding a license to practice medicine and surgery in another state, if in such state the requirements imposed are equivalent to those of this state, upon presentation of the license and a diploma from a reputable professional college approved and recognized by the board, or an honorably discharged surgeon of the army or navy, or of the federal public health service, upon filing of a sworn and authenticated copy of his discharge. The fee for license without examination shall be fixed by the board at not less than the reciprocity fee in the state whose license the applicant presents, but shall in no case be less than $50. A license from another state confers no privilege to practice in this state beyond the right to obtain a license by reciprocity in accordance with the statutes.[57]

*Itinerants.*—The following statute specifically governs licensure of the itinerant practitioner to practice any form or system of treating the afflicted:

147.18 Itinerants. Itinerant practitioners of medicine, surgery or osteopathy or of any form or system of treating the afflicted shall obtain an annual license in addition to the regular license or certificate of registration, and shall pay therefor two hundred fifty dollars per annum. Persons practicing medicine, surgery or osteopathy or professing or attempting to treat or heal ailments or injuries of the human body who go from place to place at regular or irregular intervals less frequently than once a week, are itinerant practitioners.

*Revocation of License.*—Three procedures have been established by statute for the revocation of a license or certificate issued by the Wisconsin State Board of Medical Examiners:

(a) By civil action

The district attorney is authorized to bring civil action in circuit court against the holder of a license to practice medicine and surgery and in the name of the state to revoke his license upon a verified complaint received by him charging the holder of the license with having been guilty of immoral or unprofessional conduct, or with having obtained a license by fraud, perjury or error.[58] The same subsection sets out certain other procedural features of such a suit.

The words "immoral or unprofessional conduct" are defined by section 147.20 (1), as follows:

(a) Procuring, aiding or abetting a criminal abortion; (b) advertising in any manner either in his own name or under the name of another person

or concern, actual or pretended, in any newspaper, pamphlet, circular, or other written or printed paper or document the curing of venereal diseases, the restoration of "lost manhood," the treatment and curing of private diseases peculiar to men or women, or the advertising or holding himself out to the public in any manner as a specialist in diseases of the sexual organs, or diseases caused by sexual weakness, self-abuse or excessive indulgences, or in any diseases of a like nature or produced by a like cause, or the advertising of any medicine or any means whatever whereby the monthly periods of women can be regulated or the menses re-established, if suppressed, or being employed by or in the service of any person, or concern, actual or pretended so advertising; (c) the obtaining of any fee, or offering to accept a fee on the assurance or promise that a manifestly incurable disease can be or will be permanently cured; (d) wilfully betraying a professional secret; (e) indulging in the drug habit; (f) conviction of an offense involving moral turpitude.

The license of a physician who attempts to perform an abortion may be revoked, and the fact that he was acquitted of the same charge in a criminal action does not bar a proceeding under this section.[59] Nor is the time within which to bring such action, after the offense has been committed, important.[60] The attorney general has further ruled that a physician who directed a patient to an abortionist who did, in fact, perform an abortion, is guilty, as an accessory before the fact, and his license is subject to revocation under this section.[61]

Subject to the limitation that any act in question must occur in the course of professional conduct, defrauding through use of the mails has been ruled to be a crime involving moral turpitude under section 147.20, while violation of the Federal Narcotic Act probably is not; indulgence in a drug habit is immoral or unprofessional conduct under section 147.20.[62]

(b) By action of the board

The statute also provides that when any person licensed by the State Board of Medical Examiners is convicted of a crime committed in the course of his professional conduct, the clerk of the court shall file with the board a certified copy of the information and of the verdict and judgment; and upon such filing the board shall revoke the license or certificate.[63]

The license of a physician who has been convicted of a crime cannot be revoked by the board unless the crime was committed in the course of his professional conduct. If the crime of which the person is convicted, however, involves moral turpitude, the license may be revoked by a circuit court action described in part (a) of this section.[64]

Revocation of a license under this section requires affirmative action by the board and the right to practice continues until such action is taken,[65] and there is no time limitation within which the board must act.[66]

The board has no authority to restore a revoked license.[67] It may be restored only after a first revocation, and then only by subsequent order of the trial court upon notice to the district attorney who prosecuted, or in the event of his disability, his successor in office, and upon written recommendation of the president of the State Board of Medical Examiners with a finding by the court that the applicant is of good moral and professional character and that justice demands the restoration.[68]

(c) State Medical Grievance Committee

In 1935 there was enacted the section quoted below.[69] It was designed to provide a body of qualified public officers to investigate, hear, and act upon practices by persons licensed to practice medicine and surgery which are inimical to the public health.

The statute follows:

The state health officer, the secretary of the state board of medical examiners, and the attorney-general or deputy attorney-general are hereby constituted ex officio a state medical grievance committee, to investigate, hear, and act upon practices by persons licensed to practice medicine and surgery under section 147.17, that are inimical to the public health. The state health officer shall be chairman of the committee. Meetings of the committee shall be held at the call of the chairman. Any member thereof shall have power to subpoena and swear witnesses, and take evidence. The committee shall have power to warn and to reprimand, when they find such practice, and to institute criminal action or action to revoke license when they find also probable cause therefor under criminal or revocation statute, and the attorney-general may aid the district attorney in the prosecution thereof. The records of said committee shall be kept by and be in the custody of the chairman thereof. No member of said committee shall receive any extra compensation therefor, nor other than his actual expenditures in attending upon his duties thereon.

## Osteopathy and Surgery

*Examining Board.*—The examining board for applicants for a license to practice osteopathy and surgery is the State Board of Medical Examiners, as in the case of applicants for license to practice medicine and surgery (See also page 1202).[70]

*Educational Requirements.*—These requirements are summarized in Table 1, column 2, page 1208. Special attention is called to the 1941 amendment providing, in substance, that after June, 1948, an applicant must have had two years of college training, including physics, chemistry, biology and English, in an institution accredited by the University of Wisconsin.[71]

*Examination and Licensure.*—The board examines applicants for license to practice osteopathy and surgery in anatomy, physiology, general diagnosis, pathology, histology, chemistry, hygiene and sanitation, but by rule is also permitted to accept a basic science certificate in lieu of examination in anatomy, physiology, pathology and diagnosis.[72] An applicant must be twenty-one years of age, and must also file a verified statement that he is familiar with the state health laws and the rules and regulations of the State Board of Health relating to communicable diseases.[73]

In addition to the uniform examination in the above subjects, the State Board of Medical Ex-

aminers is further required to examine applicants in branches usually taught in a reputable osteopathic college.[74] It should be noted that the examination does not include materia medica, since applicants in the field of osteopathy and surgery are not trained in this field, as are graduates of medical colleges. If six members of the board find the applicant qualified, it then issues a license to practice osteopathy and surgery, signed by the president and secretary, and attested by the seal of the board.[75]

The license, as in the case of a physician and surgeon, must be recorded with the county clerk of the county in which the licensee resides, and a fee of 50 cents paid for such recording. Nonresidents must file such license in each county in which they practice.[76] The provision as to immigrant applicants to practice osteopathy and surgery are the same as those of an applicant to practice medicine and surgery. See page 1203 and the statutory citation.[56]

*Reciprocity.*—The statutory provision relating to reciprocity where osteopaths are concerned is the same as that applicable in the case of physicians and surgeons. See "Licensure Without Examination," page 1203.

*Itinerants.*—The statutory provision appearing under the title "Itinerants," page 1203, also has equal application to osteopaths.

*Revocation.*—The same statutory authority, and in general the same case authority and attorney general's opinions having to do with licenses to practice medicine and surgery, have equal application to licenses to practice osteopathy and surgery. See "Revocation of License," page 1203.

## Chiropody

*Examining Board.*—The State Board of Medical Examiners, as earlier noted, likewise is the examining board for applicants to practice chiropody. See page 1202, where the composition of the board is discussed.

*Educational Requirements.*—Educational requirements for applicants to practice chiropody are outlined in Table 1, column 3, page 1208.

*Examination and Certificate.*—The statutes provide that the State Board of Medical Examiners shall select three registered chiropodists to conduct the examination under its supervision, one of whom is to be appointed as president, and another as secretary, of the chiropody examiners, all three to receive the same compensation as members of the board.

The examination is required to be both scientific and practical, to be written in English, and to cover anatomy and physiology of the feet, diagnosis of the foot ailments and deformities which the chiropodist is authorized to treat, materia medica, chiropodial orthopedics, bacteriology, pathology, histology, therapeutic chemistry, and minor surgery and bandaging pertaining to ailments of the feet, not including any amputation, and the mechanical treatment of congenital or acquired deformities of the feet. The written examination may be supplemented by oral and clinical examination.[77]

If the State Board of Medical Examiners finds the applicant qualified, it shall issue a certificate of registration which is required to be renewed on February 1 of each year upon application and the forwarding of a $2 annual renewal fee to the secretary of the chiropody examiners on or before January 31. Upon receipt of such application, the chiropody examiners are required to send the application fee to the State Board of Medical Examiners for renewal, and the statute levies a renewal fee of $7 against any chiropodist who fails to renew his application on or before January 31 of any year.[78]

The certificate shall be recorded with the county clerk of any county in which the holder practices.[79]

The Wisconsin statutes make no provision for immigrant applicants for a certificate to practice chiropody, nor do they contain reciprocity provision applicable to such individuals.

*Itinerants.*—The statutory provisions appearing under the title "Itinerants," page 1203, have equal application to itinerant chiropodists.

*Revocation of Certificate.*—The statute provides that the certificate of registration may be revoked in the manner and for any of the causes set out in section 147.20 which is discussed on page 1203. Among additional reasons for revocation of certificate is the failure to re-register before July 1 of any year or for "unprofessional conduct," which term includes the employment of solicitors to obtain business, obtaining fees by fraud or deceit, wilfully betraying professional secrets, and the like.[80] The penalties for violation of Chapter 154 relating to chiropody are set out in another section and include fine on the first offense and fine and imprisonment, or both, on a subsequent offense for persons convicted of fraud in connection with a chiropodist degree, practicing under a false or assumed name and similar offenses.[81]

## Midwifery

*Examining Board.*—The examining board for applicants to practice midwifery is the State Board of Medical Examiners, and for general information on this body, its composition and general powers, see page 1202.

*Educational Requirements.*—Educational requirements of applicants are summarized in Table 1, column 4, page 1208.

*Examination and Certificate.*—The applicant is required to take a written examination in the anatomy of the female pelvis, anatomy and physiology of the organs contained in the female pelvis, symptoms, diagnosis, physiology and complications of pregnancy, diagnosis, course and management of labor, and care of mother and child for the first ten days.[82]

The examination is required to be prepared and conducted by three members of the State Board of

Medical Examiners appointed by the president, and if six members of the board find the applicant qualified it shall grant a certificate of registration, signed by the president and secretary of the board and attested by its seal.[83] The certificate should be recorded by the register of deeds of the county in which the midwife resides or practices, except that in Milwaukee she shall record the certificate with the registrar of vital statistics and pay 50 cents for such recording.[84]

The statutes contain no provision with reference either to immigrant applicants or the licensing of midwives by reciprocity.

*Itinerants.*—The general statute appearing under the title "Itinerants," page 1203, has equal application to itinerant midwives.

*Revocation of Certificate.*—By statute, the provisions of section 147.20 which relate to revocation of license of physicians and osteopaths apply to midwives, except for the definition of "immoral or unprofessional conduct." This latter provision is defined by statute to mean in the case of midwives:

(a) procuring, aiding or abetting a criminal abortion; (b) advertising in her own or any other name in a written or printed paper or document in an obscene manner derogatory to good morals, or advertising means whereby the menses can be regulated, suppressed or reestablished or being in the service of anyone so advertising; (c) indulging in the drug habit; (d) conviction of an offense involving moral turpitude.[85]

## Massage and Hydrotherapy

*Examining Board.*—The examining board for applicants to practice massage and hydrotherapy is the State Board of Medical Examiners.[86] For general information as to the composition and powers of this body, see "Examining Board," page 1202.

*Educational Requirements.*—For educational requirements of applicants to practice massage and hydrotherapy, see Table 1, column 5, page 1208. In spite of the positive statutory requirement that all persons treating the sick, unless expressly exempt, shall possess a basic science certificate in addition to passing successfully an examination given by the State Board of Medical Examiners in anatomy, physiology, general diagnosis, pathology, histology, chemistry, hygiene and sanitation, the Attorney General of Wisconsin has ruled that a basic science certificate is not a prerequisite to a certificate to practice massage and hydrotherapy, and that opinion has been followed in practice.[87]

The applicant also files a verified statement that he is familiar with the state health laws and rules and regulations of the State Board of Health relating to communicable diseases.[88]

*Examination and Certificate.*—The statute requires that the applicant be examined by the board in physiology, descriptive anatomy, pathology and hygiene, and that he be further examined in massage and hydrotherapy, under the supervision of the board by a registered practitioner selected by the board and receiving the same compensation as the board members.

If a majority of the board members find the applicant qualified, it shall issue a certificate of registration to practice massage and hydrotherapy signed by the president and secretary and attested by its seal, which certificate shall authorize practice in massage, hydrotherapy, and educational gymnastics, *but not the treatment of a specific disease except upon the advice of a licensed medical physician,* the latter being qualified to practice massage and hydrotherapy by virtue of his license without holding a certificate for the practice of massage and hydrotherapy.[89] The certificate should be recorded by the holder with the county clerk of the county in which he resides and a fee of 50 cents paid for such recording.[90] There is no provision in the statutes for licensing by reciprocity for the practice of massage and hydrotherapy.

*Immigrant Applicants.*—The provisions of section 147.15 of the Wisconsin Statutes relating to immigrant applicants to practice medicine and surgery or osteopathy and surgery are made applicable also to immigrant applicants for a certificate to practice massage and hydrotherapy. See page 1203.[91] The statute contains no provision for licensing of masseurs and hydrotherapists by reciprocity.

*Itinerants.*—The general statute under the title "Itinerants," page 1203, has equal application to itinerant practitioners of massage and hydrotherapy.

*Revocation of Certificate.*—The statutory provisions discussed under the title "Revocation of License," page 1203, have general application to holders of certificates of registration in the field of massage and hydrotherapy.[92]

## Chiropractic

*Examining Board.*—The examining body for applicants to practice chiropractic shall be the State Board of Examiners in Chiropractic, comprised of three chiropractors appointed by the Governor with the advice and consent of the Senate, who must have been continuous residents and practitioners of chiropractic in the state for the preceding three years, none of whom is an officer or employer, nor financially interested in any school or college of chiropractic, and none of whom is a graduate of any school teaching a method of treating the sick other than chiropractic. The term of office is six years and a vacancy shall be filled for the unexpired term. Within thirty days after appointment, the board will meet for the election of a chairman and secretary. Members are compensated at the rate of $10 a day for each day actually spent, and for the actual and necessary expenses incurred in the performance of their official duties.

The board conducts examinations at least twice a year at such times and places as it determines.[93]

*Educational Requirements.*—Educational requirements for applicants for license to practice chiropractic are summarized in Table 1, column 6, page 1208.

*Examination and Licensure.*—Applicants for license to practice chiropractic must first present a basic science certificate, and are then examined by the State Board of Examiners in Chiropractic, in subjects usually taught in reputable schools of chiropractic.[94] The statute also provides that all licenses issued by the board shall expire on the thirty-first of December following their issuance, except that any holder of a license may have the same renewed from year to year by payment of an annual fee of $5. Satisfactory evidence must be presented to the board that the holder of the license in the year preceding the application for renewal, has attended at least one of the two-day educational programs conducted, supervised and directed by the Wisconsin Chiropractic Association. Exemption from this latter requirement is granted only upon a showing satisfactory to the board that attendance at such educational program was unavoidably prevented. This annual education requirement has been ruled by the attorney general of Wisconsin to be constitutional.[95]

The license granted a chiropractic and his basic science certificate must be recorded with the county clerk of any county in which he shall practice or attempt or hold out to practice, and a fee of 50 cents paid for each recording.[96]

The statutes contain no provision with reference either to immigrant applicants or reciprocal licensing.

*Itinerants.*—The general statute dealing with physicians under the title "Itinerants," page 1203, has equal application to itinerant chiropractors.

*Revocation of License.*—The statutes provide that licenses to practice chiropractic shall be subject to revocation for the causes and in the manner provided in section 147.20.[97] This section refers to revocation of licenses and certificates issued by the State Board of Medical Examiners, and is discussed under "Revocation of License," page 1203.

## Optometry

*Examining Board.*—The examining board for applicants for certificate of registration to practice optometry is the Wisconsin Board of Examiners in Optometry. It consists of five members appointed by the Governor for terms of five years each, each of such appointees to have been a resident of the state, actively engaged in the practice of optometry for at least five years immediately preceding appointment. The board chooses annually from among its members, a president and secretary, each of whom is empowered to administer oaths and take affidavits and to certify thereto under the seal of the board. The board meets at least once every six months at the State Capital, and on January 1 of each year reports its proceedings to the Governor, including an account of monies received and disbursed. The president and secretary also file annually with the Governor, a verified list of optometrists qualified to serve as members of the board.[98]

*Educational Requirements.*—The educational requirements for applicants are summarized in Table 1, column 7, page 1208. The supreme court has recognized optometry as a mechanical art requiring skill and knowledge, but not as a profession, although the fact remains that the conditions to which optometrists apply their skill constitutes "treating the sick" within the meaning of the basic science law.[99] That such was the conclusion of the optometrists themselves follows from the fact that they secured the introduction and supported a specific amendment to secure exemption from the effect of that law.[100]

*Examination and Certificate.*—The examination, which is not required of licensed physicians and surgeons, is by statute "confined to such knowledge as is essential to the practice of optometry" and includes anatomy, physiology, pathology of the eye and its appendages, normal and abnormal refractive, accommodative and muscular conditions and coordinations of the eye, and subjective and objective optometry including the fitting of glasses, the principles of lens construction and frame adjusting, and such other subjects as the board deems necessary. An applicant who fails at an examination has the privilege of taking another examination upon payment of a $10 fee at any future regular meeting of the board.[101] The board issues a certificate of registration to a successful applicant,[102] which is renewed on or before the first of January of each year on payment of a reregistration fee of $2.[103] Everyone practicing optometry is to display in a conspicuous place at the entrance of his place of business, the name of each person so practicing therein.[104]

The holder of a certificate shall present the same or a certified copy to the county clerk of the county of his residence with a fee of 50 cents and if he moves his residence to, or desires to practice in, another county he shall file a certified copy of the county clerk's record or a new certificate with the county clerk of such county with a fee of 50 cents for each recording before he practices in such other county. The board's fee for reissuance of a certificate is $1 and the county clerk's fee for certifying a record is the same amount. A certificate or certified record not recorded within six months after issuance is void.[105]

There is no provision in the optometry statute for the examination of immigrant applicants.

*Reciprocity.*—One who has been admitted to practice optometry in another state may be issued a certificate at the discretion of the board upon payment of $25 and production of a certificate showing that he has passed an examination in such other state and has actually practiced there for two years.[106]

*Itinerant Optometrists.*—The general statute under the title "Itinerants," page 1203, has equal application to itinerant optometrists.

*Revocation of Certificate.*—The State Board of Examiners in Optometry may revoke a certificate

if the holder fails to pay the annual reregistration fee upon thirty days' notice of such proposed revocation. The board may revoke a certificate obtained through error or fraud, or where the recipient is grossly incompetent, guilty of immoral or unprofessional conduct, or has obtained or sought to obtain anything of value by fraudulent representation in the practice of optometry. The statutes also set out the procedure to be followed by the board in preferring charges against the holder of a certificate of registration, together with the procedure on appeal to the circuit court.[107]

One whose certificate has been revoked may have it regranted to him, after one year, upon application and satisfactory proof that the cause of revocation no longer exists.[108] "Unprofessional conduct," as that phrase is used in connection with revocation of a certificate of registration, is specifically defined by statute, and should be carefully read by interested persons. It includes any conduct of a character likely to deceive or defraud the public; price advertising on lenses or complete glasses; advertising free examinations; untruthful or misleading advertising; splitting or dividing with any person any fee for optometric services, and similar acts.[109]

A later section also holds guilty of unprofessional conduct any optometrist in the employ of a person who violates any of the provisions of chapter 153, Wisconsin statutes, relating to optometry, who, being given thirty days' notice by the board of such violation, continues in the employ of the violator.[110]

TABLE 1.—*Wisconsin Educational and Other Requirements Preliminary to Examination for License to Treat the Sick (Excluding Dentistry and Nursing)*

| Applicant for License in | Preliminary | Undergraduate | Professional and Personal | Additional Requirements | Application Fee |
|---|---|---|---|---|---|
| 1. Medicine and surgery (Secs. 147.15; 147.17 (1) ) | Equivalent to graduation from an accredited high school of this state. | Equivalent of 3-year premedical course at University of Wisconsin, including physics, chemistry, hiology and either German or French. | Diploma from reputahle professional college; good moral and professional character; applicant to he 21 years of age. | If not required hy the professional school for graduation, internship of at least 12 months in a reputahle hospital. | Not more than $20 with an additional $5 if license is issued. |
| 2. Osteopathy and surgery (Secs. 147.15;147.17(1)) | Equivalent to graduation from an accredited high school of this state. | After June, 1948, 2 years' college work including physics, chemistry, biology and English in an institution accredited hy University of Wisconsin. | Diploma from reputable professional college; good moral and professional character; applicant to be 21 years of age. | None | Not more than $20 with an additional $5 if license is issued. |
| 3. Chiropody (Sec. 154.02) | Equivalent to graduation from an accredited high school. | One year in a recognized college of liberal arts or science, since July 1, 1940. | Completion in a reputahle school of chiropody, a course at least equivalent to 3 years of 37 weeks of 30 class hours each, in anatomy and physiology of the feet, and diagnosis of foot ailments and deformities which the chiropodist is authorized to treat, materia medica, chiropodial orthopedics, hacteriology, pathology, histology, therapeutic chemistry, minor surgery and handaging pertaining to ailments of the feet and the mechanical treatment of congenital or acquired deformities of the feet. Applicant must he of good moral and professional character and more than 21 years of age. | None | $20 |
| 4. Midwifery (Sec. 150.02) | None | None | Diploma from a reputahle school of midwifery which is a school connected with a reputahle hospital or sanatorium giving at least a 12 months' course in the science and practice of midwifery and practical experience in at least 20 cases; good moral and professional character. | None | $10 with an additional $5 if certificate is issued. |
| 5. Massage and hydrotherapy (Sec. 147.185) | Equivalent to graduation from an accredited high school of this state. | None | Completion, in a scientific or professional school, of an adequate course in physiology, descriptive anatomy, pathology, and hygiene; good moral and professional character. | None | Not more than $20 with an additional $5 if certificate is issued. |
| 6. Chiropractic (Sec. 147.23(3) ) | Equivalent to graduation from an accredited high school of this state. | None | Diploma from a reputable school of chiropractic, having a residence course of not less than 3 years, consisting of not less than 4,000 30-minute class hours; good moral character. | None | $25 |
| 7. Optometry (Secs. 153.03; 153.04) | High school education or its equivalent as determined hy the board. | None | Attendance at an optometry school for at least 2 years; not less than 2,000 hours actual instruction; or after attending optometry school for 1 year shall have served as assistant to a registered optometrist for at least 2 years, providing he has registered with the hoard when not less than 19 years of age, as an assistant for at least 2 years. Applicant must be 21 years of age to write examination. | None | $25 for application, plus $10 for examination. |

## Citations

*Note:* All references below, beginning with the abbreviation "Sec." are from the designated chapters and sections of the 1941 Wisconsin statutes. References containing the abbreviation "Wis." are from the designated volume and page of decisions of the supreme court of Wisconsin. References containing the abbreviations "Atty. Gen." are from the designated volume and pages of the official opinions of the attorney general of Wisconsin.

[1] Sec. 147.01 (1), (c).
[2] Sec. 147.02; 147.14 (1).
[3] Sec. 147.14 (1).
[4] Sec. 147.04.
[5] Sec. 147.02; Sec. 147.19 (1).
[6] Sec. 147.02.
[7] Sec. 147.01 (2).
[8] Ibid.
[9] Sec. 147.02; Sec. 147.19 (2).
[10] Sec. 147.02; Sec. 147.19 (1).
[11] Sec. 147.02; Sec. 147.19 (1).
[12] 26 Atty. Gen. 591, (1937).
[13] Sec. 147.09; 23 Atty. Gen. 87.
[14] Nickell v. State, 205 Wis. 614.
[15] 16 Atty. Gen. 560.
[16] 20 Atty. Gen. 107.
[17] 21 Atty. Gen. 1135.
[18] Sec. 147.03.
[19] Ibid.
[20] Sec. 147.12.
[21] Sec. 147.05.
[22] Sec. 147.06.
[23] Sec. 147.05; 22 Atty. Gen. 297.
[24] Sec. 147.06.
[25] Ibid.; Sec. 147.01 (1), (c).
[26] Sec. 147.07.
[27] Ibid.
[28] 26 Atty. Gen. 110.
[29] Sec. 147.08.
[30] 23 Atty. Gen. 303.
[31] Sec. 147.11.
[32] Sec. 147.10.
[33] Sec. 147.19 (2).
[34] Sec. 147.19 (1).
[35] Sec. 147.14 (1).
[36] Sec. 147.13 (1).
[37] Ibid.
[38] Sec. 147.13 (2).
[39] Sec. 147.13 (5).
[40] Sec. 20.44 (1).
[41] Sec. 147.13 (3); Sec. 20.44 (1), (a).
[42] Sec. 147.15.
[43] Ibid.
[44] Ibid.; State ex rel. Dubin v. State Board of Med. Exam., 222 Wis. 227, 223.
[45] Sec. 147.17 (1).
[46] Sec. 147.15.
[47] 19 Atty. Gen. 537; 25 Atty. Gen. 459.
[48] 25 Atty. Gen. 459; 26 Atty. Gen. 420.
[49] State ex rel. Blank v. Gramling, 219 Wis. 196, 204.
[50] Sec. 147.16.
[51] Sec. 147.04.
[52] Sec. 147.16.
[53] Sec. 147.17 (1).
[54] Sec. 147.14 (1).
[55] Sec. 147.14 (2).
[56] Sec. 147.15.
[57] Sec. 147.17 (1); 28 Atty. Gen. 685, 686.
[58] Sec. 147.20 (2).
[59] 12 Atty. Gen. 144; State v. Lewis, 164 Wis. 363.
[60] State v. Schaeffer, 129 Wis. 459, 467.
[61] 24 Atty. Gen. 108.
[62] 18 Atty. Gen. 289; 21 Atty. Gen. 476.
[63] Sec. 147.20 (3).
[64] 18 Atty. Gen. 289.
[65] 26 Atty. Gen. 378.
[66] 30 Atty. Gen. 43.
[67] 2 Atty. Gen. 571.
[68] Sec. 147.20 (4); 22 Atty. Gen. 942.
[69] Sec. 147.195.
[70] Sec. 147.14 (1).
[71] Sec. 147.15.
[72] Sec. 147.16; Sec. 147.04.
[73] Sec. 147.17 (1); 147.15.
[74] Sec. 147.16.
[75] Sec. 147.17 (1).
[76] Sec. 147.14 (1).
[77] Sec. 154.03.
[78] Sec. 154.04.
[79] Ibid.
[80] Sec. 154.05.
[81] Sec. 154.06.
[82] Sec. 150.03.
[83] Ibid.; Sec. 150.04 (1).
[84] Sec. 150.04 (2).
[85] Sec. 150.05 (2).
[86] Sec. 147.185.
[87] Sec. 147.02; Sec. 147.04; Sec. 147.16; 26 Atty. Gen. 591.
[88] Sec. 147.185.
[89] Sec. 147.185; 28 Atty. Gen. 685, 686.
[90] Sec. 147.14 (1).
[91] Sec. 147.185.
[92] Sec. 147.20.
[93] Sec. 147.23 (2); Sec. 147.23 (4).
[94] Sec. 147.23 (4).
[95] Sec. 147.23 (7); 24 Atty. Gen. 647.
[96] Sec. 147.23 (1).
[97] Sec. 147.23 (6).
[98] Sec. 153.02.
[99] State ex rel. Harris v. Kindy Optical Co. 235 Wis. 498, 501.
[100] Sec. 147.01 (2).
[101] Sec. 153.04.
[102] Sec. 153.05 (1).
[103] Sec. 153.05 (3).
[104] Sec. 153.05 (5).
[105] Sec. 153.05 (4).
[106] Sec. 153.05 (2).
[107] Sec. 153.06 (1), (2).
[108] Sec. 153.06 (3).
[109] Sec. 153.06 (4).
[110] Sec. 153.08.

**UROLOGY AWARD:** The American Urological Association offers an annual award "not to exceed $500" for an essay (or essays) on the result of some specific clinical or laboratory research in urology. The amount of the prize is based on the merits of the work presented, and if the Committee on Scientific Research deems none of the offerings worthy, no award will be made. Competitors shall be limited to residents in urology in recognized hospitals and to urologists who have been in such specific practice for not more than five years.

Essays shall be in the hands of the secretary, Dr. Clyde L. Deming, 789 Howard Avenue, New Haven, Connecticut, on or before April 1, 1942.

# Legal Limitations on Licensure to Treat the Sick

ONLY persons licensed to practice medicine and surgery are comprehensively trained, and may use any modality they choose in the treatment of the sick. All other licentiates are limited in the scope of their practice.

## Use of the Title "Doctor"

Section 147.14 (3), Wis. Stats., 1941, provides that:

No person not possessing a license to practice medicine and surgery, osteopathy, or osteopathy and surgery, under section 147.17, shall use or assume the title "doctor" or append to his name the words or letters "doctor," "Dr.," "specialist," "M. D.," "D. O." or any other title, letters or designation which represents or may tend to represent him as a doctor in any branch of treating the sick.

In addition to physicians and osteopaths, who are expressly mentioned in the above statute, only those licensed to practice dentistry, by virtue of express statutory permission, may use the title "doctor"[1] in the field of treating the sick.

The attorney general over a period of many years has ruled that the use of the title "doctor" alone, or in combination with any other phrase, whether modifying in character or not, is barred to all but those licensed to practice medicine and surgery, osteopathy and surgery, or dentistry. Optometrists, while not engaged in the practice of medicine,[2] are engaged in treating the sick, as they themselves conceded in asking to be excluded from the requirements of the basic science law;[3] the use of the title would effectively misrepresent their qualifications for they are but skilled tradesmen.[4] Chiropodists are entitled to use the designation "R. C.,"[5] but they are not "doctors." Masseurs are registered with the State Board of Medical Examiners and use the designation "R. M." indicating that they are registered masseurs, but they are not "doctors," nor may they otherwise classify themselves.

The supreme court of Wisconsin has upheld numerous opinions of the attorney general ruling that the Wisconsin law forbids the use of the title "doctor" by chiropractors. In a recent opinion[6] by Chief Justice Rosenberry, the court held that such use:

. . . would tend to lead the public to the conclusion that persons so announcing themselves were qualified physicians, surgeons, or osteopaths as well as chiropractors. The situation is not aided because as was stipulated the defendant claimed he explained to his patient the nature of his treatment before administering it. *The title does not aid him in the treatment, it merely aids him in securing the confidence of prospective patients and in inducing people to apply for treatment* . . . (Italics ours)

## Chiropractors

"Chiropractic" is defined as:

. . . The adjustment of, ordinarily, the spinal column, and ordinarily only by manipulation by the hand; also, that chiropractic does not include the use of any medicines or drugs, nor surgery, nor the use of any devices which do other than adjust, if, indeed, it permits mechanical apparatus even for adjustment.[7]

Chiropractors have advertised themselves as devoted to a theory that their practice is "a philosophy, science and art of things natural; a system of *adjusting* the articulations of the *spinal column, by hand* only, for the correction of the cause of disease. This definition is inclusive and any and all other methods are declared not to be chiropractic. All else belongs to other methods."[8]

Licensed only as chiropractors, the practice of these cultists is limited to chiropractic. This is a proper ruling, since to "permit them to do more than that is to turn loose a group of incompetents in the use of methods for which they are incompetent, and work a hardship on the public."[9]

*Restrictions on Chiropractic Practice.*—Chiropractors in Wisconsin are not available for the treatment of workmen's compensation cases, for a chiropractor "is not a physician as that term is used in the (compensation) act and in chapter 147."[10] One licensed only as a chiropractor in Wisconsin, who uses electrotherapy in the course of treatment violates the Medical Practice Act.[11] Nor can chiropractors administer medicines or drugs, nor use any therapeutic methods other than adjustment of the spinal column by hand.[12] Chiropractors are not privileged to disregard the quarantine of communicable diseases, as they are not physicians under the Wisconsin law.[13] A chiropractor is not permitted to perform electrocoagulation of the tonsils.[14] Not being a physician, he cannot sign death certificates,[15] or, by analogy, other health records.

## Osteopaths

Osteopathy is frequently defined as a form of "manual treatment of disease." It is a system of therapy without the use of drugs, based on the theory that diseases are chiefly due to mechanical derangement in the structure of the human body, which can be remedied by manipulation.[16]

Applicants in this particular field, who demonstrate the necessary qualifications, have been licensed since 1916 to practice osteopathy and surgery. A person licensed before 1916 to practice osteopathy alone, is licensed to practice surgery upon presenting satisfactory evidence of having completed the course in surgery at a reputable osteopathic college, requiring not less than twenty months' actual attendance, and the regular examina-

tion of the board in surgery, and upon being found qualified by six members of the Board of Medical Examiners.[17]

Under the accepted principle that osteopaths are licensed to practice only "osteopathy and surgery" and not "medicine and surgery," the attorney general has issued numerous opinions confining the practice of osteopathy to its own system or philosophy of treating the sick.[18] Thus it has been ruled by the attorney general that an osteopath cannot prescribe medicines except those necessary as a part of an actual surgical operation.[19]

Persons licensed to practice osteopathy and surgery may not enlarge the legal scope of their activities merely by undertaking to perform functions properly belonging to the practice of medicine alone. Since vaccination, and the use of serums, antitoxins and the like is a form of preventive medicine, an osteopath is forbidden their use in his practice, for, according to the attorney general, "The point is that if an osteopath is qualified to practice medicine he may become licensed to do so . . ."[20]

It follows from this line of reasoning that osteopaths, not being licensed to practice medicine, cannot give the "medical examinations" required in cases of admission to state sanatoriums and county tuberculosis hospitals,[21] nor can an osteopath certify to the Wassermann examination as required under the Wisconsin marriage laws.[22] Under a recent opinion of the attorney general, osteopaths may not give injections for arthritis, although they may administer rectal anesthetics, if licensed in surgery, in connection with an operation.[23]

## Masseurs

One licensed to practice massage or hydrotherapy is authorized to practice in those two fields, or in educational gymnastics, but not to treat a specific disease, except upon the advice of a licensed medical physician.[24] Massage has been defined as "a system of remedial treatment consisting of manipulating a part or the whole of the body with the hands or by mechanical means," while hydrotherapy is the use of water for therapeutic purposes.[25] An opinion of the attorney general used the following definition: "a method of rubbing, kneading, or stroking of the superficial parts of the body by the hand or an instrument, for the purpose of modifying nutrition, restoring power of movement, breaking up adhesions, etc., and hydrotherapy is the treatment of disease by means of water."[26]

It has been held that one giving athletic rubs in a club in connection with athletics or physical exercise, is not required to be licensed to practice massage or hydrotherapy as such a license is applicable only to the practice of massage for therapeutic purposes. The attorney general has more recently held, however, that a massage parlor for reducing purposes only, must be operated by one licensed as a masseur.[27]

## Midwives

A midwife is not authorized to use any instruments, except to sever the umbilical cord, and may not assist childbirth by artificial, forcible or mechanical means. The performance of version, removal of adherent placenta, is likewise forbidden her as is the administering, prescribing, advising or employing of any drug, herb or medicine other than disinfectant and ergot after redelivery of the placenta. A midwife is unauthorized to practice medicine, surgery or osteopathy, or assume any title or designation tending to show that she is a practitioner of medicine or by law so recognized or authorized to grant any medical or death certificate.[28]

A midwife is further restricted from giving prenatal care.[29]

## Optometrists

The practice of optometry is the employment of any means, other than the use of drugs, for the measurement of the powers of vision and the adaption of lenses, prisms and mechanical therapy for the aid thereof.[30] It is a mechanical trade not a profession. The legislature "has dealt with optometry as a skilled calling, not as a profession involving a relation of special confidence between practitioner and patient."[31]

## Chiropodists

The practice of chiropody permits the diagnosis or mechanical or surgical treatment, or treatment by the local application of drugs, of abnormal nails or superficial excrescences on the hands and feet, such as corns, warts and callouses, or fissures and bunions; the diagnosis or mechanical but not surgical treatment of congenital or acquired deformities of the feet, but *does not* include surgical operations upon the hands or feet for congenital or acquired deformities or conditions requiring the use of an anesthetic other than local. It *does not* permit incisions involving structures below the skin, nor of any portion or organ of the body above the feet, except that the diagnosis and mechanical treatment shall include the tendons and muscles of the lower leg in so far only as they are involved in the enumerated conditions of the feet.[32]

## Enforcement

The 1941 Wisconsin Legislature transferred the obligation of enforcing the Medical Practice Act from the State Board of Health to the State Board of Medical Examiners.[33] An appropriation from the state general fund to the board will be made annually beginning July 1, 1941, to assist in financing the cost of this undertaking.

Anyone violating any provision of the Act "shall be fined not less than one hundred nor more than five hundred dollars, or imprisoned not less than sixty days nor more than one year, or both.[34]

### Citations

*Note:* All references below, beginning with the abbreviation "Sec.," are from the designated chapters and sections of the 1941 Wisconsin statutes. References containing the abbreviation "Wis." are from the designated volume and page of decisions of the supreme court of Wisconsin. All references containing the abbreviations "Atty. Gen." are from the designated volume and pages of the official opinions of the attorney general of Wisconsin.

[1] Sec. 152.02 (1).
[2] State ex rel. Harris v. Kindy Optical Co. 235 Wis. 498, 501.
[3] Sec. 147.01 (1), (a), (b); 147.01 (2)
[4] State ex rel. Harris v. Kindy Optical Co. 235 Wis. 498, 501.
[5] Sec. 154.01 (2).
[6] State v. Michaels, 226 Wis. 574, 579, 580.
[7] 21 Atty. Gen. 646, 651; 29 Atty. Gen. 420, 421.
[8] Advertisement of Wisconsin Chiropractic Association, Appleton Post Crescent, October 6, 1931.
[9] Statement of B. J. Palmer, of Davenport, Iowa, founder of chiropractic, to the attorney general of Wisconsin, September 6, 1932.
[10] Corsten v. Industrial Commission, 207 Wis. 147, 148.
[11] 21 Atty. Gen. 646, 652.
[12] 29 Atty. Gen. 420.
[13] 7 Atty. Gen. 68, 69; 14 Atty. Gen. 442.
[14] 17 Atty. Gen. 318, 319.
[15] 16 Atty. Gen. 95.
[16] Herzog, Medical Jurisprudence, Sec. 121, and Arnold v. Schmidt, 155 Wis. 55, 61.
[17] Sec. 147.17 (1).
[18] 10 Atty. Gen. 837; 29 Atty. Gen. 148.
[19] 14 Atty. Gen. 231; 18 Atty. Gen. 6; 19 Atty. Gen. 594; 21 Atty. Gen. 137, 163.
[20] 29 Atty. Gen. 148, 153.
[21] Chap. 50, Wis. statutes, 1941.
[22] Sec. 245.10.
[23] 29 Atty. Gen. 420.
[24] Sec. 147.185.
[25] Herzog Medical Jurisprudence, Sec. 125, 128.
[26] 28 Atty. Gen. 685–686.
[27] 26 Atty. Gen. 61; 29 Atty. Gen. 297.
[28] Sec. 150.04 (3).
[29] 26 Atty. Gen. 236.
[30] Sec. 153.01.
[31] State ex rel. Harris v. Kindy Optical Company, 235 Wis. 498, 501.
[32] Sec. 154.01 (1).
[33] Sec. 147.13 (6).
[34] Sec. 147.21.

## PROFESSIONAL DISCOUNTS

Many physicians have at some time entered into contracts with pharmaceutical supply houses under which a professional discount was allowed. These contracts may be drawn initially to extend for a year from the date of execution. However, it frequently occurs that after the term of the original contract has run, the physician continues to make purchases with the expectation that the discount will be continued. This expectation is not always realized and the result is a dispute between the supply house and the physician.

Because honor and integrity alone will not prevent dispute or dissipate it, it is well to remember that contracts, other than those of lease, do not automatically renew themselves so as to incorporate all terms of the original agreement unless specific provision therefor is made. Thus there is no reason why the supply house legally could not refuse the discount as to purchases made after the expiration of the original contract, whatever the physician many have assumed as to renewal.

Many supply houses undoubtedly extend discounts beyond the original term as an expression of good will. Because some of them do not, however, it is wise to **examine your contract critically noting the date of expiration. Confirm in writing your understanding as to renewal and for what period of time.**

# Legal Status of Internes and Externes

BEFORE discussing the legal status of internes and externes, it is first necessary to consider the definition of the terms, as used in Wisconsin. Little help in answering this question can be gained from the medical licensure act, chapter 147. The act makes no mention whatsoever of externes and only briefly refers to internes. The term "interne" is generally understood to apply to one who is engaged in a twelve-month period of advanced study and apprenticeship immediately subsequent to the completion of his college course and prior to the granting of his license. Section 147.15 makes it a prerequisite for granting of a license to practice medicine and surgery. The term, however, is sometimes loosely applied to the second and third year following the completion of the required period of interneship, during which similar studies are continued. *But after the first year, unless his medical school requires a longer interneship as a condition of graduation, the interne must be licensed and have the legal status of a practicing physician.* The practical effect of the statutes is to recognize, as within a proper educational sphere, a requirement that a medical student must undertake an interneship as a condition of graduation, but at the moment that the educational requirement of interneship is satisfied the individual is thereupon subject to all the licensure provisions of the Wisconsin statutes. In this discussion then, "interne" will be limited to those in the first year of interneship.

The term "externe" is professionally applied to those advanced medical students *who have not as yet reached the interne stage, or been licensed to practice medicine,* but who are performing certain assisting and observing functions, either during a vacation period or during their fourth year of medical study, under the supervision of a licensed physician. Externes enter into this course of training under an arrangement between supervising physicians and the medical school. The hospital has no jurisdiction over them.

It is apparent then, that neither externes nor internes have the full legal status of licensed practitioners. Accordingly, the scope of their functions is correspondingly more confined. Their legal status has never been specifically passed upon by the courts, nor has the legislature seen fit to define their powers and duties, the matter being left entirely in the hands of the medical profession. That an interne has certain functions of a medical nature which he is permitted to perform is recognized by the Wisconsin Supreme Court, in the case of Nickley v. Eisenberg, 206 Wis. 265. The court there admitted that internes are not subject to the medical practice act, in that they may perform "such duties as are usually and ordinarily performed by them." It gave tacit recognition to the accepted practice performed by internes, pointing out that the legislature considered it essential to their professional training. In the same opinion, the court recognized the legal status of certain nurses who were not registered under chapter 149. By the same reasoning, externes would probably have a recognized status in the medical profession. But their status is such that neither internes nor externes are within the provisions of the so-called "privilege statute" under the case of Borosich v. Metropolitan Life Insurance Company, 191 Wis. 239.

The further question arises as to those responsible for mistakes made by internes or externes while performing their customary duties. That they are personally responsible for their negligence, is, of course, conceded, and this liability may extend to physicians under whom they are working or to the hospital employing them. The law generally holds the interne to be an employe or servant, inasmuch as he is obliged to spend his days and nights at the hospital to render any administrative or medical service provided by the hospital through its agents within the range prescribed by propriety and custom. This interpretation of his position is recognized by the courts under the workmen's compensation act, which extends employe protection to internes injured in the performance of their duties in the hospital.

Wisconsin has held that the hospital is responsible for liability arising out of the acts of internes in the performance of duties which are customarily performed by them. Exemption, however, has been made in the case of charitable hospitals which are protected by law for the acts of their employes or servants. See Schumacher v. Evangelical Deaconess Society, 218 Wis. 169; and Kuglich v. Fowle, 185 Wis. 124. However, where the interne is acting under the direct supervision of a physician or surgeon during the course of an operation, the hospital is absolved from responsibility and his acts become those of the surgeon or physician who has charge of the work.

An externe, as was pointed out, is generally an assistant of a physician and has no relationship to the hospital. Because the duties delegated to an externe by a physician are generally very much limited, extending only to observation, a situation would seldom arise in which an act of an externe might cause injury. A physician would presumably have the duty to see to it that the externe be delegated no duty which would call for discretion or judgment on his part, but should he be negligent, the responsibility for his acts would doubtless be that of the physician.

# Physicians and the Workmen's Compensation Act*

THE workmen's compensation act is designed to afford a measure of protection to the working men of the State of Wisconsin. The law, not applicable to farmers, affects employers who, in the course of a business, trade, profession, or occupation, usually have three or more employes. Benefits are provided an employe sustaining an injury or disease in the course of his employment. It has been stated frequently that all but the employer and the employe are strangers to the act and are unaffected by its provisions. Strictly, this is true. However, when a workman files a claim before the Industrial Commission alleging that he is entitled to benefits under the workmen's compensation act, the commission acquires functions that affect the relationship of the physician and his patient as well as the lawyer and his client.

As has been pointed out previously, many more physicians are constantly coming into contact with the procedures and practices of the Industrial Commission, and because inquiries are frequently directed to the State Medical Society regarding the act and the scope and effect of its provisions, this statement is prepared as a summary of some of the more important aspects of the law. While it has not been drafted by or at the suggestion of the Industrial Commission, it has been submitted to the commission and incorporated in it are the thoughts and suggestions of its staff members.

**The panel system.** Prior to the legislative session of 1939, the workmen's compensation act provided that employers of three or more employes could not be required to maintain a panel of more than five physicians from among whom the injured employe might make his choice of attendant. The panel must be furnished even though in some instances the only physicians available are not members of the medical society. The State Medical Society of Wisconsin, in cooperation with associations representing both stock and mutual insurance companies writing compensation insurance in the State of Wisconsin, undertook to enlarge the panels through the voluntary cooperation of employers and insurance carriers, in an effort to give the workmen of this state an opportunity to secure virtual free choice of attendant. Through this cooperative effort approximately 80 per cent of the workmen of this state, subject to the compensation act, thus have available to them virtual free choice of physician.

In the 1939 legislative session, the statutory limitation as to the required size of the panel was repealed, and the Industrial Commission was given the authority to determine the proper size of the panel through general orders or special orders applicable to given communities. But this amendment does not affect the agreement executed between the State Medical Society and the insurance carriers, under which a conference committee composed of both physicians and insurance company representatives was established. While the committee's responsibilities are manifold, it is important to the physicians who are members of this society that they may avail themselves of the services of that committee as an arbitration medium.

It is contemplated that the committee will function so as to reduce the differences that may arise between the insurance companies and the physician relating to the method of treatment of an injured workman, the charges made by the physician, and similar questions. Conversely, the insurance companies have the opportunity of referring to the conference committee for arbitration, situations in which insurance company officials may be of the opinion that the physician's charges have been excessive or in which the physician has neglected to supply the company with the information to which it is properly entitled.

No formality is required in the cases where either the physician or the insurance companies may have a matter to report relative to the handling or disposition of compensation cases. The secretary of the State Medical Society should be informed of the general nature of the complaint and further information, if necessary, will be acquired that the committee may function to the best advantage possible.

While the committee does not meet regularly, its meetings are comparatively frequent and questions of policy and of the application of the workmen's compensation act are being continually referred to it.

Under the law, of course, the employer is required to post the panel physicians available for treatment just as it is primarily his duty rather than that of his insurer, if he has one, to provide medical care. If the employer fails to do this, the effect of certain supreme court opinions is to hold that the injured workman has absolute free choice of physician. The medical panels of those employers, whose insurance is carried by insurance companies participating in the open panel agreement with the State Medical Society, are made up only periodically and so far it has not been necessary to revise these oftener than once each year. A physician who desires to participate in panel listing and who is not now listed may apply to the medical society. In applying to the society, the physician agrees that if he is listed on the panel and engages in treating

* Reprint (with some corrections and alterations) of pamphlet issued by State Medical Society, June 15, 1940, to its membership. For much of the material the State Medical Society is indebted to Mr. Harry A. Nelson, Director, Workmen's Compensation, Wisconsin Industrial Commission.

compensation cases, he will call a consulting physician into the case upon request of the insurance carrier. It is expected that the physician will communicate with the insurance carrier as to the choice of consultant.

The members of the State Medical Society should keep in mind that the effort of their society and the insurance carriers is to provide physicians able and willing to treat compensation cases and to assure to those workmen entitled to the benefits of the act what amounts to a free choice of attendant.

**Benefits of the act.** The workmen's compensation act is an attempt to provide injured employes reasonable recompense for injuries or diseases received during the course of their employment and to provide them with such medical attention as may be necessary to accomplish the utmost in rehabilitation. The law imposes a liability upon the employer to provide certain indemnities and to provide or pay for necessary medical attention. Because it is in the nature of a liability, those concerned with the compensation act, while they are liberal in its construction, must find three essential elements to exist in order to justify an award to the injured claimant: (1) employer-employe relationship; (2) employer subject to the act; and (3) injury or disease suffered or acquired in the course of employment. With reference to medical care, the workmen's compensation act provides that employers subject to the act must supply any injured employe with "such medical, surgical and hospital treatment, medicines, medical and surgical supplies, crutches, artificial limbs and appliances . . . as may be reasonably required to cure and relieve from the effects of the injury, not to exceed the period for which indemnity is payable . . ."

**Collection of physician's account.** It is important to keep in mind that there may be one of two, or two, sources from which the physician may be paid for his services rendered an injured workman entitled to benefits under the act. If the employer himself authorizes the physician to treat the injured workman, then the employer is directly liable to the physician for the expense of that treatment, and that liability continues until such time as it is terminated by the employer's objection to further medical care at his expense.

If, on the other hand, the injured employe himself requested the treatment, without authorization from the employer, then the physician must look to the injured employe for payment, except ordinarily he can expect the Industrial Commission to determine the amount thereof for which the employer is responsible. Where the employer fails to furnish a panel, the injured employe has complete free choice, and the Industrial Commission has power to determine the reasonable necessity for treatment and the reasonable amount of the medical bill for which the employer is responsible. In cases where the employe has not given notice of necessity for treatment or has refused to accept a panel physician, the employer has no liability and the commission no jurisdiction to determine necessity or reasonableness but does, upon claimant employe's request, direct payment to the physician of what appears to be a reasonable amount for necessary treatment.

**Physician-patient relationship maintained.** Generally, of course, communications to an attending physician are privileged and may not be communicated by him. The workmen's compensation act creates an exception to the general law of privilege as any physician, having attended an injured employe who files a claim under the workmen's compensation act, may be required to testify before the commission when it so directs. With reference to this the commission says: "It is a practical necessity that the physician attending the injured workman furnish information to the Commission upon which to base compensation. Physicians will not be required, however, to disclose confidential communications commuted to them for the purpose of treatment and which are unnecessary to a proper disposition of the claim. The Commission regards the physician who treats the injured workman at the request of the employer, to all intents and purposes, the physician of the injured man. His testimony before the Commission should be absolutely fair and unbiased."

**The physician acting as expert witness for injured claimant.** Not infrequently of course, the claim of an injured workman that he has suffered injury in the course of his employment for which he is entitled to compensation is disputed by the employer or the compensation carrier of the employer. The members of the State Medical Society have no interest, of course, in the technical questions of fact and law which involve other than medical questions. They are interested, however (regardless of whether they may be the attending physician or an expert witness for either the injured workman, or the employer or his insurance company) in the fact that the basis of any claim must depend upon whether the injury or disease was suffered in the course of employment.

In many cases the fact of the injury or disease being suffered in the course of employment is accepted by the employer or the insurance company and the question then is confined to the extent of liability on the part of the employer. In the fields of industrial disease, or diseases attributable to a given occupation, the physician must be prepared to relate the disability to the employe, if such be the case.

Where the claim is controverted by the employer or insurance company either as to causative factor or as to extent, the injured workman frequently calls upon a physician other than the attending physician to appear as an expert witness in his behalf. In such case, the physician must make a careful study and examination of the whole question and be prepared to present his opinion adequately and carefully.

The State Medical Society has received many inquiries raising the question of how the expert witness is paid and to what extent. Before discussing this question in its many implications, certain basic concepts of the workmen's compensation act must be kept in mind. Of primary consideration the claimant must first establish: (1) the employer-employe relationship with both employer and employe subject to the act, and (2) the fact of an injury or disease sustained or acquired by the claimant in the course of such employment.

Second, as stated elsewhere in this memorandum, the employe is entitled, in event of injury and an award therefor, only to recompense for the injury and for the cost of treatment. The award may not be frivolous or capricious and is governed by the strict formula provided in the act itself. The award, or the jurisdiction to grant one, does not involve the unlimited field of a personal injury action but is strictly governed by statutory limitations.

In the third place, it is conceived as the function and responsibility of the Industrial Commission to protect the injured claimant in every proper way. For example, the law does not provide that applicants be represented by attorney in hearings before the commission, but that they may appear in person or by agent. When they appear without attorney, the commission undertakes to do everything possible to assure a fair and impartial hearing. By statute, furthermore, the commission has authority to determine the reasonableness of attorneys' fees rendered by attorneys representing the claimant. By express provision of law, it is illegal for an attorney to charge in any case more than 10 per cent of the award on a contingent basis or a maximum of $100, unless the commission has first authorized such a charge. The commission is authorized, in the interest of a fair and impartial hearing, to order examinations by physicians who are wholly independent of either the claimant, the employer, or the insurance carrier. Such physicians become witnesses of the State of Wisconsin at the time they appear to testify relative to the claim of the injured workman.

Finally, the commission directs attention to the case of Philler v. Waukesha County, 139 Wis. 211, to the effect that expert witnesses may not require payment in excess of statutory fees unless work is performed in preparation at the request of a party. The question frequently arises as to whether a physician must obey a subpoena when ordinary witness fees only are paid. Many physicians believe that they cannot be required to do so unless an expert witness fee is paid to them. Our court, however, has held that except as there may be a demand for preparation, etc., every witness, whether expert or otherwise, must obey a subpoena upon payment of ordinary witness fees. (See article on expert testimony on page 1227.)

Because it so frequently deals with the question of physicians' fees, both those in connection with treatment in the case or as an expert, the commission and its staff tend to establish certain levels in the professional work of such physicians. In the case of physicians who are called by the commission as independent expert witnesses or for the purpose of simply making an examination and report, the Industrial Commission has an established fee schedule under which the services are rendered. This fee schedule is set out under rule 13 and is as follows:

> "Unless otherwise specifically agreed, services of physicians and surgeons rendered at the request of the Commission shall be understood as contracted for on the following terms:
>
> | | |
> |---|---|
> | Minor examination and report, not to exceed | $ 5.00 |
> | Major examination and report, not to exceed | 10.00 |
> | X-rays where necessary to foregoing examination and report, not to exceed an additional | 5.00 |
> | Attendance at hearings on request of Commission: | |
> | for first hour | 10.00 |
> | for each additional hour | 5.00 |
>
> Claims for such services must be paid from the Commission's appropriation and should be submitted on official voucher blanks."

These fees do not, of course, govern the contractual relation between the physician and the claimant, and the physician and the employer, where the physician is called as the expert witness of either. But in those cases in which the physician appears as an expert witness for the injured employe, and seeks to have his fees paid directly out of the compensation award, it must be expected that the Industrial Commission will endeavor to protect the employe, through permitting only what it considers to be a reasonable allowance for the expert. Each bill necessarily depends on the circumstances of the individual case, but the State Medical Society suggests to its members the practical necessity of submitting itemized statements substantiating the charges made by the expert witness.

With an itemized statement before it, the Industrial Commission is in a better position to judge of the work involved and of the reasonableness of the charges of the physician. While it is true that the Industrial Commission is undoubtedly influenced in establishing the fee schedule for expert witnesses of the state by the fact that payment of these experts is from state funds, yet it seems obvious that such a fee schedule is, in the opinion of the commission at least, generally reasonable.

In the case of state employes who file compensation claims, the commission is explicit in its demands for itemized medical statements and for verification of the reasonableness of the charge:

> (Rule 18)
>
> "No claim for compensation or medical aid by an employe of the state will be allowed until the following reports and statements have been furnished to the Commission:

"(2) A sworn statement by the injured employe to the effect that he was injured in the course of his employment and reciting the time and place of the injury, the reasons for its occurrence, and the nature of the injury, and also setting forth *in detail* the expenditures incurred for necessary medical, surgical and hospital treatment and medicines, (if these bills were paid by the injured, receipts must be attached) . . .

* * *

"(4) A sworn statement from the physician and the hospital itemizing the service rendered and the charges therefor . . .

* * *

"(5) A letter from the employing department, stating its recommendations upon . . . (b) the necessity for the medical, surgical and hospital treatment, (c) the reasonableness of the bills incurred for such treatment and for medicines; . . ."

**Physicians should submit their reports promptly to the Commission. Delay may mean the withholding of compensation to the injured employe and of professional fees to the physician.**

Physicians must keep in mind the fact that where an appearance as an expert witness is made for a claimant and no award is granted, they must look directly to the employe for payment. Furthermore, where a physician treats an injured employe and such treatment has not been authorized by the employer, and the Industrial Commission finds no liability on the part of the employer, the physician must look directly to his patient for payment.

## Estimating of Permanent Disability Under the Wisconsin Workmen's Compensation Act*

With a general broadening of panels of physicians for the purpose of treating injured employes under the Wisconsin workmen's compensation act, it becomes desirable for physicians to have a clear understanding of the estimating of permanent disability under terms of the act. A study of the act as to benefit provisions, and particularly of the provisions of Sections 102.42, 102.43, 102.44, 102.52, 102.54, 102.55, 102.555, and 102.565, is recommended. Copies of the compensation act in pamphlet form are available and will be forwarded by the Industrial Commission to any interested physician upon request.

* A paper on this subject by Mr. Harry Nelson, of the Industrial Commission, was presented at the Centennial Convention of the Society, and will be included in a subsequent issue of this *Journal*.

Under the provisions of the workmen's compensation act, injuries may be divided into two types for the purpose of estimation of permanent disability, i. e., non-schedule and schedule injuries.

**Non-schedule injuries.** Non-schedule injuries are those to some portion of the body other than the legs, arms, ears or eyes, or their constituent parts. Generally speaking, non-schedule injuries are to the torso or to the head, exclusive of eye and ear injuries.

In the case of non-schedule injuries permanent disability is based upon wage loss consisting of such percentage of the average weekly earnings of the injured employe computed according to the provisions of the compensation act "as shall fairly represent the proportionate extent of the impairment of the injured's earning capacity in the employment in which he was working at the time of the injury, and other suitable employments, the same to be fixed as of the time of the injury, but to be determined in view of the nature and extent of the injury." (Sec. 102.11(3) Stats.) If the disability is such as to render the employe unable to perform substantially all the material duties of his own occupation, or of any other remunerative occupation which his age, training, experience, education and physical condition would fit him for, except for his disabling infirmity, his disability is total. The Wisconsin Supreme Court has held that a man's wage earning capacity is to be distinguished from his capacity to make money in a business conducted under his supervision or direction, and with the use of investment of other capital than that which arises from his own labor. The question thus resolves itself into one of employability, using care to distinguish the non-employability resulting from the employe's physical condition from that which results because of economic conditions or other circumstances which might limit employability regardless of the employe's physical condition. In the case of one who is fitted to perform labor only, a back injury of a certain severity may cause considerable wage loss, while in the case of one suited for clerical work the same physical disability, in terms of wage loss, would be much less serious. The limitation in capability to work within a limited field of employment must be considered in determining the percentage of impairment of earning capacity. With such double limitation the probability of wage being earned by the employe is obviously more largely curtailed and probable wage loss is greater.

**Schedule injuries.** Schedule injuries are estimated upon a different basis, which bears no relation to wage loss. In these cases *the comparison is as between the injured limb and a normal limb*, having in mind all of the useful functions of the limb or organ. Schedule injuries apply to arms, legs, eyes and ears, as well as any constituent part of these members and organs. The estimate of disability takes no regard of any particular occupational use to which the member is to be put. The violin player

who has lost a digit vital for the purpose of playing, and who may consequently lose much wage, receives exactly the same number of weeks' compensation as does the laborer who may be able to perform his work nearly as efficiently as before, even with the loss of a digit. The law fixes the value of each finger, thumb, toe, hand, arm, foot and leg at various joints. In the estimation of disability the doctor takes into consideration the percentage of loss of function which has resulted to the given unit as of the joint at which disability exists, or if disability is between joints, at the joint proximal to the point of disability. For example, if there is disability proximal to the wrist, but no disability above the elbow, the comparison is of the arm with a normal arm at the elbow, or, put conversely, with an arm which has been amputated at the elbow.

Because in every case of schedule injury, where there is a certain limitation of motion with no other element of disability involved, the functional disability is the same as in all identical cases, the estimate in such cases should be uniform. If the employe has lost his ability to raise his arm at the shoulder beyond the horizontal level and has no other disability, the estimate should manifestly be the same in his case as in all other cases where the limitation of motion is identical and where no other disability has resulted.

In case of schedule injuries the commission has found it possible to establish by custom or rule the related disability applicable to a given handicap. After many hearings with physicians, and in cooperation with the State Medical Society, the commission has adopted a schedule of related disabilities to serve as a guide in rating disabilities short of amputations or total loss of all function. In the example cited, where the loss of function is represented by a limitation of active elevation of the arm in all directions to 90 degrees, but otherwise normal, *the loss is interpreted at 20 per cent of the arm at the shoulder.* In all of the cases where landmarks have been adopted, the percentage of disability must vary as other conditions exist which constitute elements of functional loss. *If, for example, in addition to limitation of motion, there is disabling pain or weakness, a percentage must be added for these elements.* As the commission has adopted landmarks only for loss of certain specified functions representing disability, the physician must exercise his best judgment as to the percentage to be added for other items which may conduce to disability.

As a guide for the estimating of disabilities the commission has adopted the following table *representing per cent of loss of use as compared with amputations at involved joints.*

**Shoulder**

| | |
|---|---|
| Total ankylosis at the shoulder with arm at side, scapula fixed | 75% |
| Total ankylosis at the shoulder with arm at side, scapula free | 55% |
| Limitation of active elevation to 45° but otherwise normal | 35% |
| Limitation of active elevation in all directions to 90°, but otherwise normal | 20% |
| Limitation of active elevation to 135° but otherwise normal | 5% |

**Elbow**

| | |
|---|---|
| Ankylosis of elbow joint at 45° less than full extension (radio-ulnar motion destroyed, hand 45° less than fully pronated) | 60% |
| Limitation of motion of elbow joint (radio-ulnar motion unaffected) | |
| Remaining range, 90°–135° | 20% |
| Remaining range, 135°–180° | 35% |
| Ankylosis of radius and ulna, estimated at elbow joint (hand 45° less than fully pronated) | 20% |

**Wrist**

| | |
|---|---|
| Ankylosis, straight position | 25% |

**Fingers**

*Complete ankylosis*

| Thumb | Mid-position | Complete Extension |
|---|---|---|
| Distal joint only | 25% | 35% |
| Proximal joint only | 15% | 20% |
| Distal and proximal joints | 35% | 65% |
| Distal, proximal and carpometacarpal joints | 85% | 100% |
| Fingers | | |
| Distal joint only | 25% | 35% |
| Middle joint only | 75% | 85% |
| Proximal joint only | 40% | 50% |
| Distal and middle joints | 85% | 100% |
| Distal, middle and proximal joints | 100% | 100% |

*Loss of Motion*

| Fingers | Loss of flexion | Loss of use | Loss of extension | Loss of use |
|---|---|---|---|---|
| Distal joint only | 10% = | 1% | 10% = | 2% |
| | 20% = | 2% | 20% = | 4% |
| | 30% = | 3% | 30% = | 6% |
| | 40% = | 5% | 40% = | 8% |
| | 50% = | 10% | 50% = | 15% |
| | 60% = | 15% | 60% = | 20% |
| | 70% = | 20% | 70% = | 30% |
| | 80% = | 25% | 80% = | 40% |
| | | | 100% = | 60% |
| Middle joint only | 10% = | 5% | 10% = | 2½% |
| | 20% = | 10% | 20% = | 5% |
| | 30% = | 15% | 30% = | 10% |
| | 40% = | 25% | 40% = | 15% |
| | 50% = | 40% | 50% = | 30% |
| | 60% = | 50% | 60% = | 50% |
| | 70% = | 60% | 70% = | 70% |
| | 80% = | 70% | 80% = | 90% |
| | | | 100% = | 100% |
| Proximal joint only | 10% = | 5% | 10% = | 2½% |
| | 20% = | 10% | 20% = | 5% |
| | 30% = | 15% | 30% = | 15% |
| | 40% = | 20% | 40% = | 20% |
| | 50% = | 25% | 50% = | 25% |
| | 60% = | 30% | 60% = | 40% |
| | 70% = | 35% | 70% = | 75% |
| | 80% = | 40% | 80% = | 85% |
| | | | 90% = | 100% |

(Where there is partial disability to two or more phalanges the estimate of the physician should take into consideration the greater cumulative effect because of such multiple disabilities. By analogy the allowances for complete ankylosis, where two or more joints are affected, may be used as a guide for comparison as to the greater allowance to be made because of the combined disabilities to two or more phalanges.)

Hip

| | |
|---|---|
| Ankylosis in alignment for normal standing position | 50% |
| Shortening of leg (no posterior or lateral angulation, age 50 or less) | |
| 1 inch | 7% |
| 1½ inches | 14% |
| 2 inches | 22% |

(The percentages compare loss of the leg at the hip.)

Knee

| | |
|---|---|
| Ankylosis at 170° | 40% |
| Limitation of motion, remaining range 135°–180° | 20% |

Ankle

| | |
|---|---|
| Ankylosis at right angle | 30% |

**Report form.** For use in reporting disabilities under the compensation act the commission has adopted a form for use of physicians (see Form A–16 reproduced on page 1221).

In order to enable the commission to pass upon disability it becomes necessary that the physician's report contain as a minimum all of the information requested by this form. If in any case use is not made of the form, the physician should make certain that the requirements of the form are met. That will save returning the form to the physician with request for supplementary report.

In addition to this form the commission also makes use of a form for use in cases of loss of vision, which will be supplied to physicians upon their request, together with rules for determining loss of visual efficiency caused by industrial injury. In the case of partial deafness, no fixed rule has been adopted for determination. The physician should make use of recognized standards in reaching an estimate as to the percentage of loss of hearing which has resulted.

In the estimating of disabilities to members included within the schedule group, it should be remembered that 50 per cent loss of motion, or 50 per cent loss of strength of itself does not necessarily mean 50 per cent loss of function of the limb. All functions of the limb must be considered, such as motion, freedom from pain, strength, coordination, quickness of action, endurance, sensation, etc. To each factor must be assigned by the physician the percentage which he considers represents the proportion of functional use of that factor as compared with all functions of a normal member, and to each factor must be applied the percentage of loss of the particular factor which has resulted. The total of the resulting percentages constitutes the percentage of disability to the member involved.

In those cases in which loss of motion is greater or less than that represented by the landmarks established by the commission, the physician must add or subtract such percentage as he believes will fairly represent the greater or smaller percentage of disability found to have resulted. In making his estimate the physician will be guided by the landmark laid down for the most nearly comparable disability for which a landmark has been established.

The cooperation of physicians is earnestly solicited by the commission in the making of prompt and complete reports to employers and insurance carriers, making it possible for them to pay compensation speedily and without interruption when due to employes. The commission feels that those physicians who, because of press of other business, or because of a lack of desire on their part to participate in the compensation program, find it impossible to do justice to the parties, or to make all necessary reports promptly, should not be included in panels for the purpose of treatment of injured employes. Physicians have it within their power to hasten or delay the payment of compensation which is clearly due. Time is of the essence under the workmen's compensation act in the payment of compensation to those who usually are in urgent need because of their unexpected misfortune.

As it is the commission's ultimate function to fix the percentage of disability, full reports covering all factors should be made, setting out in detail the elements which constitute disability, and stating as nearly as possible the weight and percentage of loss which has been ascribed to each. The physician should also set out his opinion as to the ultimate total percentage of disability which has resulted. That enables the commission to check the report with the commission's standards and to arrive at an intelligent and uniform conclusion.

---

It has not been the purpose of this resume to conduct an exhaustive analysis of the law in the many ways in which it may be related to the physician and his patient. Many questions will doubtless remain in the physician's mind.

But if the panel physician will appreciate the technical detail of much of the law and its administrative characteristics, he will find it easier to deal with the employer, the insurance carrier, and the patient. Both the office of the State Medical Society and the Industrial Commission will be happy to be of assistance in the medicolegal problems confronting the physician who treats patients entitled to, or claiming, benefits under the act. Inquiries may be directed either to the State Medical Society or to Mr. Harry A. Nelson, Director of Workmen's Compensation, State Capitol Annex, Madison, Wisconsin.

## Agreement on Panel Practice

At the suggestion of the insurance companies selling workmen's compensation insurance in Wisconsin the State Medical Society of Wisconsin entered into

a joint agreement with them to permit employes eligible to benefits under the workmen's compensation act to have free choice of physician. Through the medium of this agreement any member of the State Medical Society of Wisconsin who indicates his willingness to serve injured employes may have his name included in the panel which is certified to the insurance companies. This agreement makes it possible for from 75 to 80 per cent of the employes in Wisconsin to have a wide choice of physician.

The attention of members is specifically called to the provision under the application for placement on panels that the member agrees to have consultation when so requested by the insurance carrier. The member also agrees to communicate with the insurance carrier in regard to the consultant in order that the consultant might be mutually agreed upon. It is recognized that exceptions will occur to this portion of the agreement, but the exceptions should occur only in the event of an emergency.

The agreement on panel practice in Wisconsin as adopted by the Council of the Society and the insurance company associations is as follows:

### Agreement on Panel Practice in Wisconsin

The workmen's compensation law of Wisconsin requires all employers to maintain a panel of five physicians, from which an injured employe shall have the right to make choice of an attending physician in case of accident. In many communities the common interests of the employer, the injured employe and of the medical profession will be more equitably served by liberalizing the minimum statutory requirement. In order to provide a larger medical panel from which the injured employe may select his attending physician, representatives of both the stock and mutual insurance companies writing compensation coverage in the State of Wisconsin, and representatives of the State Medical Society of Wisconsin, established the following principles:

1. The State Medical Society will prepare, and make available to insurance carriers, panels listing the names of all those physicians in each component county society desiring to accept employes eligible for treatment under the workmen's compensation act. This list and the panels will be kept as accurate as possible, but need not be revised more often than January 15 and July 15 of each year. If any panel distributed by an insurance carrier includes the names of any physicians not members of the State Medical Society, nothing thereon shall indicate that it has been approved by said Society.

2. A State Conference Committee of four, two representing insurance carriers and two representing the State Medical Society will be established, whose function it will be to coordinate the obligations of the insurance carriers with the facilities of the medical profession to provide proper benefits to injured employes. Specifically such committee shall have the duties of:

a. Mediating, if possible, those cases where the insurance companies complain that the attending physician has neglected or refused to furnish the reports reasonably necessary.

b. Mediating, if possible, those cases where it is complained that the insurance carriers have unreasonably interfered with what is properly in the discretion or control of the attending physician.

c. Reviewing any situation in which it is claimed that there has been a violation of medical ethics and, in its judgment, referring any facts relative thereto to the Board of Censors of the County Medical Society.

d. Mediating, if possible, differences that may arise between the attending physician and the insurance carrier relative to remuneration.

e. Hearing any complaints relative to the competency of those serving on such panels and removing their names therefrom if, upon investigation, it is found that such complaints are justified.

In the event of complaints from either insurance carriers or physicians the State Conference Committee may designate a special local committee to investigate and report to the State Conference Committee with recommendations as to the action to be taken. Both the State Conference Committee and the special local committees will attempt to mediate only those cases wherein the physician involved is on the listing provided by the State Medical Society.

3. It is understood that this is a trial plan and is necessarily limited to the State of Wisconsin. Any modifications of this general statement of principles to be effective must be approved by the State Conference Committee.

## First Aid Care

The question of first-aid facilities is one of increasing importance particularly in concerns employing a substantial number. First aid should be rendered by the physician whenever possible, and where this is not possible a physician should be obtained without delay so that first-aid measures may be conducted under his supervision. This subject was covered in a bulletin republished by the State Medical Society of Wisconsin in 1941 under the title "Suggestions for the Guidance of the Nurse in Industry."

## RESTRICTION OF DISTRIBUTION OF DRUG SAMPLES

Since 1901 the Wisconsin statutes have made it a misdemeanor for any person by himself, or through an agent, or as the agent of another to leave, throw, deposit, or have in his possession with intent to leave, throw or deposit upon a doorstep or premises of another, or to deliver to any child under the age of fifteen when unaccompanied by an adult, any patent or proprietary medicine, preparation, pill, tablet, or drug containing poison or other ingredients deleterious to health, as a sample or in any quantity whatever for advertising or other purposes. The misdemeanor is punishable by a fine of $25 to $100.

The physician can perform a public health service in reporting to health or police officials any local violation of this law contained in section 97.70, statutes.

Industrial Commission of Wisconsin, Form A–16

# PHYSICIAN'S REPORT ON ACCIDENT OR INDUSTRIAL DISEASE

Name of Employe _____

Name of Employer _____

Date of accident or first illness _____

Nature of injury _____

_____

Date injured was released from treatment _____

Date injured was able to return to full time employment at former occupation _____

Has accident or industrial disease resulted in any permanent disability? _____

Has accident or disease resulted in disfigurement?_____ If so, describe _____

_____

_____

Describe permanent impairment resulting from accident or disease. (Where practical, make use of diagram on back of report) _____

_____

* How will disability affect employe in his work? _____

_____

* What sort of work will he be unable to perform? _____

_____

(* Two questions above need to be answered only in case of injury to head or torso)

What elements constitute disability (such as limitation of motion, deformity, weakness, pain, lack of endurance, etc.) _____

_____

If limitation of motion, describe nature and percentage of limitation of each member or constituent part. (Estimates will be made on voluntary, not passive motion) _____

_____

_____

If accident caused injury to more than one of the constituent parts of the hand or foot, state healing period separately for each part _____

_____

Previous to this injury, did employe have any permanent disability?_____If so, describe_____

_____

_____

If amputation, state date _____(Mark point of amputation on diagram)

1. Has stump good, hardy pad or a tender pad? _____
2. Is there any restriction of motion in remaining joints? If so, state degree _____

_____

_____

What improvement, if any, is anticipated? _____

_____

What, if any, further treatment should be given? _____

_____

Remarks _____

_____

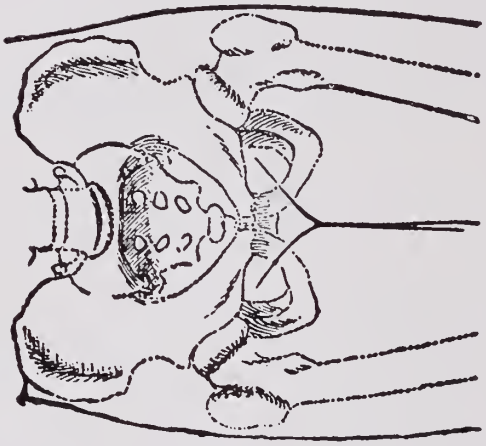
_____

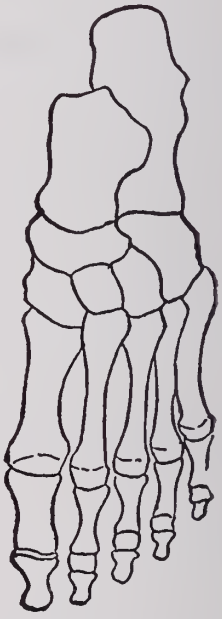
Dated at _____ this _____ day of _____ 19___

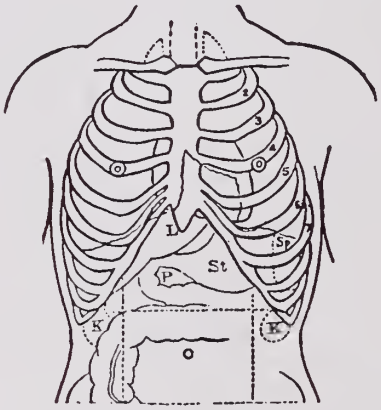
Signature of physician _____

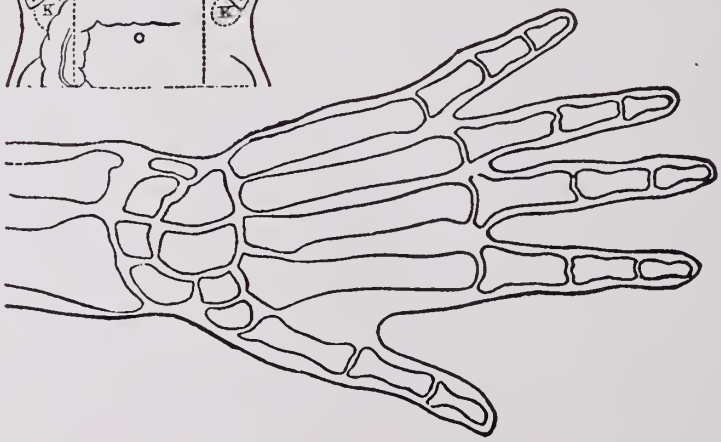
(Required in doctor's own handwriting)

HAVE YOU MARKED DIAGRAM ON BACK OF REPORT?






1
2
3
4
5
6
L
Sp
St
P
K
K
O



# Procedure of the U. S. Employes' Compensation Commission in the Administration of Benefits to W. P. A. Employes*

ALL workers on W. P. A. projects are employes of the United States government and all compensation matters arising out of injuries to W. P. A. workers are within the jurisdiction of the U. S. Employes' Compensation Commission. There is no appeal from the decisions of the commission. However, under certain circumstances, the commission will reconsider a closed case. All matters concerning W. P. A. injuries are cleared to the U. S. Employes' Compensation Commission through the state compensation officer, located at 149 East Wilson Street, Madison, Wisconsin.

Physicians are often confused between the procedure of the Wisconsin Industrial Commission in the administration of compensation under the workmen's compensation act of Wisconsin, and that of the U. S. Employes' Compensation Commission under the U. S. Employes' Compensation Act. Hereafter, the workmen's compensation act of Wisconsin will be referred to as the Wisconsin act, and the U. S. Employes' Compensation Act will be referred to as the federal act.

The following are the more important distinctions between procedure under the Wisconsin act and the federal act. The former is ably treated in the pamphlet published by the State Medical Society on June 15, 1940. See reproduction, page 1214.

1. In amending the U. S. Employes' Compensation Act of 1916, Congress limited the benefits of that act, in applying it to W. P. A. injury cases, to disability resulting from a traumatic injury. A traumatic injury was defined by Congress as follows:

> *"Traumatic injury shall mean only injury by accident, causing damage or harm to the physical structure of the body, and shall not include disease in any form except as it shall naturally result from the injury."*

It will immediately become apparent that this limitation rules out industrial ailments and diseases which are covered by the Wisconsin act. To illustrate briefly, a back strain, or tenosynovitis, which results from a series of exertions such as lifting or handling heavy objects, where there is no accidental occurrence connected with the onset of pain, is not ordinarily considered compensable under the federal act, as amended to cover injuries to W. P. A. workers.

2. W. P. A. project employes are entitled to medical treatment and compensation benefits, if injured while going to or coming from their employment on the project. This regulation was adopted by the U. S. Employes' Compensation Commission on July 8, 1937, and has been extended to cover W. P. A. security workers under subsequent appropriation acts. In applying the rule, the federal commission has indicated that W. P. A. project workers who sustain injury while going to or coming from work are entitled to compensation benefits (including medical treatment) if the route traveled was the most usual and direct, and if no substantial deviation from such route is indicated. This regulation is an anomaly in the history of workmen's compensation, and substantially differs from the regulations under the Wisconsin act. Reference is made to this regulation in order to apprise physicians that W. P. A. project officials may authorize medical treatment in cases where it would normally appear that a worker was not in the performance of duty at the time the injury occurred.

3. The U. S. Employes' Compensation Commission holds no hearings on W. P. A. injury cases. Investigations are made and decisions are rendered entirely from written proof submitted to the commission through the state compensation office.

4. All medical and hospital bills incurred in the course of treatment of W. P. A. employes are paid by the U. S. Employes' Compensation Commission from a fund specifically provided for this purpose by Congress, and the U. S. Employes' Compensation Commission passes on the reasonableness of charges submitted by physicians. Under the Wisconsin act, charges for medical treatment and compensation are paid by the workmen's compensation insurance carriers or the employers, if self-assured; consequently, the Industrial Commission generally does not pass on the reasonableness of charges submitted by physicians. There is no schedule of fees covering various types of treatment of W. P. A. injury cases, but the U. S. Employes' Compensation Commission *will pay medical fees at rates not in excess of the minimum charge prevailing in a community for similar services.* There is a schedule covering hospital charges for injured W. P. A. employes which will be supplied by the state compensation officer upon request.

5. W. P. A. injury cases must be referred to federal medical facilities, insofar as they are available without disadvantage to any other beneficiary for whom the United States government medical facilities have been specifically provided. Hernia cases

---

* Prepared for *The Wisconsin Medical Journal* by Mr. J. C. Gamroth, Madison, State Compensation Officer, Federal Works Agency, Work Projects Administration of Wisconsin.

are generally referred to federal hospitals for operation. Reference of a patient to a government medical facility is not to be considered a reflection upon the type of treatment or services rendered by the local or family physician. This action is resorted to by the Commission in the interests of economy and pursuant to regulations. The physician should not treat the patient at the expense of the government subsequent to receipt of notice of reference without a further specific authorization from the Commission or the State Compensation Officer.

6. Where no United States government medical facilities or hospitals are available, under the regulations of the U. S. Employes' Compensation Commission W. P. A. injury cases requiring medical treatment must be distributed among the private physicians in a locality in as equitable a manner as possible. *Free choice of physician, especially as to family physicians, is accorded the injured wherever possible, except in cases where there may be an unequal distribution of cases and where the physician already may have had more than his share of cases, which very seldom occurs.* Any complaints regarding unfair or inequitable distribution of W. P. A. injury cases among doctors in any locality should be promptly reported to the state compensation officer.

## Authorizations; Classifications

In cases where it is reasonably clear that a given injury resulted from an accidental occurrence while in the performance of duty on the project or while going to and from work, ordinarily the project timekeeper authorizes *all necessary medical treatment* at the expense of the government on a form known as Special Form CA–16, designated for this purpose. This authorization includes x-ray services, if necessary for diagnostic purposes, and hospitalization, if needed. This authorization also provides a physician with authority to call in a specialist and a special nurse in serious cases where needed. Major surgery at government expense should not be undertaken by the attending physician without special authority from the U. S. Employes' Compensation Commission. In an emergency, where immediate surgery is found necessary to save the injured worker's life, the state compensation officer should be contacted by long-distance telephone or telegraph for authorization of such surgery.

The following types of cases are always considered doubtful, and medical treatment should not be authorized by project timekeepers until there has been a medical examination and report and until approval of medical treatment has been forthcoming from the state compensation officer:

1. Hernia
2. Sprains and strains of any nature
3. Sunstroke, heat exhaustion or heat prostration
4. When the accident alleged to have caused the injury occurred while the employe was traveling to or from the project by a route not considered the most direct and usual route to be traveled between the employe's home and the project.
5. When the employe fails to report the accident alleged to have caused the injury within thirty days from the date of its occurrence.

When a W. P. A. worker applies to a physician for treatment without any written authorization, the physician should request him to procure an authorization from his official superior, usually the timekeeper. Authorizations for medical treatment cannot be issued retroactively. If no authorization is supplied a physician and he wishes to continue treating the case, such treatment should be pursuant to a personal arrangement between the injured and the physician with respect to payment for such services. However, any physician who treats an injured W. P. A. worker without an authorization has the privilege of submitting his charge to the state compensation officer who forwards the bill to the U. S. Employes' Compensation Commission for its consideration. Under certain circumstances, the commission may pay for medical treatment even though it is rendered without an authorization.

Project officials frequently are not able to diagnose conditions for which treatment is oftentimes sought. It is inevitable that authorizations for treatment will at times be erroneously issued by project officials for conditions which examination by the attending physician discloses are not the result of a traumatic injury as above defined, but are attributable to other pathological causes, and, hence, fall into the category of doubtful cases in which no treatment should be rendered at the expense of the government. In such a case the doctor should advise the injured that it is his opinion that the condition is not the result of a compensable injury, and that further treatment must be a personal matter between the doctor and the patient regarding payment for such services. In the event of allowance of treatment, the charges may be submitted to the commission for its consideration, through the facilities of the State Compensation Officer. In such a case, the physician should immediately forward his medical report to the project timekeeper for transmission to the state office before continuing with any treatment.

The injured is usually sent to the doctor with an original and copy of the special form CA–16, authorization for treatment. The hospital or physician may retain one copy for his or its records, and the physician should then return the original to the timekeeper who makes an additional copy and submits the original and copy to the state compensation office.

Where a worker with an ailment of a doubtful nature is sent to a physician under special form CA–17 *for examination only*, and the physician finds it necessary to resort to the use of x-rays for the purpose of completing his diagnosis, this authorization will cover the expense of such x-ray films and report.

Where a patient has once been discharged by a physician and, at a later date, requests further treatment, no medical treatment or examination can be authorized where (a) the case has been disallowed by the commission, (b) final payment of compensation has been made by the commission, (c) the employe lost no time from work and the case has been closed more than six months, or (d) the commission has made an award for partial, permanent disability. In such cases the physician should advise the injured to either contact his official superior or write to the state compensation office and the case will then be given further consideration.

Cases of eye injury are usually referred to an eye specialist for treatment where one is available, but where no eye specialist is available and the case is referred to a general practitioner, he may, if he considers it necessary, send the injured to an eye specialist in another city. However, eye glasses are not to be furnished at government expense until authorized by the U. S. Employes' Compensation Commission.

Because of the definition of a traumatic injury adopted by Congress as quoted above, the following types of ailments or injuries are clearly outside of the scope of the above mentioned act:

No authorization for either examination or treatment can be given where injury or death results from wilful misconduct of the injured employe, or by his intention to bring about the injury or death of himself or another, or where intoxication of the injured employe is the proximate cause of the injury or death.

Sunburn, cement burns and kindred inflammations of the skin are not considered traumatic injuries within the meaning of the federal act, and medical treatment at the expense of the government cannot be authorized. However, if an accidental injury such as a scratch is aggravated by the presence of cement, such a case may be recognized by the commission as compensable.

## Treatment After Discharge

After discharge of a patient by the physician, or after receipt of a revocation of authority to treat, it is not anticipated that the doctor will render further treatment at the expense of the government without a new authorization. The Commission may consider a recurrence of disability when medical evidence of need for further treatment in causal relation to the original injury is submitted. It is important that the subject claiming a recurrence of disability or need for further treatment supply necessary medical evidence of such need in order that proper determination may be made by the Commission.

The physician may not examine the subject at the expense of the Commission without authorization and be assured of compensation. Physicians may examine the claimants with the understanding that in the event the recurrence is accepted by the Commission the charges for such examination may be submitted to the Commission for consideration. When a physician is willing to reexamine a patient under the circumstances described, the medical report should indicate objective and subjective findings, diagnosis, prognosis, recommendations for further treatment and an opinion, with reasons, concerning the causal relation of the condition found to the original injury. Upon receipt by the State Compensation Officer, this report will be promptly forwarded to the Commission, together with the claimant's further allegations in connection with the alleged recurrence.

## Medical Reports

Frequently the medical report of the attending physician is inadequate. A sufficiently clear description of the objective and subjective findings and estimates of periods of disability during which the injured worker would not be able to do light work or regular work are necessary. Where the injured does not respond to treatment as anticipated, and disability and/or the period of treatment is prolonged due to any untoward developments, the attending physician should supplement the routine report called for by the forms with an explanation of causes for such prolonged disability and/or treatment.

Where the physician's findings indicate that disability due to a given injury is complicated by or superimposed upon some preexisting condition not causally related to the injury, the administration of compensation benefits would be definitely expedited if the attending physician would indicate in his report so far as possible the period of disability due to the injury alone wholly apart from the condition which antedated the injury for which compensation is sought.

Failure of a physician to submit his report of preliminary examination likewise delays handling of such claims. The need for prompt payment of compensation to W. P. A. employes is apparent in view of their low earnings. The forms supplied to the doctor are so designed as ordinarily to supply the necessary information. As soon as the medical report is completed by the attending physician, it should be forwarded to the timekeeper of the project on which the worker was injured, where copies are made and transmitted to the state compensation office.

Project officials will not ordinarily permit an injured worker to return to any work on the project unless he is provided with a written release from the attending physician to be presented to such project officials. As soon as a physician finds that the worker is able to return to certain light work or regular work, the return of such worker to employment on the project will be expedited if the physician will supply the injured with a brief note stating that as of a given date he had recovered sufficiently to be able to return to either regular or light work of a specified nature. Failure of a physician to supply the injured with such a statement creates a hardship on the injured and delays his return to employment on the project.

## Physician's Compensation

Unlike the Industrial Commission, the U. S. Employes' Compensation Commission passes upon the reasonableness of the charges submitted and pays the medical bills from funds appropriated for that purpose. The U. S. Employes' Compensation Commission is usually liberal in the matter of payment of fees and in permitting physicians to submit explanations of their charges where they may appear to be excessive. A complete itemization by the physician of all services rendered in a case and listing of charges by unit will definitely insure full consideration of all the services rendered by the physician and the charges submitted therefor. All the medical bills in W. P. A. cases are usually paid by the commission within two or three months of the date of submission. Physicians are urged to submit their vouchers promptly upon termination of treatment. However, if treatment exceeds thirty days, the commission requires that the physician submit a voucher for every thirty-day period of treatment along with a special detailed medical report. In this way the payment for services rendered by an attending physician need not be delayed, in cases of prolonged treatment, until the final treatment is rendered.

Physicians are urged to forward their vouchers immediately upon completion of treatment to the timekeeper of the project on which the injury occurred, as all vouchers must be endorsed by him. However, if the identity or location of such project timekeeper is not known either to the injured or his physician, the vouchers may be forwarded directly to the state compensation office, but the submission of such reports or medical bills on form S–69 should not be delayed unnecessarily due to inability to locate the timekeeper or the injured. Under no circumstances should a physician forward any vouchers for services rendered or any medical reports directly to the commission at Washington; this merely delays action on them for lack of the timekeeper's endorsement.

## Awards For Partial, Permanent Disability

When the condition for which the physician is treating reaches a point where further treatment is not indicated, and the condition has reached maximum improvement, but a residual condition continues which it is not anticipated will improve, the subject may be entitled to an award for total or partial, permanent disability.

Awards for partial, permanent disability are based mainly on medical reports submitted to the U. S. Employes' Compensation Commission, and are made in accordance with a special schedule adopted by the Commission. Because such awards are based on written proof submitted without oral hearings and expert testimony, it is very important that medical reports in such cases contain accurate descriptions of any permanent disability causally resulting from the injury. Amputation of a finger, arm, toe, foot or other loss of member is indicated by the attending physician on the amputation chart (Form WP–407) forwarded to the physician for completion.

In making awards for partial, permanent disability, the following factors are taken into consideration — limitation of active and passive motion, atrophy, atony, decrease in strength, disturbance of nerve or sensation, and muscular reaction to electric stimulus. In order that a just award may be made, it is very important that the medical report supplied should cover in detail all of the above mentioned factors. Loss of use of a member or limitation of motion should be expressed in terms of percentage.

Where a full appraisal of the above mentioned factors is not possible until the condition has reached maximum improvement, the physician should indicate in his report the probable length of time before an accurate estimate of such factors can be made, along with a description of any therapeutic measures which may aid in bringing about maximum improvement. In cases where, in the opinion of the physician, a return of the injured to certain types of light work would be of therapeutic value in bringing about or hastening maximum improvement, the physician should indicate in his report the approximate date on which the injured should resume such selective work, which is to be described wherever possible, and the approximate inclusive period during which the injured is to do such work. This information is important in enabling the administration to assign the injured to the work specified by the physician.

*Whenever any question arises in the mind of a physician regarding procedure in connection with a W. P. A. injury case, the physician is urged to communicate with the state compensation office for an adjustment or explanation of the difficulty. It is important to W. P. A. employes that the goodwill of the physicians be maintained and that the most easily accessible physicians and medical facilities be available to them.*

---

There are other federal compensation acts, such as the Federal Employes Act, covering workers in interstate commerce, and the Longshoremen's Act, covering maritime employment. However, in the absence of confusion between these and other acts, and in view of the small number of employes in Wisconsin coming under these acts, no attempt has been made to discuss them.

The physicians and surgeons of Wisconsin have admirably cooperated in the administration of compensation benefits under the U. S. Employes' Compensation Act as applied to W. P. A. project workers. A great deal of credit for this cooperation is due to the willingness and untiring efforts of the State Medical Society of Wisconsin in giving important phases of the Federal Compensation Act, as applied to the W. P. A. employes, publicity through *The Wisconsin Medical Journal*, and in according opportunities for compensation representatives to discuss these problems at regional and county medical meetings.

# Medical Witnesses and Expert Testimony

## Introductory

NEVER before has medical testimony assumed such importance as in recent years. Formerly many medical men asserted that they did not care to be drawn into litigation, but it is now next to impossible for an active general practitioner, much less for a specialist, to escape at least some appearances either before courts or such administrative tribunals as the industrial commission. Medical testimony is important and frequently even of controlling weight in cases involving mental competence as, for example, lunacy, guardianship, and will proceedings. It is also of paramount importance in the field of industrial accidents and disease, while the increased use of the automobile has in itself given rise to an almost independent branch of jurisprudence and with it problems of forensic medicine.

The subject falls logically into two divisions. The first is that of the ordinary nonexpert medical witness, and the second is that of expert or opinion testimony ordinarily offered only by specialists. A number of observations may be made with equal applicability to both classes of medical witnesses.

## Duty to Testify

One of the first questions which arises in the mind of the physician is his duty with respect to offering testimony either in a nonexpert or expert capacity before a court or administrative tribunal. It may seem an elaboration of the obvious to recall that the physician is first of all a citizen and as such an integral part of his community; that the courts, and such bodies as an industrial commission "are part of the machinery of his government." The average physician undoubtedly has a professional duty to assist with his training and knowledge, a judge or public administrator who may have need of his judgment. This is quite apart from any legal requirement.

On the purely legal side it is well settled in Wisconsin, as elsewhere, that a doctor must obey the order of a court or other properly authorized public official to appear and offer testimony in a given case. This order customarily takes the form of a subpoena and the doctor must obey a subpoena, just as any other citizen, under penalty of contempt.

## Medical Privilege

Both the nonexpert and expert medical witness must remember at all times that section 325.21 of the Wisconsin Statutes makes privileged any information which the physician may have acquired in attending any patient in a professional capacity, necessary to enable him professionally to serve such patient. (See "Privileged Status of Testimony of Physicians and Surgeons in Legal Proceedings," page 1230.) The only exceptions are: homicide trials, lunacy inquiries, civil or criminal malpractice actions against the physician, and express waiver of the privilege either by the patient, or in the event of the latter's death or disability, by such person's personal representative.

# I. NONEXPERT TESTIMONY

## General Scope

Generally speaking, the testimony of an ordinary practitioner appearing in a nonexpert capacity is much more limited in character than that of his brother physician who has qualified and is appearing as an expert. Ordinarily, the general practitioner may testify only to what he has observed in the case of a given patient and a given disease. He is limited to the facts which have come from his own professional diagnosis and observation, although even the nonexpert medical witness generally is given a latitude unknown among nonexpert witnesses in other fields, that of prognosis. This undoubtedly is judicial recognition of the high general training of the medical profession, and of the further fact that a physician is as greatly concerned with prognosis as with diagnosis and treatment. No medical witness whether nonexpert or expert should ever volunteer an answer to a question to which he does not know the answer. Neither should he fall into the trap of giving an opinion which exceeds either his training or his observation.

## Preparation

While no conscientious physician will venture before any tribunal unprepared, unless summoned without notice, it may be said as a general proposition that exhaustive preliminary research either in the laboratory or in medical literature is not be expected in the case of the nonexpert witness. It is ordinarily enough that he review his case notes, hospital record or other memoranda, and limit himself to what they show, together with such other findings as are within his personal knowledge.

Neither the nonexpert nor expert medical witness may employ medical texts to supplement his testimony. It is permissible in some states to quote medical authorities who agree with the findings of the witness, or for the witness to state that his diagnosis or prognosis is supported by a certain medical writer. It is undoubtedly advisable for any physician before going into court to have in mind at least the leading literature of the particular field in which he is going to testify, unless it is so highly limited that only a specialist could be expected to know it. By having that minimum preparation he may be saved the embarrassment of seeming unfamiliar with outstanding medical literature, which admission is frequently elicited by the attorney for the other

side for the sole purpose of casting doubt on the validity of the witness' otherwise competent testimony.

### Compensation

The question of the compensation of the nonexpert witness rather commonly arises, and is a matter which should be settled, wherever possible, in advance of the physician's appearance before a tribunal. As a matter of strict law neither a nonexpert nor expert witness is, merely in his capacity of witness, entitled to more than the statutory fee, which in Wisconsin is $2.50 for a court of record. If a nonexpert witness is to receive more compensation than is given him by law, this should be arranged for with the person requesting such witness' public attendance and testimony. It is reasonable for the nonexpert general practitioner to ask compensation, within the financial limits of the party on whose behalf he appears, which will roughly compensate such witness for the loss of time and inconvenience to which he is put.

Care should be observed, however, in the interests of the physician's own integrity, and in the best interests of justice, that the physician at no point acquire a monetary interest in a given piece of litigation which might even unconsciously color his judgment. While no exception can be taken to a physician's testifying as favorably as he conscientiously can for the particular side on which he is called, the ethical physician will be careful never to have a vested interest in the outcome of a pending cause.

## II. EXPERT TESTIMONY

### General Scope

The general subject of expert or opinion testimony is the peculiar province of the expert witness. In the words of a recent author on jurisprudence: "An Expert Witness is one who has made the subject upon which he gives his opinion, a matter of particular study, practice or observation, and who has a special knowledge on the subject, which must be recognized in law as a distinct department of human knowledge and endeavor."

The Wisconsin Supreme Court, in a leading case on the subject, states: *"The more difficult field is entered when we approach the question of calling upon men of exceptional experience and qualifications to give their opinion as the result either of facts which they observe or from an hypothetical statement of facts. This is the real field of expert evidence. It is there that the expert can testify and the nonexpert cannot."*

### Meaning of "Expert"

At the outset care should be taken to distinguish two senses in which the word "expert" is commonly used. As the Wisconsin Supreme Court has wisely observed "Much of the testimony of a so-called expert is in no wise different in character from that of any other witness." Frequently both attorneys and courts seem to regard *all physicians* as expert in the general field of treatment of human illness by comparison with laymen. It is true that all physicians are expert in the sense of being peculiarly and specially educated in the general subject of medicine. The situation is further complicated by decisions holding that, although a physician is not a technical specialist in a particular branch of medical science, he may testify as an expert, where, assuming hypothetical statements of fact to be true, he can express an opinion, satisfactory to himself without further study, as to a question of science pertaining to a special field.

Perhaps the principal difference between an expert and nonexpert medical witness, is that the former's testimony is far less circumscribed. The nonexpert is limited to matters within his personal observation and knowledge. The nonexpert may not ordinarily express an opinion, as differentiated from facts, except in the field of prognosis. The expert, on the other hand, may, in addition to stating observations and other facts within his personal knowledge, give opinions based on two sources other than professional observation of the party as to whom he is offering testimony. These are: (1) Information gained by him from testimony which the expert heard in court; (2) Information assumed by a hypothetical question propounded to him.

### Qualifying Physician Expert

Whereas the general practitioner is ordinarily qualified with the statement that he has been admitted to the practice of medicine in Wisconsin, and that he has practiced for a given number of years, the expert must be qualified far more carefully. He should make statements as to his postgraduate studies, his research, any writings, any teaching or other positions, any specialized experience or practice, the fact that he has had opportunity to observe an exceptionally large number of cases, or anything else designed to set him apart from the general practitioner or non-specialist. The careful qualifying of an expert witness is highly important for its psychological qualities in impressing a tribunal or a jury, as well as for the further reason that it lays the foundation for the degree of weight to be attached to the testimony subsequently offered.

### When Expert Opinion Warranted

As has already been stated it is equally the duty of the expert as well as the nonexpert medical witness to respond to a properly issued summons to appear before a tribunal. This rather fundamental difference may be noted however, between the expert and nonexpert witness. The essence of the nonexpert's testimony is *facts* and *actual observation*, whereas the essence of the expert's testimony is *opinion* based upon a special skill and experience even in the absence of observation of a given case. A nonexpert witness would undoubtedly be in contempt of court for refusing to tell what he *knew* in

a given case especially where the patient has waived the statutory privilege, but a court cannot compel an expert to have an *opinion* concerning a situation of which he has not personal knowledge, or as to which he has made no observations. However, if the expert does have an opinion, whether previously familiar with the case then before the tribunal, or not, he is under legal duty to offer that opinion if so requested. The question whether a physician after being in attendance on a patient may be compelled to testify as an expert may be answered in the affirmative if such physician can qualify as a technical expert on the particular ailment or disability involved in a given case. In other words, actual observation should, if anything, lend greater strength and credibility to a medical expert's testimony than a theoretical response to a hypothetical question.

## Preparation

Still another important difference between the nonexpert and expert witness lies in the amount of preparation prior to appearance before the tribunal. While the nonexpert witness will ordinarily not be expected to do more than review his case notes and tell what he has observed, and what he knows as a result of such observation, the expert cannot stop at this point. By the very reason of his being an expert he is supposed to know much better than his nonexpert fellow physician the medical literature, the laboratory aspects, and the technical medical side of the particular point in issue. This presupposes preparation of a most careful character. Wherever possible, it will presuppose examination of the patient and a personal knowledge of the history of the case. This is not always possible in the case of adverse parties, or of a deceased, and it is for this reason, among others, that opinion evidence and the hypothetical question are so commonly employed.

## The Hypothetical Question

Much has been written, a good deal of it critically, of the hypothetical question which is so commonly employed in the examination of expert witnesses. Such a question has been defined as "one which states and assumes as true certain probative facts appearing in evidence, and asks the opinion of the witness thereon as to some ultimate fact in issue." Hypothetical questions should be so formulated as not to invade the fact-finding province of the jury; they need not be limited to undisputed facts, but should not contain facts which are not before the tribunal. Such questions should cover sufficient ground to justify invoking expert opinion, should be technically as accurate as possible and should never be unfair or misleading.

Hypothetical questions have frequently found disfavor both with courts and the medical profession, but they serve a perfectly legitimate function, namely that of assuming a given medical or other factual situation, thereby filling gaps in the witness' own opportunities for observation and diagnosis in a given instance. Such questions also serve as a check on the facts, and further, afford a basis for prognosis which is frequently all-important in personal injury or industrial cases.

Where it happens that an expert witness has likewise treated the patient he is competent not only to testify on the basis of what he has seen and knows of the specific case, but also to give opinion evidence and to answer hypothetical questions.

## Compensation

The question of compensation very properly arises in connection with expert medical witnesses. By very reason of the fact that such witnesses are expert they customarily command higher remuneration than do general practitioners; they commonly travel a longer distance; they are expected to prepare much more fully and comprehensively than nonexperts. Skill, special knowledge, exceptional or even unique experience, all distinguish them from the ordinary medical witness. All of these marks of the expert may properly be weighed in considering what constitutes fair compensation for the testimony of such a person. Warning cannot be too strongly sounded, however, that while an expert should have compensation which is fair under all the circumstances, he should not be given a monetary interest in the outcome of the litigation, nor should his compensation in any way depend upon the character or emphasis of his testimony. His compensation must always have professional rather than commercial limits. Whenever the facts are otherwise the result in too many cases will tend to be at least an unconscious coloring of such expert's testimony because of his almost proprietary interest in the consequences of what he says. Both legal and medical literature are replete with warnings against luring the expert witness from a professional plane and making him what is for all practical purposes almost a proponent in the litigation. An expert who so acts reflects discredit on himself, on his profession and on the entire practice of permitting the offering of opinion evidence.

## Decalogue For Physician Witness

No better guide is available for the almost religious observance of both nonexpert and expert medical witnesses than the following decalogue, brought to the attention of the medical profession by Dr. A. I. Rosenberger, Milwaukee, who in turn has ascribed it to Dr. W. E. Grove, Milwaukee:

1. Examine your case thoroughly and repeatedly so that you know what you are talking about. Know your facts well. They must be incontrovertible. The opinion you form from these facts is your own, but must be arrived at honestly.

2. Testify slowly, clearly, simply, and in language that the layman can understand. Forget your Latin medical terms. You are obliged to talk down to the level of intelligence in the jury box in order to get your facts across.

3. Stick to the unvarnished truth. If you do not, your statements will strike back at you like a boomerang.

4. Do not become partisan or assume a proprietary interest in the legal proceedings, for if you do, it will diminish your value in the eyes of the court and the jury.

5. Maintain your dignity and do not advise or consult with an attorney in the courtroom, but sit far away from him. The attorney should prepare his case before he goes into court.

6. You are not required to answer by "yes" or "no" an involved question if such answer places you in the position of the man who was asked, "Have you stopped beating your wife?" Your "yes" would be a lie and your "no" a prevarication.

7. If a long, involved, hypothetical question is to be propounded to you, request that it be given to you in writing before you are put on the stand so that you may thoroughly study it and not embarrass your attorney by your answer.

8. Refuse to answer any question which puts you into some other field of medicine than your own. You may always say, "I cannot qualify."

9. Do not allow an attorney of the blustering, bull-dozing type to anger you or "get your goat." The purpose of this line of questioning is to throw you off guard.

10. Remember that at times the most valuable words in the English language are, "I do not know."

# Privileged Status of Testimony of Physicians and Surgeons in Legal Proceedings

THE present law relating to privilege accorded the testimony of physicians and surgeons in Wisconsin courts is as follows:

325.21 **Communications to doctors.** No physician or surgeon shall be permitted to disclose any information he may have acquired in attending any patient in a professional character, necessary to enable him professionally to serve such patient, except only (1) in trials for homicide, . . . (2) in all lunacy inquiries, (3) in actions, civil or criminal, against the physician for malpractice, (4) with the express consent of the patient, or in case of his death or disability, of his personal representative or other person authorized to sue for personal injury or of the beneficiary of an insurance policy on his life, health, or physical condition.

This statute refers only to the testimony of a physician or surgeon in legal proceedings, and is to be distinguished from subsection (d) of section 147.20 (1), Wis. Stats., which provides for revocation of the license of a physician or surgeon for wilfully betraying a professional secret. Testimony within the protection of the statute includes information given by the patient in good faith, even when the physician or surgeon could have diagnosed and prescribed without it, and may include the physical circumstances of an injury and its occurrence, or the previous condition of an injured part of the body if, in the opinion of the physician or surgeon, such information is necessary to enable him to serve the patient.

The law relating to privilege is statutory and has no basis in the common law. Accordingly, the tendency of the court is to interpret the statute strictly and literally and to enforce only such restrictions as the statute specifically imposes, and not to add restrictions which the legislature may have omitted. As a result, certain interpretations and constructions of the statute have been made which are important to know.

For a long time the Wisconsin Supreme Court has adhered to the doctrine that a physician or surgeon may testify, or may be compelled to testify, to a condition observed by him when unconnected with treatment, even when the person observed or examined for purposes other than treatment is or was a patient of the physician. Following this principle the court has held that a physician or surgeon may testify as to a death certificate made by him, or as to an autopsy performed by him. Similarly, the Attorney General has held that the information acquired by a local health officer is not privileged when he examines a person in the course of his statutory duties as such officer.

In a recent decision the court has held that a nurse could testify, although the doctor could not, as to a record made by her at a patient's admission and during his treatment, in spite of the fact that the record was used by the doctor in treating the patient, because the statute specifically names only physicians and surgeons. For this same reason, testimony of an interne attendant or x-ray operator, or the x-ray plate made by him, is not privileged.

The privilege of the statute may be waived by the patient himself, or by his personal representatives or by beneficiaries of an insurance policy. Although it might appear from a reading of the statute that waiver by a personal representative is to be permitted only in personal injury cases, nevertheless, the court has very recently held that the personal representative may waive the privilege and introduce the testimony of a decedent's physician as to the health and physical condition of the decedent prior to death in a case involving a tax on gifts made in contemplation of death.

Exceptions from the privilege, of course, are those facts learned by the physician in observation or treatment of a person or patient which he is by

statute required to report to the proper authorities. Among these are communicable diseases, including venereal disease; cancer, carcinoma, sarcoma or other malignant growths; and occupational diseases. See the article on this subject on page 1249.

Among the more common situations arising today in which the physician is asked to disclose privileged information are those in the pre-employment or periodic health examination of employes, and those in which an insurance company seeks information to serve as a basis for writing a policy in favor of the patient or for adjusting a claim made by a patient who may carry health, accident or sickness care coverage. For his own protection, the physician must always obtain the signed authorization of the patient before divulging such privileged communications. Such authorization should also identify the person or organization to which such disclosure may be made, and should specify the information to be disclosed. The physician should not disclose information beyond that permitted by the authorization, for if he should go beyond the limits of the patient's waiver, he may be charged with wilful betrayal of a professional secret. Insofar as the periodic health examination or pre-employment examination of employes in industry is concerned, the State Society has perfected a specific form of release which appears on model examination forms, approved by the Industrial Commission. These forms are available through the State Medical Society at the cost of printing.

While it is difficult to express a general principle, a physician who is rendering a bill to poor relief authorities for professional services rendered relief patients should avoid reporting details beyond those absolutely necessary for reimbursement.

Upon making a premarital examination the physician may find that while the applicant is free from venereal disease, he does have some physical or mental disability or abnormality which would render him unfit for marriage or would make impossible the consummation of a satisfactory marriage relationship. The question then arises as to the liability of the physician upon disclosure of his findings to the other prospective spouse.

This problem is discussed in an article appearing in *The Ohio State Medical Journal* for November, 1941. Believing that the conclusions there drawn are of equal merit in Wisconsin we reprint here the conclusions both as to (1) the liability of the physician to the examiner, and (2) the liability of the physician to the state.

**"A physician, disclosing to the other prospective marital partner disabilities or ailments of an examinee that would endanger the other party to the prospective marriage or that it would make it impossible for the parties to enjoy a happy or satisfactory marriage relationship, is subject to no liability to the examinee, either in libel or slander or for disclosing a professional secret within the limitations noted; that is, if he acts in good faith and without malice and makes no further disclosures than is reasonably necessary under the circumstances. Obviously, the problem is simplified if the same physician examines both parties with the definite understanding that findings and observations, if at all material to the prospective relationship, shall be made known to the other party; or if the physician acting with respect to one party only enters into a similar understanding."**

**"The disclosures under the circumstances here assumed would not constitute the 'wilful betrayal of a professional secret' and would not be the basis for the revocation of the physician's license."**

In addition to the privilege statute itself, there has been since July 1, 1939, a rule promulgated by the Supreme Court which has the force of statute and reads as follows:

The court or a presiding judge thereof may, upon due notice and cause shown, in any action brought to recover for personal injuries, order the person claiming damages for such injuries to submit to a physical examination by such physician or physicians as such court or a presiding judge may order and upon such terms as may be just; and may also order such party to give to the other party or any physician named in the order, within a specified time, an inspection of such X-ray photographs as have been taken in the course of the treatment of such party for the injuries for which damages are claimed, and inspection of hospital records and other written evidence concerning the injuries claimed and the treatment thereof; and if compliance with the portion of said order directing inspection be refused, the court may exclude any of said photographs, papers and writings so refused inspection from being produced upon the trial or from being used in evidence by reference or otherwise on behalf of the party so refusing. Sec. 269.57 (2).

This rule is restricted to personal injury cases. That part which deals with a physical examination of the injured party is not inconsistent with the privilege statute because the examination is being made not for treatment but for a purpose independent thereof. As to its effect on introduction of records in a trial, it will be noticed that the order does not compel a party to permit inspection of such records and written evidence, but provides a penalty in case of refusal in that the party refusing may not himself use them or produce them in the trial.

## 1942 MEETING DAYS—MONDAY, TUESDAY, WEDNESDAY

To meet a popular demand for a change of the meeting days, the ONE HUNDRED FIRST ANNIVERSARY MEETING of the State Medical Society of Wisconsin will be held on Monday, September 14, Tuesday, September 15, and Wednesday, September 16. It is felt by the Council on Scientific Work and the Executive Committee of the Council that the changing of the days of the meeting will make it possible for more members of the Society to attend with a minimum of time loss from their practice. It will be possible for the House of Delegates to hold its meeting on Sunday and discharge much of its work, thereby leaving the delegates free to attend scientific sessions.

On your new calendar for 1942 be sure to circle Monday, Tuesday and Wednesday, September 14, 15, and 16, for the one hundred first annual meeting of the Society.

# Coroners and Autopsies

A COMPLETE discussion of the powers and duties of the coroner would necessitate covering as well the powers and duties of the sheriff or constable, for in the event that a sheriff or his deputy, for one of several reasons, is prevented from performing the duties of that office, the responsibility becomes that of the coroner. Since only in rare instances does such a situation arise, and since such powers and duties bear little or no relation to matters pertaining to physicians, this discussion is limited to the more familiar and specific powers and duties prescribed by law.

The principal contact of the practicing physician with a coroner is in connection with the performance of autopsies requested by that officer. It should be emphasized that unless the physician has the express consent of the immediate family of a decedent, he subjects himself to the possibility of a lawsuit and the payment of damages by performing an autopsy excepting where directed to do so by a:

1. Subpoena issued by a coroner or his deputy subsequent to the ordering of an inquest.
2. Subpoena issued by a justice of the peace who has been ordered by the district attorney to conduct an inquest in the absence of a coroner.

Ordinarily a coroner, his deputy, or an authorized justice of the peace first contacts a physician to inquire whether he is available to perform an autopsy. The physician thus has notice of the intended autopsy before being served with a subpoena. The prudent course for the physician, unless he has personal knowledge of the steps taken and the summoning of an inquest jury, is to make sufficient preliminary inquiries to satisfy himself that such inquest has been ordered. Where the subpoena comes from a justice of the peace he should also check with the district attorney to make sure that the district attorney requested the justice to act in the capacity of the coroner because of the latter's absence. Only by observing such precaution will the physician protect himself against suit by the family of the decedent. See *Koerber v. Patek*, 123 Wis. 453. For fuller treatment of this liability see article on "Malpractice and Malpractice Suits," on page 1178 of this issue. Where the situation contains any element of uncertainty, the physician would do well for his own protection to consult his own attorney.

Section 59.34, of the Wisconsin Statutes, provides in part that the coroner shall take inquest of the dead when required by law, and shall perform all other duties required by law.

The most important duty, of course, is that relating to inquests, the details of which are set forth in chapter 366 of the Wisconsin Statutes. The legislature has deemed it advisable to leave with the coroner a wide range of discretion.

Section 366.01 provides that when, from the circumstances surrounding the death of any person, the district attorney shall have good reason to believe that murder or manslaughter has been committed, he shall order and require the coroner or his deputy to take "an inquest on the view of the dead body of such person." The statute, however, also gives the coroner, on his own initiative, the power to hold an inquest. The function remains substantially as it has for several centuries. The inquest must be held in the county where the wrongful act or accident occurred regardless of the fact that the resulting death took place in another county.

The coroner's source of information of the death of a person is, of course, varied. Everyone, including a practitioner, owes a duty to report a death to proper authorities when circumstances indicate that a homicide or manslaughter may be involved. A physician, presumably, would be in a better position to draw such conclusions than would a layman; and where the practitioner attends a death involving suspicious circumstances, he would do well to notify the coroner or the sheriff's office.

## Inquests

The coroner's first duty, upon being notified of a death, in absence of any request by the District Attorney to hold an inquest, is to determine whether or not in his opinion the facts warrant or require the holding of an inquest. This duty is purely discretionary; the only limitation, presumably, being that which relates to the District Attorney, that is whether there is good reason to believe that murder or manslaughter has been committed. It is impossible to lay down any rules for use in determining when good reason exists. Whether or not the coroner acts will, of course, depend on a number of facts: the objective circumstances of the case, incidental information available to the coroner, and, not to be overlooked, the coroner's own conception of the duties of his office.

Having concluded that the circumstances warrant or demand the taking of an inquest, the coroner's next step is to issue a so-called precept or order to the sheriff or constable to "summon a jury of six good and lawful men of the county to appear before him at the time and place specified in the precept." (In this connection it is pointed out that the power to hold an inquest is an absolute one and should the body have been buried, the coroner or his deputy can compel such body to be exhumed for the purpose of complying with the provisions of chapter 366, provided an inquest has been ordered.) The form of the order compelling the summoning of a jury is prescribed by the statutes. No time limitation is provided for setting the date of the inquest, but the desirability of prompt action in in-

quests is self-evident and it is the coroner's duty to see to it that prompt administration of the laws be accomplished. In addition to the order compelling the attendance of the jurors, the coroner may issue subpoenas of witnesses, included among which might be one or more competent physicians or surgeons, for the purpose of making an examination of the body and testifying as to the result of the same. Thus, in the exercise of his powers and duties the coroner is called upon to perform functions which are in their nature both judicial and medical.

### Medical Functions

The most important medical duty is the investigation of deaths in which an element of violence may be suspected. These might include accidental or suicidal deaths, and deaths of persons who have not been attended by a duly licensed practitioner of medicine, when the cause of death appears uncertain. In making an investigation, the first consideration is how far it will be necessary to carry the examination, a matter which requires the exercise of care and good judgment. The coroner's questioning should be careful and searching, but having satisfied himself as to the natural cause of death, he is justified in going no further in his investigation. If, however, the death requires the discovery of facts other than those which may be revealed by questioning and inspection the coroner must be in a position to avail himself of those highly specialized medical services involved in an autopsy.

### Quasi—Judicial and Other Duties

Having decided on the necessity for an inquest, the coroner's duty immediately becomes one of both an administrative and a judicial character. In Wisconsin, properly speaking, he is not a judicial officer under the state constitution. 20 Atty. Gen. 323. Nevertheless he has the power to exclude the public from inquests whenever he deems that to be desirable. He does the work of a practicing attorney in bringing out the testimony of witnesses, who are not, as a matter of right, entitled to representation by attorney. The statute provides that the jury is to find not only what caused the death, but who was responsible for it. Because of the informality of the procedure, the coroner is in a position to exercise a great influence over the jury even though the jury's findings are not admissible evidence in a subsequent court trial of an apprehended party. See Groeschner v. John Gund Brewing Co. (1921) 173 Wis. 366, at 370. Nevertheless the coroner can frequently be the primary force in bringing a criminal to justice.

Being in charge of the inquest, the coroner, of course, is not in a position either to perform an autopsy or to testify as to the cause of death. If he is a physician, however, his medical training would aid him substantially in preparing questions to be asked of the medical witnesses called. 1910 Atty. Gen. 578.

In the absence of the holding of an inquest the coroner is in no different position than an individual as far as stating the cause of death is concerned. Section 69.39 of the Wisconsin Statutes, provides, however:

69.39 Coroner's certificate. Any coroner whose duty it is to hold an inquest on the body of any deceased person, and to make the certificate of death required for a burial permit, shall state in his certificate the nature of the disease, or the manner of death, and if from external causes or violence whether "probably" accidental, suicidal or homicidal, as determined by the inquest; and shall, in either case, furnish such information as may be required by the state registrar to classify the death.

A further duty is imposed upon the coroner by Section 366.19, Wisconsin Statutes, which provides in subsection (2):

It shall be the duty of the respective coroners of this state, in any case where the body is to be cremated, to view and make a careful personal inquiry into the cause and manner of death, and conduct an autopsy or order the conducting of an autopsy, if in their opinion it is necessary to determine the cause and manner of death, and thereupon certify that no further examination or judicial inquiry concerning the same is necessary, if so satisfied, otherwise, or in the event of doubt to proceed as otherwise provided by law.

This article does not even purport to treat the situation in which the physician performs an autopsy at the request or with the consent of the decedent's immediate family. In such cases no other authorization is required from the coroner or any other public officer. See "Malpractice and Malpractice Suits," page 1178.

## NEGLIGENT HOMICIDE

"Negligent homicide" is the designation given to a new statutory offense created by the 1941 Legislature. Contained in section 340.271 of the Wisconsin statutes, the new law provides that any "person who by operation of any vehicle while under the influence of alcoholic beverages or narcotic drugs" or who "by the operation of any vehicle at an excessive rate of speed, or in a careless, reckless or negligent manner, constituting or amounting to a high degree of negligence, but not wilfully or wantonly," shall cause the death of another, shall be deemed guilty of negligent homicide. If guilty of the offense under the first condition stated above, a penalty up to five years' imprisonment, or a fine up to $2,500, or both, may be imposed, while under the last condition, the penalty is up to one year's imprisonment, or a fine up to $1,000, or both.

# Sterilization

IN 1932, and again in 1938, opinions from the office of the Attorney General indicated the belief of that office that sterilization operations, except in the course of strictly therapeutic surgery, would be held illegal by the Wisconsin courts. Because of the importance of those opinions, they are printed here in full.

The first of the two opinions was rendered to the district attorney of Washburn county, Wisconsin, by Deputy Attorney General Fred M. Wylie in 1932, and is printed in 21 Atty. Gen. 940, as follows:

"You ask opinion upon the following:

We have advised the county judge and the county children's welfare board that section 46.12 does not prohibit a sane person over twenty-one years of age from being sterilized, if he or she so wishes. We find no other section in the statute pertaining to sterilization. Please advise if our opinion was correct. Is a doctor protected in sterilizing persons who appear there voluntarily?

Is it possible for a county to pay for sterilizing indigents who are now receiving county aid and who voluntarily offer themselves for sterilization?

"In Moore v. State, 3 Pin. 373, it was held that injury to the internal sexual organs of a female was within the mayhem statute, sec. 340.35, the court saying, p. 375:

* * * Nor can we see a reason to support the query made, that "it is extremely doubtful whether an indictment will lie under our statute for disabling an internal organ of the body, like the uterus in a female."

Our legislature certainly gave the same protection to the internal organs of the female that it did to the external organs of the male, and there is no reason why it should not.

"'Malicious intent' as used in sec. 340.35, Stats., relates to a wrongful act intentionally done without just cause or excuse. Keith v. State, (Texas) 232 S. W. 321, 16 A. L. R. 949. Where the act is intentional the establishment of a motive is not necessary. Cupps v. State, 120 Wis. 405, Manna v. State, 179 Wis. 384.

"Opinion was given by the attorney general, XVII Op. Atty. Gen. 524, to the effect that an incompetent person could not be legally sterilized except under sec. 46.12.

"Offhand, it is likely to appear that a competent adult may legally consent to be sterilized, not merely as a curative or preventive therapeutic, but solely to prevent procreation. I do not say that he or she may not, but there is sufficient contra indication in the law and in the disclosed attitude of some judges, to cause one to advise physicians that it is unwise for them to perform such an operation for sterilization purposes alone.

"The question, in its present day application, is new, but it perhaps has its analogies in the common law, which is our law still, in the absence of constitution or statute on the subject. Analogous questions under the common law apparently have not been matters of recent litigation, and we must, perforce, go back into the musty volumes of the common law of early America and earlier England. Here is some of what we find (Italics mine):

"Blackstone, Book IV, Chap. XIV, part III:

And also the law of England wisely and religiously considers, that no man hath a power to destroy life, but by commission from God, the author of it: and as the suicide is guilty of a double offence; one spiritual, in invading the prerogative of the Almighty, and rushing into his immediate presence uncalled for; the other temporal, against the King, who hath an interest in the preservation of all his subjects; the law has therefore ranked this among the highest crimes, making it a peculiar species of felony, a felony committed on one's self.

"Blackstone, Book IV, ch. XV, part I, and notes thereto (Cooley's, p. 1370):

For mayhem is properly defined to be, as we may remember, the violently depriving another of the use of such of his members as may render him the less able in fighting * * * So that, by the common law, as it for a long time stood, mayhem was only punishable with fine and imprisonment; unless perhaps the offence of *mayhem by castration*, which all our old writers held to be felony. * * *

Note (c), ibid:

But if the complaint be preferred against a woman that she had *mutilated a man*, she shall be adjudged to lose her hand, as the member with which she had offended.

Note (h): Sir Edward Coke (3 Inst. 62) has transcribed a record of Henry the Third's time (Claus. 13 Hen. III, m. 9), by which a gentleman of Somersetshire and his wife appear to have been apprehended and committed to prison, being *indicted for thus dealing with John, the monk*, who was caught in adultery with the wife.

"1. Hawkins Pleas of the Crown (1824), 107–108:

It seems, that such a hurt of any part of a man's body whereby he is rendered less able, in fighting, either to defend himself or to annoy his adversary, is properly a maim.

And therefore, the cutting off or disabling or weakening a man's finger or striking out his eye or foretooth, *or castrating him*, are said to be maims * * *.

It is to be observed, that all maim is felony. It is said, that *anciently castration was punished with death*, and other maims with the loss of member for member. But afterwards, no maim was punished in any case with the loss of life or member, but only with fine and imprisonment.

By the common law also, *if a person maim himself*, in order to have a more specious pretence for asking charity, or to prevent his being impressed as a sailor, or inlisted as a soldier, *he may be indicted*, and, on conviction, fined and imprisoned.

"Cases are cited to all paragraphs.

"Stephen, Digest of the Criminal Law, 6th ed., arts. 225, 227, 228 (London, 1904):

225. Everyone has a right to consent to the infliction of any bodily injury in the nature of a sur-

gical operation upon himself or upon any child under his care, and too young to exercise a reasonable discretion in such a matter * * *. Note: I know of no authority for these propositions, but I apprehend they require none. The existence of surgery as a profession assumes their truth.

227. Every one has a right to consent to the infliction upon himself of bodily harm not amounting to a maim. A maim is bodily harm whereby a man is deprived of the use of any member of his body or of any sense which he can use in fighting, or by the loss of which he is generally and permanently weakened, * * *. *Castration is a maim.* Note: The positive part of this Article is proved thus:—Injuries short of maims are not criminal at common law unless they are assaults, but an assault is inconsistent with consent. As to the definition of a maim, see 1 Hawk. P.C. 107. *He expressly mentions castration.*

228. *No one has a right to consent to the* infliction upon himself of death, or of an injury likely to cause death, in any case (other than those mentioned in Article 225), or *to consent to the infliction upon himself of bodily harm amounting to a maim,* for any purpose injurious to the public.

**Illustrations:** (1) A and B agree to fight a duel together with deadly weapons. If either is killed or wounded his consent is immaterial. (2) A *gets* B *to cut off* A's *right hand,* in order that A may avoid labour and be enabled to beg. *Both* A *and* B *commit an offence.*

"People v. Clough, (1837) 17 Wend. 351–352:

In 2 Russell on Crimes, 289, a case is put, which the writer represents as a curious species of indictable fraud, viz. that of a man who maimed himself in order to have a more specious pretence for asking charity, and Coke, Hale and Hawkins are referred to. This led me to examine the authors alluded to, and I find that none of them put the case on the *fraud,* but on the *mayhem,* and accordingly treat it under the title "maiming." They all go on the case statute by Lord Coke, who says: "In my circuit in anno I Jacobi Regis, in the county of Liecester, one Wright, a young, strong and lusty rogue, to make himself impotent, thereby to have the more color to begge or to be relieved, without putting himself to any labour, caused his companion to strike off his left hand, and both of them were indicted, fined and ransomed therefore; and that by the opinion of the rest of the justices for the cause aforesaid: Co. Lit. 127, a. This and other cases were introduced by Lord Coke, with the observation, "Note, the life and members of every subject are under the safeguard and protection of the King." So that the indictment was clearly not for the fraud.

"Bishop, Statutory Crimes, sec. 744:

* * * Some have denied that, if she consents, it is indictable at the common law, unless she has arrived at the state of pregnancy termed quick with child. [Com. v. Parker, 9 Met. 263; Com. v. Bangs, 9 Mass. 387; S. v. Cooper, 2 Zab, 52; Smith v. S., 33 Me. 48.] And Hale has on this subject the expression "quick or great with child;" and Coke, "quick with child:" but not in connections denying that the offense may be committed at an earlier stage of the pregnancy. Others reject this distinction. "It is not," said Coulter, J., delivering the opinion of the Pennsylvania Court, "the murder of a living child which constitutes the offense, but the destruction of gestation by wicked means and against nature. The moment the womb is instinct with embryo life, and gestation has begun, the crime may be perpetrated." [Mills v. Com., 13 Pa. St. 631, 633; followed by the North Carolina tribunal in S. v. Slagle, 83 N.C. 630, 632; Taylor v. S., 105 Ga. 846, 33 S.E. R. 190.] This, in principle, seems to be the reasonable and just doctrine.

"Wharton's Criminal Law, 11th ed., secs. 182, 183, 767:

182. Any injury committed in such way as to be an offense to the body politic can be prosecuted in defiance of the consent of the party immediately injured. Prize fighters, for instance, may agree to beat each other, and if this is done in private, and death or mayhem does not ensue, no prosecution lies at each other's instance, but it is otherwise when there is a breach of the peace; or when the fighting is so conspicuously brutal as to produce public scandal, or work public demoralization. *Consent cannot cure* duels or incest or seduction or adultery or the *maiming of another so as to render him unfit for public service, or such operation on women as prevent them from having children,* or operations to produce miscarriage, or (when this is by statute indictable) profligate dealings with minors. The reason is that parties cannot by consent cancel a public law necessary to the safety and morality of the State.

183. * * * Inalienable rights are thus generally defined as life, liberty, and the pursuit of happiness. * * *

184. Life is the first of these inalienable prerogatives. Thus, a man who kills another with the latter's consent is guilty of homicide. * * * We may, therefore, justly argue that if life be an inalienable prerogative, then taking it by self is a public wrong, and those who are accessories to this public wrong can not plead in defense the suicide's consent.

As will hereafter be more fully illustrated, consent will authorize a surgical operation in cases of danger, though the effect of such operation may be fatal.

767. Consent of the party injured is no defense to an indictment for mayhem.

"Wharton's Criminal Law, 11th ed., sec. 19. Absence of common law precedent does not preclude a common law indictment in this country:

"Sec. 23, ibid:

* * * It has been held indictable to cast a dead body into a river without the rites of Christian sepulture; to be guilty of eavesdropping; to knowingly sell noxious food; to sell a wife; to disinter a dead body without proper authority; to give more than a single vote at an election; to be guilty of individual offensive drunkenness, or notorious lewdness, though on this point the better rule is that, to make the offense indictable, it must be such as to shock and insult, not an individual, but the community; to indulge publicly in profane swearing, or in foul and obscene language; so as to draw together a crowd in a thoroughfare, though the offense be not laid as a nuisance; and, in fine, to commit any act which from its nature must scandalously affect the moral and health of the community.

"The foregoing contains abundant (sic) (and more of the same kind is available) for anti-minded judges to hold that sterilization, even by modern vasectomy or salpingectomy and of a competent adult consenting thereto, violates unchanged common law, or our present mayhem statute, which is largely word for word the Coventry Act, 22–23 Caroline II, c. 1. Sterilization has not been received by the courts with any open-armed welcome. Against the opposition of those of the public and on the courts

who consider such interference with nature to be immoral or sinful, legislatures have so far made no great strides, and a great deal of what has gotten past the opposition in legislatures, has succumbed in courts. See the following:

State v. Feilen,—Wash. —, 126 Pac. 75, 41 L.R.A. (N.S.) 418
Davis v. Berry, 216 Fed. 413
Smith v. Examiners, 85 N.J.L. 46, 88 Atl. 963
Osborn v. Thomson, 103 Misc. 23, 169 N.Y. Supp. 638
Haynes v. Williams, 201 Mich. 138, 166 N.W. 938, L.R.A., 1918 D. 233
Smith v. Command, 231 Mich. 409, 204 N.W. 140, A.L.R. 515
In re Salloum (Mich.), 210 N.W. 498

"These are all cases of involuntary sterilization of incompetents and criminals, but they disclose the attitude of mind of the judges. In Michigan, the sterilization statute was finally sustained by a three to four decision. The majority and minority opinions (Smith v. Command, supra) exhibit little difference in understanding of law, but such opposite understanding of the subject matter as to make the same law have opposite consequences.

"Even if we assume that the scientific and sociological view should prevail, nevertheless the law follows science, in some fields by perhaps a generation, for the law can reflect the advances of sciences only when they have been accepted by the people generally. Science may have a duty to educate the law, but it has no duty to defy it, nor to take a serious chance with it. The consequences to a physician from the performance of an operation of this kind, should the courts hold it illegal, could be serious. Until the law is settled, it is not prudent for a physician to perform a sterilizing operation except within the ancient field of surgery, viz., when it is a therapeutic measure.

"And if the poor relief officials should, as you suggest in your letter, become parties to the performance of such an operation, they, as well as the physician, would be liable to the penalties of the criminal law in case the courts should follow the letter of the old common law and hold that change in the application thereof can be only by legislative action.

"It is not my intention in this opinion to take any position upon the religious and sociological phase of the question. It is my personal and official opinion, however, that the legal question is better to be settled in the legislature than in the courts with some well-intentioned public official or physician as the potential victim."

The second of the two opinions was written by Assistant Attorney General Warren H. Resh in 1938, and is printed in 27 Atty. Gen. 416. It was rendered to the district attorney of Vilas county, Wisconsin, and follows in full:

"You ask whether a vasectomy 'can be performed safely' where the patient is willing to consent in writing and where it is the opinion of several examining physicians that the operation would benefit the patient's health. The man is not confined in an institution as a criminal, insane, feeble-minded or epileptic person and therefore sec. 46.12, Stats., relating to sterilization does not apply. No doubt you have in mind the mayhem statute, sec. 340.35, and the question is whether this statute would forbid sterilization in the present circumstances.

"So far as is applicable, the section reads:

Any person with malicious intent to maim or disfigure, who shall * * * cut or disable a limb or member of another person, and any person privy to such intent who shall be present aiding in the commission of such offense shall be punished by imprisonment in the state prison, not more than fifteen years nor less than one year, or by fine not exceeding five thousand dollars nor less than two hundred dollars.

"The sex organs are 'members' of the person within the meaning of the statute. Moore v. State, 3 Pin. 373 (1851). As vasectomy involves a disability to procreate, one performing such an operation would bring himself within the terms of the statute, if possessed of a malicious intent to maim or disfigure. 'Maim' has no technical meaning. State v. Foster, 281 Mo. 618, 220 S. W. 958; Commonwealth v. Newell, 7 Mass. 245. As used in sec. 340.35, Stats., it is sufficiently broad to include the infliction of almost any disability.

"A malicious intent does not necessarily involve malice toward the particular individual. 40 C. J. 3. So-called 'legal malice' is sufficient. Construing a statute practically identical to ours (U. S. Rev. Stats. 1873, sec. 5348), the court said in United States v. Gunther, 5 Dak. 234, 38 N. W. 79, 80–81:

* * * The word "maliciously" * * * means nothing more than that the act should be done voluntarily, intentionally, unlawfully, and without excuse or justification, * * *.

"To the same effect, see Bowers v. State, 24 Tex. App. 542, 7 S. W. 247, and State v. Compton, 77 Wis. 460, 466.

"From an act done voluntarily and against the terms of the statute malice is implied unless the circumstances of the particular case are such as to justify or excuse the act, for such justification or excuse negatives the presence of malice.

"Mere consent of the patient is not sufficient excuse to negative malice, however. For while certain crimes, such as larceny and rape, require that the act be done against the will, in others, such as homicide and mayhem, consent of the victim is no defense. See I Bishop on Criminal Law, 9th ed., sec. 259 and cases cited; Coke, on Littleton, 127, a. The only purpose of obtaining consent is to foreclose civil liability. See Bishop, *opere citato*, sec. 256; but compare Miller v. Bayer, 94 Wis. 123.

"The only case involving voluntary sterilization which has come to our attention is Christensen v. Thornby, (Minn.) 255 N. W. 620, a case notable in that the plaintiff sued on a theory of breach of warranty in that the operation did not have the desired effect, and he sought to measure his damages by the expense of a subsequent and unexpected childbirth. The court held that the contract was not void as against public policy, since it was thought to be necessary to save the life of the plaintiff's wife.

"It is said by Bishop in sec. 346 of the work cited that the law of necessity is supreme and that all law has in it this implied exception. Stephen writes to the same effect in his Digest of the Criminal Law, art. 33, but points out that the limits of the doctrine are vague. Each case in which the doctrine is invoked would necessarily have to stand on its own particular set of facts.

"In this regard necessity to save life and necessity to preserve health should stand on an equal footing, because of the difficulty of telling in some cases where one stops and the other begins. It is only because justified by the necessity to preserve health that a dentist who pulls an ailing incisor does not commit mayhem under the broad terms of the statute. Likewise with the physician.

"We conclude that vasectomy in the instant case may be excusable by reason of necessity to preserve health. For a more complete discussion of the subject we refer you to Miller and Dean's article in 16 Am. Bar Ass'n Journal 158 (1930). See also XXI Op. Atty. Gen. 940."

# Narcotic Laws

## General Statutes and Regulations

THE December, 1940, Blue Book issue of *The Wisconsin Medical Journal* contained an article written by the U. S. Commissioner of Narcotics, H. J. Anslinger, entitled "The Harrison Narcotic Act, and the Practitioner." This study, reprinted here because it is both authoritative and complete sets forth in detail the provisions of the act and its relation to the practitioner. The Harrison Narcotic Act was technically drafted as a revenue measure, for only through the taxing power can the federal government control or regulate traffic in drugs within the states themselves, but it was primarily intended, as Justice Holmes pointed out in United States v. Jin Fuey Moy, (1916) 241 U. S. 394, to control and regulate the sale and use of narcotics.

### I. THE STATE LAW

The federal act, however, because of constitutional limitations on the scope of its operations, was not sufficient. Supplemental state legislation was essential. This need was recognized by the proposal in 1932, by the National Conference of Commissioners on Uniform State Laws, of a "Uniform Narcotic Drugs Act," and since that time, forty-one states, including Wisconsin, have adopted the act; the Wisconsin Law being enacted by chapter 306, in the Laws of 1935 as chapter 161, Wis. Stats. The 1941 Legislature enacted several amendments which are noted below at appropriate places, and which are designed either to make the state act conform with the federal, or to strengthen administration of the act.

The state act was intended to facilitate the regulation, control, and enforcement, with particular emphasis on enforcement, of the use of narcotics in conformity with the aims and purposes of the federal act. In drafting the state law, effort was made to avoid any duplicate effort, either on the part of the enforcement officers or the persons subjected to the act. The state law makes specific reference to the federal act and provides that a compliance with the federal law shall constitute a compliance with corresponding sections of the state law. The procedure to be followed by practitioners and others subject to the law, is adequately set forth in the article by Commissioner Anslinger, which follows on page 1240 of this issue; from it the practitioner may obtain the general procedure required of him. Some statutory requirements and penalties relating to the physician's professional use of narcotics and marijuana are summarized for the physician's convenience at the end of this introduction. There are certain additional factors which merit consideration by the practitioner, some of which arose subsequent to the passage of the Wisconsin law, and which, while not specifically falling under the provisions of the Federal Harrison Narcotic Act, are related to the subject in a general way.

#### Use of Narcotics and the Practitioner

It must be remembered, first of all, that the practitioner can use narcotics only in connection with patients upon whom he is in attendance in the regular course of his professional practice. Except for the provisions of Sec. 161.27, Wisconsin Stats., forbidding the possession and use of opium pipes and Sec. 161.275, as enacted by chapter 49 of the Laws of 1939, outlawing smoking preparations of hemp or loco weed and the use of marijuana in a form suitable for smoking or beverage purposes, neither the state nor federal act places any limitation upon the quantity that may be used, the time during which it may be continued, or the form in which it may be administered.

The courts have, however, definitely held that the administering, dispensing and prescribing of drugs

for the sole purpose of satisfying the craving of an addict is not within the limits of professional practice as contemplated by the act. In the use of such drugs the practitioner must always act in good faith. Because of this construction of the act by the courts and the similar position taken by the federal authorities the practitioner should take care to avoid any suspicion of noncompliance, not so much because of possible conviction but because of the trouble and expense and adverse publicity which might result should the practitioner be charged with violation of the act.

Hitherto, certain small quantities of narcotics were exempt from the provisions of the state act where prescribed, dispensed, or sold at retail. A 1941 amendment limits the exemption to preparations which do not contain an excess of 1 grain of codeine or any of its salts in one fluid or avoirdupois ounce. The preparation containing codeine must also have medical value other than that possessed by the narcotic alone. All other preparations are now in the prescription class. In consideration of the narcotic law's application, the practitioner should keep in mind the following three phases of the problem: administration, dispensation, and prescription.

1. *Narcotics Administered by Practitioners.*—It is in this branch of the use of narcotics that the practitioner is given the greatest freedom. Under the federal law, he is not compelled to keep a record of the drugs administered either by himself or by his duly authorized assistant, intern or nurse. The state law, however, does require practitioners to maintain a record of any narcotic drugs administered except—

Narcotic drugs administered, dispensed or professionally used in the treatment of any one patient, where the amount administered, dispensed or professionally used for that purpose does not exceed in any forty-eight consecutive hours, (a) four grains of opium, or (b) one-half of a grain of morphine or of any of its salts, or (c) two grains of codeine, or of any of its salts, or (d) one-fourth of a grain of heroin or of any of its salts, or (e) a quantity of any other narcotic drug or any combination of narcotic drugs that does not exceed in pharmacologic potency any one of the drugs named above in the quantity stated.

It should be noted that a 1941 amendment now requires that records be kept by the physician of *all cannabis dispensed*, as is already the federal law.

2. *Narcotics Dispensed by Practitioner.*—Under both acts, the practitioner is required to keep a record of all narcotic drugs dispensed by him, such record showing the amount, date dispensed, name and address of the patient; this record must be kept for two years. One record will suffice for both federal and state requirements. When the practitioner's office is accessible to the patient, the dispensing of narcotics should be avoided as much as possible; certainly no more should be placed in the hands of patients than is necessary to provide until the next visit.

3. *Prescribing by Practitioner.*—The laws do not compel the practitioner to keep records of the prescriptions issued, but the physician's case records should be complete and in detail. The practitioner should bear in mind that the best professional opinion seems to recognize the fact that an attempt to cure an addict outside the walls of a hospital or other institution is almost certainly doomed to failure and that an attempt to cure under such circumstances may furnish grounds for suspicion of violation. Both the federal and state laws contain specific reference to drug addicts and it is only in exceptional cases, such as those of aged and infirm persons, that a practitioner is justified in furnishing an addict with the means of obtaining a supply of drugs, and then only in the course of the physician's "professional practice."

The physician must never prescribe, dispense or administer narcotics to a "transient addict" merely to satisfy such addict's narcotic requirements. If the physician determines *after* a physical examination that the addict is in need of medical treatment and that as a part of such treatment he should have narcotics in an amount which is reasonable for the particular patient, the prescription, dispensing or administration of narcotics under such circumstances is within the law. See "Addicts" on page 1242.

## Marijuana

It should be noted that the Harrison Narcotic Act does not regulate the production, manufacture, sale or use of marijuana. Instead, this is made the subject of separate federal regulatory legislation which is in terms almost identical with that on narcotics. A physician desiring to administer, dispense, prescribe or give away marijuana must, in order to comply with the federal act, first be registered for such purpose separately from his narcotics registration and must keep records similar to but independent of those showing disposition made of narcotics. The Wisconsin act includes cannabis, of which marijuana is a variety, in the definition of narcotic drugs, thereby making the act uniformly applicable to coca leaves, opium and marijuana.

The definition of "cannabis" was broadened by a 1941 amendment so that the state act is now identical in that respect with the Federal Marijuana Act of 1937. The term "cannabis" under the statute now includes all parts of the plant Cannabis sativa L., whether growing or not, the seeds thereof, the resin extracted from any part of the plant, and every compound, manufacture, salt, derivative, mixture or preparation of such plant, its seeds, or resin. There is exempted from the definition only the matured stalks of the plant, the devitalized seed and seed products.

### State and Federal Penalties

Violation of the statutes relating to narcotics or marijuana is made a crime, and the severe penalties imposed reflect a public policy which demands that the use of these drugs be limited to legitimate medicinal purposes. For violation of the federal narcotic act the statute provides penalties varying from a fine up to $2,000 and imprisonment up to five years, or both, to a fine up to $10,000 and imprisonment up to twenty years, or both, and for the imposition of more than one fine, or imprisonment, or both, for a given violation. The state penalties are not so heavy, being limited on the first offense to a maximum fine of $200, or a maximum jail sentence of three months, or both, and for any subsequent offense to a fine of $100 to $1,000, or imprisonment in the state prison up to five years, or both. The state statutes also provide that there shall be no prosecution under the state narcotic law where a person has been acquitted or convicted under the federal law for the same act or omission.

The penalty for violation of the federal marijuana law is a fine of $2,000 or imprisonment, up to five years, or both, and for violation of the general marijuana provisions of the state law, the same penalties as those set out above for violation of the narcotics provisions.

### Patient "Narcotic Permits"

Neither the state nor federal laws confer on *any* narcotic or other governmental enforcing agent *any* authority to grant any kind of permit to any individual purporting to entitle him to have narcotics dispensed or prescribed for his personal use. The government, both state and federal, leave this entirely up to the professional judgment and good faith of the medical profession. No such purported "permit" presented by a patient, has any legal validity whatever, and, therefore, affords the physician no protection.

### Death of Registered Physician

Notice of the death of a physician registered under the Federal Narcotics or Marijuana Acts should be given promptly to the Collector of Internal Revenue, Federal Building, Milwaukee, by his family, administrator or executor. The collector will forward instructions as to disposition to be made of narcotics or marijuana on hand. If the family, administrator, or executor of the deceased physician's estate so desires, authority can be obtained from the Collector of Internal Revenue to sell the stock of narcotics left by the physician. Such stock can be sold, for example, to another physician who is registered under the Narcotics or Marijuana Acts. It must be noted, however, that narcotics can be sold only to a physician registered under the Narcotics Act and that marijuana can be sold only to a physician registered under the Marijuana Act. If the family, or the personal representative, of the deceased physician prefers not to dispose of the stock by sale to another registered physician, unbroken packages can be returned to the original source of purchase, but broken packages of narcotics must be forwarded by prepaid express to the narcotics district supervisor, who at present is Mr. J. J. Biggins, 817 New Post Office Building, Chicago, Illinois.

### Military Service of Registered Physician

In the case of a physician who enters military service and closes down his office during such period, it is proper for him to retain his stock of narcotics and marijuana so long as he is careful to place it in a safe or some other place which will put it out of ordinary reach. It would be preferable for such a physician to renew his narcotic and marijuana licenses prior to next July 1, as if he were in active practice at his office, unless prior to that date he has given notice to the Collector of Internal Revenue at Milwaukee of his intention to discontinue his practice for a time. The physician may also, of course, cancel his narcotic and marijuana licenses and dispose of his stock on hand. If the physician going into service has employed another physician to take over his practice, it will be necessary for such a substitute physician himself to be registered before he can use any of the stock on hand. One purchasing the practice of a physician going into military service must likewise be registered in order to purchase or use his narcotic or marijuana stock. The regular order form prescribed by the government must be used for this purpose.

## II. IMPORTANT FEDERAL REQUIREMENTS AND DATE LINES

1. A physician desirous of using narcotics or marijuana in the course of his professional practice, who is registering for the first time, may do so at any time of the year. He should first request a narcotics application form from the office of the Collector of Internal Revenue, Federal Building, Milwaukee. This should be carefully filled out, witnessed or notarized, and returned to the collector, together with a special annual tax of $1.

2. Physicians who have registered before under the narcotics law will receive re-registration Form 678 from the collector of internal revenue in May of each year. This should be carefully prepared and returned along with the annual tax of $1 *on or before July 1 of each year.* A physician who does not receive a re-registration form on or before July 1 is under duty to request one from the collector.

3. There must accompany the registration application and annual tax a sworn inventory on Form 713 showing narcotic drugs on hand in the physician's office. This, like the re-registration and tax, must be filed on or before July 1 of each year.

4. A physician may *not* order narcotics on his own prescription blank, but must use the official dupli-

cate order book prescribed by the collector of internal revenue, which may be purchased from the collector's office, Federal Building, Milwaukee, for 10¢. The order book may be requested on Form 679.

5. Unless a physician has registered, paid his tax, and filed an inventory, on or before July 1 of each year, it is a violation of law for him to administer, dispense, prescribe, give away or transport narcotics or marijuana until he has first complied with the law in all above respects. In the case of narcotics it is a violation of law for the physician even to be in possession of such drugs under these circumstances.

6. Fines are imposed on a physician who either negligently or wilfully fails to keep or display in a prominent place in his office the stamps denoting payment of the special annual tax on the use of narcotics or marijuana for professional purposes.

7. A physician who maintains two or more offices in different locations must register each office separately and pay the special annual tax of $1 for each.

8. The physician should report stolen narcotics at once to the narcotics district supervisor who at the present time is Mr. J. J. Biggins, 817 New Post Office Building, Chicago, Illinois. Accompanying the report should be an affidavit which sets out the circumstances of the theft so far as they are known to the physician, the quantity taken, and the further fact that prior to making the affidavit local police authorities have been notified of such theft. A copy of such affidavit is to be retained by the physician and filed with his other narcotic records so as to be available at any time for inspection.

9. The following should be reported promptly to the Collector of Internal Revenue, Federal Building, Milwaukee:

(a) Removal of office. This is merely a matter of re-registration and does not require a new permit or payment of an additional tax.

(b) Discontinuance. A registered physician desirous of discontinuing either his practice or the administration, prescription or dispensing of narcotics or marijuana should notify the collector of his intention not later than June 30, the close of the tax year. He will receive special instructions as to disposing of his stock, etc.

(c) Death. See "Death of Registered Physician," page 1239.

10. The physician should remember that if he desires to use marijuana in the course of his professional practice he must register, pay a tax and furnish an inventory on marijuana independently of those same requirements for narcotics, the latter being restricted by statutory definition to opium or coca leaves, or any compound or derivative thereof.

11. No registration is required under the Wisconsin act by physicians desirous of making professional use of coca leaves, opium or cannabis.

12. Some physicians have recently purchased large stocks of narcotics, apparently for the twofold reason that they feared a shortage in available supply and a rise in prices. From information made available by the United States Commissioner of Narcotics, Hon. H. J. Anslinger, whose article is reproduced on this page, it appears that both premises are false, at least for the immediate future. The commissioner holds that a physician who purchases a stock of narcotics beyond his reasonable needs for the ensuing ninety days is making excessive purchases. The physician who has an excessive narcotic stock on hand runs the risk of theft, ties up his money, and also runs the risk of a special investigation by a narcotics agent.

---

The Wisconsin office for the Federal Bureau of Narcotics is located in the Federal Building, Madison, and any communications or inquiries should be sent to the narcotics agent at the above address.

# The Harrison Narcotic Act and the Practitioner*

By H. J. ANSLINGER

*United Stotes Commissioner of Norcotics, Woshington, D. C.*

THE drugs which come within the purview of Harrison Narcotic Act are opium and coca leaves, and any compound, manufacture, salt, derivative, or preparation thereof. A practitioner lawfully entitled to distribute, dispense, give away, or administer any of these drugs to patients upon whom he, in the course of his professional practice, is in attendance, may register under the act with the collector of internal revenue of his district, and pay an occupational tax of $1 per annum. It will be seen that a practitioner who is not qualified under the laws of a state or territory to distribute, dispense, give away or administer narcotic drugs, is not eligible for registration under the Harrison Narcotic Act. In the case of a medical practitioner, this means, generally speaking, that he must have a valid and unrevoked license, issued by the appropriate authority of his particular jurisdiction, to practice medicine.

Having duly registered and having paid the occupational tax, the practitioner is assigned a registry number, and receives a special tax stamp which must be kept posted conspicuously on the premises "where the business is operated," i.e., in the practitioner's office. In order to obtain a supply of taxable narcotic drugs or preparations for dispensing to patients in the course of medical treatment, the prac-

---

* Reprinted from the American Journal of Medical Jurisprudence, 1:184–187 (November) 1938.

titioner must now apply to the collector of internal revenue for a book of official order forms, the book containing ten originals and ten duplicate copies of the order form. The collector will furnish upon request a copy of the blank form upon which a book of order forms may be ordered and a remittance of 10 cents must accompany the application when forwarded to the collector, to cover the purchase price of the book of order forms. Before issuing the order forms the collector will cause to be shown thereon in a legible and permanent manner the name, address, registry number, and class number of the practitioner to whom they are supplied as well as the date of issuance and the collector's signature or his name and the initials of the issuing employee.

## To Purchase Narcotics

Order forms are issued in duplicate and shall be executed in duplicate. They are arranged to permit the execution of the original and duplicate simultaneously by the insertion of a carbon sheet. An order for taxable narcotic drugs is prepared by the practitioner upon an original and duplicate order form, the original being signed by the practitioner and forwarded to a person, firm, or corporation qualified to sell taxable narcotics, such as a registered manufacturer or wholesale dealer. The duplicate copy of the form must be preserved by the practitioner for a period of two years and kept available for inspection by any federal or state officer authorized to make such inspection. I wish to emphasize at this point that the proper method of obtaining taxable narcotic drugs or preparations by a practitioner, for general use in his practice, is by the use of an official order form. It has been found that some physicians issue a so-called prescription for narcotics such as hypodermic tablets of morphine, marking the order "For office use." A retail druggist who fills such an order violates the law and besides incurring criminal liability, incurs civil liability to an occupational tax in a higher class than that of retail dealer, as well as a civil penalty.

The ordinary source of supply for the practitioner who wishes to obtain taxable narcotics for general use in his practice, is (1) a person, firm, or corporation registered under the Harrison Act as a manufacturer in Class 1 or (2) a person, firm, or corporation registered under said act as a wholesale dealer in Class 2. The average druggist who is registered as a retail dealer in Class 3 is qualified to fill lawfully issued prescriptions for narcotics, but may not under his Class 3 registration sell narcotics to a physician pursuant to an order form, except, under certain conditions, aqueous and oleaginous narcotic solutions. A druggist qualified by registration as a retail dealer may supply registered practitioners on order forms, in quantities not exceeding one ounce at any one time, with aqueous or oleaginous narcotic solutions, in which the narcotic content does not exceed a greater proportion than 20 per cent of the complete solution, to be used in legitimate office practice. A druggist qualified only by registration as a retail dealer may not supply a practitioner, pursuant to an order form, with a quantity of any other taxable narcotic drug such, for instance, as a tube of hypodermic tablets.

Some retail druggists, in order to accommodate members of the medical profession, register under the Harrison Act in Class 2 as a wholesale dealer in addition to their registry in Class 3 as a retail dealer. A retail druggist who has duly registered and paid the occupational tax as a wholesale dealer may, of course, supply a registered practitioner, pursuant to the latter's order form, with tax-stamped narcotic drugs such as a tube of hypodermic tablets, for use in professional practice.

## Dispensing Narcotics

A practitioner, in the bona fide medical treatment of a patient, may dispense or administer narcotic drugs directly to the patient or he may issue to the patient a prescription for narcotics which prescription is filled by the retail druggist. The method of prescribing narcotics for patients is perhaps more general.

As to the formal requirements, a prescription for narcotic drugs must be dated as of and signed on the date when issued and must bear the full name and address of the patient and the name, address, and registry number of the practitioner. The prescription should be written with ink or indelible pencil or typewritten and must bear the signature of the practitioner. No government form of prescription is issued, the practitioner being permitted to use his own form, but the duty of properly executing the prescription rests upon the practitioner.

The refilling of a prescription for taxable narcotic drugs is prohibited. As a general rule, the partial filling of narcotic prescriptions is not permissible. If, however, a dealer is unable to supply the full quantity called for in a prescription and an emergency exists, he may supply a portion of the drug called for by the prescription, provided he makes a suitable notation on the face of the prescription of the quantity furnished and the reason for not supplying the full quantity on the back of the prescription, and advises the issuing practitioner thereof. No further quantity shall be supplied except upon a new prescription.

The furnishing of narcotics pursuant to telephone advice of practitioners is prohibited, whether prescriptions covering such orders are subsequently received or not, except that in an emergency a druggist may deliver narcotics through his employee or responsible agent pursuant to a telephone order, provided the employee or agent is supplied with a properly prepared prescription before delivery is made, which prescription shall be turned over to the druggist and filed by him as required by law.

A prescription, in order to be effective in legalizing the possession of unstamped narcotic drugs and

eliminating the necessity for use of order forms, must be issued for legitimate medical purposes. The responsibility for the proper prescribing and dispensing of narcotic drugs is upon the practitioner, but a corresponding liability rests with the druggist who fills the prescription. An order purporting to be a prescription issued to an addict or habitual user of narcotics, not in the course of professional treatment but for the purpose of providing the user with narcotics sufficient to keep him comfortable by maintaining his customary use, is not a prescription within the meaning and intent of the act; and the person filling such an order, as well as the person issuing it, may be charged with violation of the law. In the case of narcotics dispensed by the practitioner directly to the patient, the same standard applies, i.e., that the drugs shall be dispensed only in the course of professional practice.

## Addicts

It is obviously impossible to lay down any general rule as to what is meant by the "course of professional practice" when applied to all of the infirmities to which flesh is heir. However, in a case which involved the prescribing of narcotic drugs to addicts, the Circuit Court of Appeals for the Sixth Circuit propounded to the United States Supreme Court the following question:

If a practicing and registered physician issues an order for morphine to an habitual user thereof, the order not being issued by him in the course of professional treatment in the attempted cure of the habit, but being issued for the purpose of providing the user with morphine sufficient to keep him comfortable by maintaining his customary use, is such order a physician's prescription under exception (b) of section 2 (of the Harrison Narcotic Law)?

The United States Supreme Court held that

To call such an order for the use of morphine a physician's prescription would be so plain a perversion of meaning that no discussion of the subject is required. That question should be answered in the negative.
Webb and Goldbaum v. United States (1919) 249 U. S. 96.

The Supreme Court emphasized this rule in a later case involving the prescribing of narcotics by a practitioner for an addict, by holding, in part, as follows:

Manifestly the phrases "to a patient" and "in the course of his professional practice only" are intended to confine the immunity of a registered physician, in dispensing the narcotic drugs mentioned in the Act, strictly within the appropriate bounds of a physician's professional practice, and not to extend it to include a sale to a dealer or a distribution intended to cater to the appetite or satisfy the craving of one addicted to the use of the drug. A "prescription" issued for either of the later purposes protects neither the physician who issues it nor the dealer who knowingly accepts and fills it.
Jin Fuey Moy v. United States (1920) 254 U. S. 189.

It may be stated that the Supreme Court has laid down the general rule that the prescribing or dispensing of narcotic drugs to addicts merely for the purpose of gratification of drug addiction cannot be considered as prescribing or dispensing narcotic drugs in the course of professional practice only. Practitioners who so dispense or prescribe narcotics are therefore liable to prosecution under the law. A sale of narcotic drugs made for the purpose only of catering to drug addiction is not a sale made in good faith and in the course of professional practice. A. W. Boyd v. United States (1926) 271 U. S. 104.

Upon trial of a practitioner upon charges of illegal dispensing of narcotics it has been held that, the issue being whether the drug was dispensed in the legitimate course of defendant's practice as a physician, evidence of experts as to the proper method recognized by the medical profession for the treatment of narcotic addicts is admissible on that issue. Reeves v. United States (C.C.A. 5th) 263 Fed. 690; see also Melanson v. United States (C.C.A. 5th) 256 Fed. 783; Sevensma v. United States (C.C.A. 6th) 278 Fed. 401; Strader v. United States (C.C.A. 10th) 72 F. (2d) 589; Hawkins v. United States (C.C.A. 5th) 90 F. (2d) 551.

Those practitioners, fortunately comparatively few in number, who have commercialized their profession by catering to drug addicts in complete disregard of the tenets of professional practice, and who find themselves on trial charged with offenses against the narcotic laws, nearly always resort to a claim of entrapment as a defense. A representation is made on behalf of the defendant physician, and it is sought to be substantiated, that he had no intention of transgressing the law, but that he was enticed into selling or prescribing the drug for improper purposes by the investigating officer or by someone associated with that officer. It should be stated at this point that an investigating officer is not authorized to commence an active investigation of the alleged narcotic irregularities on the part of a practitioner without first securing express authority to do so from his district supervisor, and that authority is not granted unless the investigation is based on well-founded suspicion, strong circumstances or trustworthy and reliable information that such violation is being committed. The rule which the Federal courts apply in this regard may be found most completely stated in a charge to the jury which was quoted with approval by the United States Circuit Court of Appeals for the Eighth Circuit in W. V. Smith et al v. United States (1922) 284 Fed. 673. A pertinent excerpt from this approved charge to the jury follows:

It is no enticement to ask a physician to write an illegal prescription, if you suspect that he might do it, and you want to find out if he does it, nor to ask a druggist to sell narcotics illicitly, because both of them know better, and if they are going to obey the law, why they won't do that in response to any form of petition or inducement, and it is perfectly within the rights of investigating officers to determine, by means that have been here disclosed, whether a

party, or parties, are engaged in violation of the law, and if they are, to take steps accordingly, so that I wish to disabuse your minds of all this confusion that this, in itself, was such an unwarrantable offense on the part of the Federal officers that it relieves this offense charged, if you find any offense was committed, of its character as such offense.

See also Neuman v. United States (C.C.A. 4th) 299 Fed. 128; Hodge v. United States (C.C.A. 6th) 13 F. (2d) 596; Swallum v. United States (C.C.A. 8th) 39 F. (2d) 390; Ratigan v. United States (C.C.A. 9th) 88 F. (2d) 919. It will be seen that the Bureau rule of enforcement practice to avoid illegal entrapment is well within the limits of the rule established by the courts.

The Narcotic Bureau has never sanctioned or approved the so-called reductive or ambulatory treatment of addiction for the reason that where the addict controls the dosage he will not be benefited or cured. Medical authorities agree that the treatment of addiction, with a view to effecting a cure, which makes no provision for confinement while the drug is being withdrawn, is a failure, except in a relatively small number of cases where the addict is possessed of a much greater degree of will power than that of the ordinary addict. The following report of a special committee of physicians, which is understood to have been adopted by the American Medical Association, is quoted from the *Journal of the American Medical Association*, issue of June 14, 1924:

Your committee desires to place on record its firm conviction that any method of treatment for narcotic drug addiction, whether private, institutional, official or governmental, which permits the addicted person to dose himself with the habit-forming narcotic drugs placed in his hands for self-administration, is an unsatisfactory treatment of addiction, begets deception, extends the abuse of habit-forming narcotic drugs, and causes an increase in crime. Therefore, your committee recommends that the American Medical Association urge both federal and state governments to exert their full powers and authority to put an end to all manner of such so-called ambulatory methods of treatment of narcotic drug addiction, whether practiced by the private physician or by the so-called "narcotic clinic" or dispensary.

In the opinion of your committee, the only proper and scientific method of treating narcotic drug addiction is under such conditions of control of both the addict and the drug, that any administration of a habit-forming narcotic drug must be by, or under the direct personal authority of the physician, with no chance of any distribution of the drug of addiction to others, or opportunity for the same person to procure any of the drug from any source other than from the physician directly responsible for the addict's treatment.

The following statement is quoted as an excerpt from an "Introduction," by Dr. Morris Fishbein, to a series of articles by various authors on "Indispensable Uses of Narcotics," published in the *Journal of the American Medical Association*, March 14 to June 6, inclusive, 1931:

Physicians may, by the exercise of more thought in practicing, do much to avoid censure in relation to narcotic addiction. They may substitute, whenever possible, non-habit-forming drugs in the place of morphine or other opium alkaloids. When narcotics are indispensable, however, as shown in this series of articles, no more should be administered than is necessary to achieve the desired end. Patients requiring daily administration should be seen often by the doctor and the amount of drugs ordered or supplied should not exceed that required by the patient until seen again. Independence of administration on the part of nurses should be strictly limited to prescription and any change in treatment should be in writing.

For these views in disapproval of the so-called ambulatory treatment for drug addiction, we can find some support, at least by strong implication, in the language of a decision of the United States Supreme Court in the case of United States v. Morris Behrman (1922) 258 U. S. 280. To quote, in part, from this decision:

Undoubtedly doses may be varied to suit different cases, as determined by the judgment of a physician. But the quantities named in the indictment are charged to have been entrusted to a person known by the physician to be an addict, without restraint upon him in its administration or disposition by anything more than his own weakened and perverted will. Such so-called prescriptions could only result in the gratification of a diseased appetite for these pernicious drugs, or result in an unlawful parting with them to others, in violation of the act as heretofore interpreted in this court, within the principles laid down in the Webb and Jin Fuey Moy cases.

## Federal Bureau Policy

The Bureau of Narcotics, in carrying out its duty to enforce the Federal narcotic laws, endeavors to avoid any action that might possibly harass or even inconvenience the conscientious law-abiding practitioner. It attempts to inform the profession relative to the technical requirements of the law and the regulations in order to forestall irregularities that might otherwise be committed, unintentionally by the ethical practitioner, through lack of such information. It must and does attempt to bring to the bar of justice those comparatively few practitioners who disregard the law, and the ethics and high ideals of their profession by converting their offices into depots for the illicit distribution of narcotic drugs. That the physician in the last-mentioned class represents an important factor in the diversion of narcotic drugs will be appreciated from the fact that, in a few recent cases in which the offending physicians were convicted, the tabulation of prescriptions disclosed that one group of four physicians had, within a period of twenty-three months, written over 19,000 prescriptions for numerous drug addicts, calling for a total of 66 pounds of morphine.

# Tax and Permit Provisions of State Liquor Laws

UNDER the laws of Wisconsin, "intoxicating liquors" are defined as: ". . . all ardent, spirituous, distilled, or vinous liquors, liquids, or compounds, whether medicated, proprietary, patented, or not, and by whatever name called, containing one-half of one per cent or more of alcohol by volume, which are fit for use for beverage purposes . . ." Sec. 176.01.

Section 139.26 imposes a tax on intoxicating liquors but exempts those used by hospitals for medicinal or hospital purposes. Sec. 139.26 (1) and (1a). Section 176.401, Wisconsin Statutes, provides tax exemption for alcohol "intended for use and used in the manufacture and sale" of medicinal, pharmaceutical and antiseptic preparations when unfit for beverage purposes. There is no tax exemption for intoxicating liquors prescribed for medicinal purposes by a physician other than as those may be purely medicinal and not fit for beverage purposes. A substantial penalty is provided if patented, proprietary, medicinal, pharmaceutical, antiseptic, or toilet preparations are sold for intoxicating beverage purposes. Sec. 176.401 (2).

Those who deal in intoxicating liquors are generally required to secure a state license, but the physician (and hospital) is exempt from this requirement where his use thereof is "in the bona fide treatment of the sick or in using or prescribing such alcohol for such bona fide treatment." However, the physician must secure from the state treasurer a permit to receive shipments of alcohol for medicinal purposes. This permit will be issued without charge to any person who proves to the state treasurer that he uses such alcohol for medicinal purposes. Sec. 176.04 (3), also 176.404 (1), Wisconsin Statutes.

Because of the importance of the provisions in the laws relative to physicians and surgeons prescribing liquor in unnecessary amounts or under unnecessary circumstances the following provisions contained in Section 176.19 are printed here in full:

(1) It shall be unlawful for any physician or surgeon to prescribe intoxicating liquors for any person when unnecessary for the health of such person, or to prescribe a greater quantity of such liquor than proper for the ailment or disease of such person, with intent to evade or assist in evading any of the provisions of this chapter. Nothing in this chapter shall be construed as prohibiting any hospital or one licensed to practice medicine or surgery from having and using alcohol, in any form, in the bona fide treatment of the sick, nor as requiring either to have a permit or license to have, use, or prescribe the same for such bona fide treatment.

(2) Any physician or surgeon violating any of the provisions of this section shall be punished by a fine of not less than two hundred and fifty dollars nor more than one thousand dollars or by imprisonment in the county jail or house of correction not more than six months; and conviction for a second offense within any one year shall be ground for revocation of such defendant's license to practice medicine and surgery in this state.

# Medical Aspects of Marriage Laws

THE Wisconsin statutes impose a number of conditions which must be fulfilled before a marriage can be recognized as valid in this state. Some of these are quite unrelated to medicine, but others have medical aspects. Only those which are peculiarly within the province of the practicing physician will be indicated below.

## Premarital Examinations

1. *Freedom of male from venereal disease.*—The law requires all male applicants for a license to marry to obtain and file with the county clerk a certificate to the effect that the physician has thoroughly examined him and believes him to be free from any venereal disease, the examination to have been made within fifteen days of the marriage application.

The certificate provided by statute is in the following form:

I, _____ (name of physician), being a physician, legally licensed to practice in the state of _____, my credentials being filed in the office of _____ in the city of _____county of_____ State of _____, do certify that I have this _____day of _____19____ made a thorough examination of _____ (name of person), and believe him to be free from all venereal diseases.

_____(Signature of physician)

The physician must be one duly licensed to practice in Wisconsin or in the state where the male applicant resides. The fee for such examination and certificate, by statute, shall not exceed $2. Where the applicant is an indigent the examination is made without charge, on request, by the county or asylum physician. If, in the opinion of the examining physician, a microscopic examination for gonococci is required, it shall be made by the State Laboratory of Hygiene free of charge at the request of the examining physician.

2. *Negative Wassermann tests for both applicants.*—*Both* parties to a proposed marriage shall, within fifteen days of their application, be given a Wassermann or other standard blood test for syphilis. The test must be performed in a laboratory approved by the State Board of Health as competent to make such examination, or at the Wisconsin Psychiatric Institute free of charge, and if the results are negative a certificate in the following form is given the applicant:

I, _____(name of physician), being a physician, legally licensed to practice medicine and surgery in the state of _____ my credentials being filed in the office of _____ in the city of _____county of _____ state of _____ do certify that_____ (name of person) was given the Wassermann or other standard blood test for syphilis at _____ _____(name of laboratory) from blood taken by _____ on the _____ day of _____ 19____ and that the result of such test was negative.

_____
(Signature of physician making laboratory test)

Note: There is provision for non-residents securing their blood tests in their own state requiring the submission of the original certificate from the laboratory together with a statement from the State Health Officer of the state (or his representative) to the effect that he believes the laboratory competent to make the test.

3. *Physician penalties.*—The statutes provide that any physician who knowingly and wilfully makes any false statement in either of the certificates set out above, shall be punished by a fine up to $100 or by imprisonment up to six months.

4. *"Wassermann-fast" cases.*—Section 245.11(4) provides:

In the case of an individual whose laboratory test for syphilis results in a positive finding, when in the opinion of his attending physician the individual no longer has syphilis in an infective or communicable stage, the state board of health may review the findings and clinical evidence through a deputy state health officer and thereafter the state health officer is empowered to grant a certificate to the county clerk that the individual is not in the infective or communicable stage of syphilis if such be his best judgment.

The effect of the above subsection is to make it possible for a syphilitic applicant to marry so long as his disease is not in an infective stage. Under a rule of the State Board of Health, made in September, 1939, a case of syphilis is ordinarily not considered "Wassermann-fast," or noncommunicable, until there have been at least twenty arsenical treatments and a similar number of treatments with heavy metals, all at proper intervals. Under this subsection, however, the rule is not applied arbitrarily but is relaxed as the merits of each individual case may warrant.

To avoid unnecessary correspondence, and in order to enable the examining physician to supply lacking information, forms have been prepared and are available from the offices of the State Board of Health on which physicians requesting special consideration of noncommunicable cases may make application to the state health officer. In accordance with provisions of the above section when this form is submitted by the physician, including his statement that in his opinion the individual no longer has syphilis in an infective or communicable stage, and if, after review of the files and clinical evidence by a deputy state health officer, it is the best judgment of the state health officer that the individual is not in an infective or communicable stage, he issues the required certificate which is sent directly to the county clerk.

The Attorney General of Wisconsin has recently ruled that only applicants who have submitted to a blood test for syphilis within fifteen days of applying for a marriage license, which test resulted positively, may avail themselves of the special procedure above provided. See 29 Atty. Gen. 354.

## Marriage Laws

While the physician is not professionally concerned with the marriage laws of the state except insofar as he may be directed or authorized to make antenuptial physical examinations, nevertheless he is not infrequently asked for general advice in his position as family counselor. In Wisconsin, civil, not ecclesiastical, law governs the marriage contract. It is nevertheless complicated and to a considerable extent an unadjudicated field of contract law.

Under the Wisconsin law every male person who shall have attained the full age of 18 years and every female who shall have attained the age of 15 years is capable of contracting marriage if otherwise competent. Between the ages of 18–21 years as to the male and 15–18 years as to the female, consent of the parents or guardian, or an order of the county court of the county in which the marriage license application is pending, is necessary.

An attempted marriage on the part of one who is insane, imbecilic, feeble-minded, epileptic or idiotic is absolutely null and void in this state, cannot be ratified, and may be challenged by a party to the marriage or by one validly interested therein and either during or after the lives of either or both parties to the marriage. These are apparently the only marriages which are absolutely null and void from the beginning.

Where parties under age have failed to secure the consent of the parents, but have been married in good faith, their marriage is not void but merely voidable upon positive action by one of the parties or his guardian. Where the parties marry while under the lawful ages above set out, the marriage may be annulled unless the parties affirm the contract after reaching 15 years if it was the female who was not of proper age, or 18 years in the case of the male.

If a resident, who is disabled or prohibited by Wisconsin laws from marrying here, does so, such marriage is null and void for all purposes in this state. This has reference only to attempted marriage by the insane, imbecilic, feeble-minded, epileptic or idiotic, or those who have been divorced for less than one year. Other marriages, even though contracted in another state in order to avoid Wisconsin regulatory laws such as those relating to antenuptial physical examinations, are not invalid in Wisconsin. Where the ceremony is performed outside of Wisconsin and the parties return to it to reside, they are required under the provisions of section 69.48,

Wis. Stats., to fill out and file a blank marriage certificate with the local registrar of vital statistics within ten days after their return.

As previously indicated, the marriage laws of this state are complicated and cannot be applied by general rule to any given situation. The physician should have a general awareness of them in the sense that all matters concerning the public welfare and particularly the field of public health come within his professional concern.

# Care of the Illegitimate Child*

WISCONSIN statutes relating to the care of the child born out of wedlock place the responsibility for the care, protection, and education of these children on the State Department of Public Welfare. Chapter 46.03 (11) (12) of the Wisconsin statutes provide:

46.03 General functions of the board.

(11) The board shall promote the enforcement of all laws for the protection of mentally defective, illegitimate, dependent, neglected and delinquent children, except laws whose administration is expressly vested in some other state department. To this end it shall co-operate with juvenile courts and all licensed child welfare agencies and institutions of a public or private character, and shall take the initiative in all matters involving the interests of such children where adequate provision therefor has not already been made or is not likely to be made.

(12) When notified of the birth or expected birth of an illegitimate child, the board shall, through advice and assistance of the mother, or, if necessary, independently of the mother, see to it that the interests of such child are safeguarded, that appropriate steps are taken to attempt to establish the paternity and that there is secured for him the nearest possible approximation to the care, support and education that he would be entitled to if born of lawful wedlock.

The Department of Public Welfare has delegated responsibility for this matter to its Division of Child Welfare. There is a limited field staff in this division and the cases are therefore assigned to licensed child welfare agencies and children's workers depending upon the age, religion and legal settlement of the mother. The licensed agencies giving service in this type of case are:

The Children's Aid Society of Wisconsin
2835 W. Kilbourn Avenue
Milwaukee, Wisconsin

The Children's Service Association
734 North Jefferson Street
Milwaukee, Wisconsin

The Lutheran Welfare Society
3005 West Kilbourn Avenue
Milwaukee, Wisconsin

Lutheran Children's Friend Society
8138 Harwood Avenue
Wauwatosa, Wisconsin

Green Bay Diocese Apostolate (Catholic)
131 South Madison Street
Green Bay, Wisconsin

Catholic Welfare Bureau
3222 South Avenue
La Crosse, Wisconsin

Catholic Social Welfare Bureau
625 N. Milwaukee Street
Milwaukee, Wisconsin

Jewish Social Service Association
2218 North Third Street
Milwaukee, Wisconsin

## Maternity Homes

If an unmarried, expectant mother requests the assistance of a physician in making confinement plans or plans for the child, it is advisable to communicate with the Division of Child Welfare, State Department of Public Welfare, Room 32S, State Capitol, Madison. Confinement care is often arranged at one of the several maternity homes in the state where only unmarried girls are admitted. These homes are:

Salvation Army Maternity Home
6306 Cedar Street
Wauwatosa, Wisconsin

Misericordia Hospital
2224 West Juneau Street
Milwaukee, Wisconsin

The Summit Hospital
Oconomowoc, Wisconsin

St. Ann's Hospital
1020 Market Street
La Crosse, Wisconsin

St. Mary's Mothers' and Infants' Home
403 Webster Avenue
Green Bay, Wisconsin

Admission to these hospitals may be arranged by writing directly to the superintendent of the hospital or to the Division of Child Welfare. All hospitals require a negative smear, Wassermann and throat culture before the patient is admitted. These hospitals admit Protestant or Catholic girls and the fee is $50 which includes care during confinement and

* Prepared for *The Journal* by Miss Dorothy Waite, Division of Child Welfare, State Department of Public Welfare, State Capitol, Madison.

three months after the birth of the child. The only exception to this is St. Ann's at La Crosse which admits only Catholic girls and charges a slightly higher fee. At these hospitals the girls are given some duties which contribute to cost of the care received. At Summit Hospital the girls may remain long enough to work out their entire bill.

Many girls do not want the group life which exists in maternity homes, and care in private family homes is often the best solution. Many private homes are willing to take a girl and keep her until confinement is needed, at which time the girl enters the hospital. This type of care is slightly higher in cost, averaging about $5 per week in the private home, and $50 to $60 for ten days' hospital care and the services of a physician. Any of the licensed agencies or the State Division of Child Welfare can give addresses of private homes where this kind of care can be arranged.

A three months' nursing period was at one time required, but after careful study by the agencies and the Division of Child Welfare regarding the relative value of breast feeding and artificial feeding, the Board of Public Welfare adopted the following policy in 1938:

Every child shall be required to be breast fed for a time to be determined by the attending physician unless it be not for the physical well being of the child or mother, or unless there exist other conditions which make such feeding impractical. In such exceptional cases properly supervised artificial feeding may be authorized.

This permits the agency to make separate plans for the child in a licensed foster home until the child can go to a permanent home.

## Plans for the Child

Plans for the child in each case vary with the individual needs of the mother and child:

(1) If the mother wishes to keep her child with her and assistance from the father has not been possible, she is eligible for aid to dependent children through social security funds in the event that her own family is not able to give financial assistance.

(2) The child may be cared for in a temporary foster home pending the mother's decision to make permanent plans to keep the child either with herself or in an adoptive home.

(3) Adoptive placement may be made if the background and history of the child show that he is a suitable subject for adoption. The licensed agencies mentioned above are licensed to place children in adoptive homes. The advantage of this plan is that the mother and the adoptive parents do not know each other, and that the plan is worked out slowly and carefully so that the mother is not rushed into a decision of this kind and is less likely to change her mind.

(4) The mother may marry the father of her child. When this is done the birth may be legitimized and the record is similar to that of any child born in wedlock.*

*The laws regulating the placement of children place definite restrictions on any person or agency not licensed to perform this function.* It is advisable for a physician immediately to refer any prospective adoptive couple or unmarried mother who wishes to release her child to the Division of Child Welfare or to one of the licensed child welfare agencies mentioned above in order to avoid violating the law.

The statutes read as follows:

48.37 **Licenses; records; reports.** (1) No person, other than the parent or legal guardian, and no firm, association or corporation, and no private institution shall place, assist, or arrange for the placement of any child in the control and care of any person, with or without contract or agreement, or place such child for adoption, other than a licensed child welfare agency.

48.40 **Violations.** (1) Whenever the state board of control† shall be advised or shall have reason to believe that any person, firm, corporation, association or private institution, is conducting or acting as a child welfare agency in this state without being licensed as in this chapter provided, or is in any way, directly or indirectly, offering to place any child or holding himself or itself out as being able to place or dispose of children in any manner, it shall make an investigation to ascertain the facts. If it finds that such person, firm, corporation, association or private institution is so acting without a license, it may either issue a license upon application therefor, or may cause a prosecution to be instituted under the provisions of section 48.41.

48.41 **Penalties.** (1) Any person who shall act as a child welfare agency without a license as provided in this chapter or who shall violate any of the provisions of the statutes relating to the organization, conduct and operations of child welfare agencies, or who in any way, directly or indirectly, offers to place or dispose of any child or hold himself out as being able to place or dispose of children in any manner whatsoever, shall upon conviction thereof be punished by a fine of not less than ten nor more than five hundred dollars or by imprisonment in the county jail for not more than one year, and said term of imprisonment in case of an association or a corporation may be imposed upon its officers who participated in said violation.

Further information in regard to the above matters may be obtained by writing to the Division of Child Welfare, State Capitol, Madison.

---

* See page 1253 for information in regard to correction and legitimation of the birth record.

† Revisor's note. The state board of control was abolished and the functions thereof transferred to the state department of public welfare by chapter 435, laws of 1939.

# Statutes Relating to Producing Abortion or Miscarriage; After-Treatment and Patient Records

WISCONSIN has two statutes of which the first deals with the offense of causing abortion and the second with miscarriage. These statutes are printed here in full.

340.16 **Manslaughter, second degree.** Any person who shall administer to any woman pregnant with a child any medicine, drug or substance whatever, or shall use or employ any instrument or other means with intent thereby to destroy such child, unless the same shall have been necessary to preserve the life of such mother or shall have been advised by two physicians to be necessary for such purpose, shall, in case the death of such child or of such mother be thereby produced, be deemed guilty of manslaughter in the second degree.

351.22 **Producing miscarriage.** Any person who shall administer to any pregnant woman, or prescribe for such woman, or advise or procure any such woman to take any medicine, drug or substance or thing whatever, or shall use or employ any instrument or other means whatever, or advise or procure the same to be used, with intent thereby to procure the miscarriage of any such woman shall be punished by imprisonment in the county jail not more than one year nor less than six months or by fine not exceeding five hundred dollars nor less than two hundred and fifty dollars, or by both such fine and imprisonment in the discretion of the court.

*Note that the section relating to miscarriages (a lesser offense) does not contain an express exception for the necessitous circumstances.*

## After-Treatment

The position of the physician called to treat a patient suffering from the results of an intended and incomplete abortion is a difficult one, and may be precarious as well. Not infrequently the abortionist merely starts the abortion, advising the woman to consult her own physician for all future care. If the woman dies, suspicion may well turn to those near at hand, and the innocent physician may find himself involved in unfortunate publicity as a result of his attendance on the patient at the time of death.

The most satisfactory course would involve the patient's complete disclosure of the facts to the proper authorities but this is often difficult, if not impossible, of accomplishment. The woman obviously wishes to conceal her condition and its cause, and not infrequently does so until death. While the physician may properly urge such disclosure, he is not himself burdened with that responsibility for he must be ever mindful of those principles which make the welfare of the patient his chief concern.

When a physician is confronted with this type of case, he can, and should, insist that at least one other physician be called in before treatment is given. Preferably, and for obvious reasons, the consulting physician should not be one associated with the attendant physician. Their joint testimony as to the woman's condition would almost invariably negative the charge that any operation performed in the course of treatment was itself an abortion.

In an emergency case, when no other physician is available, it is proper to insist upon the patient signing a written statement, in the presence of witnesses, if possible, reciting the facts with reference to the performance of the abortion, including the name of the abortionist—such statement to be made with the understanding that the physician may use it in event of his needing it for his protection.

In State v. Law, 150 Wis. 313, a physician called to treat a woman after an abortion refused to take charge of her unless she made a full statement concerning the abortion, which he insisted upon for his own protection and to enable him to institute proper treatment. The Supreme Court of Wisconsin said: "It was a very proper request for him to make under the circumstances." Thus there is judicial recognition, by the highest court in Wisconsin, that it is proper for a physician to take precautionary steps to protect himself in such a situation.

## HOSPITAL STAFF MEMBERSHIP

Membership in the local county medical society should be a condition for eligibility to staff membership in hospitals belonging to the Catholic Hospital Association, according to a resolution adopted by the Association at its twenty-sixth convention. Because this is a timely subject, the resolution, as adopted and as it appeared in the August issue of "Hospital Progress," the official Journal of the Catholic Hospital Association of the United States and Canada, is printed here in full:

"*Be it further resolved*, That this Association hereby restates its insistence upon the great responsibility incumbent upon our hospitals for the selection of their medical staffs. To this end, the hospitals gratefully acknowledge the assistance which they receive from the American Medical Association in its insistence upon acceptable and well-founded principles for staff eligibility. This Association sees in these principles, one of the most valuable guarantees of the hospital's proper effectiveness in meeting its obligations and it therefore recommends to its member institutions the adoption wherever possible, of a generally applicable rule, of membership in the local medical society as a condition for eligibility to staff membership."

# Important State Health Services, Laws and Rulings

## Communicable Diseases

*(See also vital information, pp. 1250–1251)*

**Contagious diseases, suspected cases, etc.**—Conveyance, or permission for conveyance, of any person with a dangerous, communicable disease by public vehicle or to any public place, particularly as it may subject other persons to contracting such disease, shall be cause for arrest and punishment as provided in Sec. 143.10, Wis. Stat.

Conveyance between communities may be legitimately made with the consent of the health officers at points of departure and entrance, provided the public is protected.

**Vaccination for smallpox.**—When vaccination or exclusion from school is ordered in times of epidemic, with an actual case or cases in the community in a communicable form, the local board of health shall provide for the free vaccination of all children in any school district or part thereof during such outbreak, the expense to be borne by the district. Parents may employ physicians of their choice to perform such vaccinations and shall pay the expense incurred. Sec. 143.13 (3).

**Printed report forms.**—The blanks to be used by physicians and others in reporting cases of dangerous communicable disease to the health officer are furnished by the State Board of Health to the local health officers for distribution among the physicians and other persons residing in their district.

**Expense of cultures.**—The expense of taking release cultures after recovery from diphtheria and the disinfection of persons and premises is a part of the expense of maintaining quarantine and must be paid by the town, village or city. The release cultures shall be made by or under the direction of the local board of health. Authorization of the local board must be obtained if physicians are to receive payment for taking release cultures.

**Quarantine of physician.**—If a physician's home is quarantined, he may remain as a member of the family and is then subject to the quarantine as other persons are, or he may live outside and visit his home in the capacity of a physician. 7 Atty. Gen. 68.

**Reporting of cases.**—A physician is required to report to the health officer in writing within twenty-four hours all cases of communicable disease. Sec. 143.04. (All suspicious cases must be reported and treated as positive until a correct diagnosis can be made. Any neglect or refusal of a physician or householder to report cases of communicable disease makes him liable to a severe fine.)

**Quarantinable diseases.**—Cerebrospinal meningitis (epidemic), cholera (Asiatic), diphtheria, infantile paralysis, plague, scarlet fever, smallpox, typhus fever, yellow fever.

**Placardable diseases.**—Chickenpox, influenza, leprosy, measles, German measles, typhoid fever, whooping cough.

**Reportable only.**—Erysipelas, infectious encephalitis, mumps, ophthalmia neonatorum, pneumonia (lobar), trachoma, tuberculosis, malaria, amebic dysentery, epidemic sore throat, tularemia and undulant fever.

**Posting of list.**—The official list of communicable diseases is required to be posted in every physician's office (also in every hospital). Sec. 143.04. The list is furnished free on cardboard by the State Board of Health.

**Diagnosis.**—In diagnosing communicable diseases, physicians shall use ordinary skill and bacteriological examination if that is of value in determining the true condition. Sec. 143.04.

**Penalty.**—For violation of any of the above laws, physicians are liable to fines ranging from $5 to $100, or imprisonment, or both; and for a second offense physicians are subject to suspension of their licenses to practice for one year except that licenses shall not be suspended for failure to post the list of communicable diseases. Secs. 143.04(10) and 143.11.

**Privilege under quarantine.**—Physicians are among the few individuals specified by law as permitted to enter premises quarantined for communicable disease. The expense of maintaining quarantine, including examinations and tests for disease carriers, provided this is done under direction of the local board of health, and the enforcement of isolation, shall be paid by the town, village or city, but the expense in treating communicable disease is not necessarily an obligation of the local board of health, and the local authorities cannot be held liable unless prior arrangement has been made with the physician. Sec. 143.05.

**Tuberculosis.**—Every physician is required to report within one week cases of tuberculosis in his care or under his observation. The report shall contain the name and address, age, sex, and occupation. The report shall be confidential to the extent that the name and address of the patient shall not be published by any newspaper or publication. The physician shall notify the health officer within twenty-four hours of the vacation of any place by death from tuberculosis or by removal of a consumptive. Sec. 143.06.

No person with tuberculosis of the lung or other part of the respiratory tract, or reasonably believed to be suffering from such disease shall be permitted to attend or frequent any school, except open-air schools, especially equipped for the purpose, until the health officer of the municipality where the

*(Continued on page 1252)*

# Vital Information Concerning the Prevention and Control of Communicable Diseases

## Prepared by the Bureau of Communicable Diseases

### WISCONSIN STATE BOARD OF HEALTH

### For Public Health Nurses and Teachers

Those desiring more complete information upon the Wisconsin regulations on communicable diseases should request a copy of the pamphlet entitled, "The Prevention and Control of Communicable Diseases." Of interest to teachers is the pamphlet entitled, "Regulation and Recommendations Relating to the Sanitary Care of Schools."

| Diseases | Early Signs and Symptoms | Incubation Periods | Periods of Communicability | Rules for School Attendance | Special Features |
|---|---|---|---|---|---|
| **Chicken Pox** | Usually occurs in children under 12 years of age. Onset usually gradual with mild fever. Fever symptoms may be lacking.<br>The rash usually appears on the second day as small raised pimples which shortly become filled with clear fluid. Later scabs form. There may be successive crops of this rash, most marked on the trunk, up to the tenth day of the disease. | 14 to 21 days | From the beginning of symptoms and as long as crusts are present on the skin. | Sick child can not attend school. Two weeks' placarding required at home.<br>Well children from infected home may attend school, but should be sent home on first signs of illness. | Usually a mild disease with few after effects but readily transmitted.<br>May be confused with the mild type of smallpox. |
| **Diphtheria** | The onset may be gradual or rapid.<br>The early signs are those of fever and sore throat with grayish white patches on the throat, palate or tonsils. In laryngeal diphtheria there is continuous croupy cough.<br>The glands of the neck near the angle of the jaw may be swollen. Later there may be profound prostration.<br>Mild cases may be mistaken for ordinary sore throat. | 2 to 5 days | While diphtheria organisms are present in secretions. | Sick child must be excluded from school until two consecutive negative cultures, taken not less than 24 hours apart, are obtained from the nose and throat. Carriers must also conform to the same rule. No clinical case can return in less than 10 days.<br>Children in the family with the patient may return to school after taking up their residence elsewhere for five days and obtaining negative cultures, the first to be taken at the time of removal and the second not earlier than the fourth day after removal.<br>Children remaining in a quarantined home are released when quarantine is lifted and one negative culture of nose and throat and freedom from disease.<br>Exposed children from other homes may return to school after a negative culture and freedom from symptoms of disease.<br>Release cultures are to be taken by or under the direction of the local health officer, at the expense of the town, village or city. | A very serious disease varying greatly in its form and frequently escaping detection.<br>Mild cases should be particularly sought after as they are fully as infectious as the more apparent ones.<br>All children from nine months of age on should be immunized by injections of toxin antitoxin or toxoid. This causes permanent immunity to a high per cent. This should not be confused with antitoxin which is for treatment and immediate immunization after exposure.<br>Daily inspection of children for fever, sore throat or croupy cough is recommended during the prevalence of the disease. Tests may reveal mild cases and carriers. Carriers are to be excluded and the health officer informed.<br>The same person may have more than one attack of diphtheria. |
| **German Measles** | The malady is usually mild. The rash may be the first sign noticed.<br>Ordinarily there is little signs of "cold in the head" as there is in measles. The eyes may be inflamed, while slight fever and slight sore throat may accompany the attack.<br>Usually resemble mild measles or mild scarlet fever.<br>Ordinarily appears in epidemics. | 10 to 21 days | Most contagious during early part of disease. | Sick child cannot attend school. House is usually placarded for one week. Some local boards of health require two weeks' placarding. Other children in family may attend school but should be sent home on any signs of illness. See rule in "Prevention and Control of Communicable Diseases." | Precautions should not be neglected.<br>May be confused with mild cases of measles or scarlet fever. |
| **Influenza (Epidemic)** | The onset usually is abrupt, with fever, chills, pain in the head, back and limbs as well as "a cold in the head." Lassitude or profound depression are characteristic symptoms. The epidemic character of the disease aids in making the diagnosis. | 2 to 5 days | Unknown. Probably until four days after temperature is normal. | Sick child cannot attend school until 4 days after temperature becomes normal and abnormal manifestations have disappeared. Well children from infected homes can not attend school until temperature of last patient in home has been normal for four days. | An exceedingly infectious malady frequently followed by serious after-effects. The patient should be kept in a recumbent position until 4 days after the temperature has become normal or longer if necessary. |
| **Measles** | Begins like a "cold in the head," with running nose, sensitive or inflamed eyes, sneezing and fever. The rash consisting of small, irregular groups of dull-red, slightly raised spots, appears about the third day. The rash is usually first seen on the forehead and face, spreading rapidly over the entire body. | 7 to 18 days<br>Usually 14 days | During period of catarrhal symptoms and while there are abnormal mucous membrane secretions. | Sick child can not attend school.<br>Children from infected home who have had measles may attend school.<br>Well children from infected homes who have not had measles can not attend school for 14 days from last exposure, dating such exposure from the beginning of the rash in last case in household.<br>When measles is present in a community all children with the slightest indication of a cold or watery eyes should be excluded from school until recovery. | A malady which is infectious even before the rash appears. Complications such as bronchopneumonia, middle ear disease, weakness of the eyes and even tuberculosis may ensue. The after-effects are much more serious than the disease itself. The diagnosis can often be made early by detecting the Koplik spots in the mouth. |

| | | | | | |
|---|---|---|---|---|---|
| **Mumps** | The onset may be sudden or gradual, with slight fever, nausea. Swelling about the angle of the jaw and in front of the ear are the characteristic symptoms. The swelling may be painful. | 4 to 25 days<br>Usually 18 days | Two weeks after onset and one week after disappearance of swelling. | Sick child can not attend school for at least two weeks after onset of disease and not until one week after disappearance of swelling. No placarding required.<br>Well children from infected homes may attend school if there is effective isolation of patient, but should be sent home on first signs of illness. | Because of the infectiousness of the disease attempts should be made to observe early symptoms after exposure and exclude immediately persons showing symptoms. |
| **Scarlet Fever** | The onset is often sudden. Sore throat, headache, fever and sometimes vomiting may be early symptoms. In the beginning of the disease the eyes are not watery or congested as in measles.<br>Sore throat in mild cases may be the chief early symptom.<br>The rash usually appears in less than 48 hours upon the neck and upper part of the chest and later extending to the limbs. It appears as a fine bright-red rash with evenly diffused spots.<br>Later the surface layer of the skin usually peels and still later in the disease this peeling may show only on the hands and feet. | 2 to 7 days<br>Usually 3 or 4 days | At least three weeks from onset and while there are abnormal nose and throat discharges or open sores. | Sick child must be quarantined for at least three weeks and excluded from school for at least six weeks and until mucous membranes are normal and discharges have ceased. This applies to teachers, janitors and other school employes.<br>All other children in family may return to school upon removal of quarantine and freedom from disease.<br>Children in family with case of scarlet fever may be removed to a separate building after disinfection of their person and clothing and must be kept in isolation for a period of seven days If the symptoms of scarlet fever do not develop, they may return to school.<br>In case patient is sent to hospital, well children must remain at home for seven days.<br>See pamphlet "Prevention and Control of Communicable Diseases." | When the disease is present a daily inspection of the school children should be made for the purpose of detecting early cases. Sore throat, fever or other illness should result in the exclusion of a child from school until recovery.<br>The disease is dangerous both during and after the attack. Complications are frequent.<br>A small percentage of cases of scarlet fever do not have a distinct rash. Quite an additional number of cases have only a slight rash on some parts of the body, the rash disappearing within a few hours. The failure to recognize these obscure cases is undoubtedly responsible for the occurrence of many additional cases. |
| **Smallpox** | The onset is apt to be sudden, with fever, headache and backache which may last three or four days. The rash appears after a decline in temperature and is usually first noticed about the wrists and face. It consists first of small red spots, which quickly become elevated and hard like shot to the touch. These later develop into pustules and crusts. | 8 to 21 days<br>Usually 14 days | From first symptoms to disappearance of all scabs and crusts. | Sick child cannot attend school or leave home until all crusts or scales have fallen off.<br>Exposed children who were vaccinated immediately after exposure may return to school. With the written consent of the health officer, they may live in the quarantined home, but must not come in contact with the patient.<br>Exposed children, who are not vaccinated, must be quarantined. | Section 143.13 of the Statutes. Upon the occurrence of smallpox in a municipality it becomes incumbent upon the local board of health to prohibit the attendance at school of children and teachers for a period of 14 days unless they can produce evidence of a recent or successful vaccination.<br>Vaccination is a nearly perfect preventive against smallpox and dependence should be placed upon this measure in combating smallpox. |
| **Whooping Cough** | Symptoms are a cold, sneezing, coughing. This fails to ameliorate and after a variable period of a few days to two weeks the characteristic whoop may begin. | Within 14 days | During catarrhal stages and during first weeks of characteristic whoop. | Sick child must be excluded from school at least 6 weeks after onset of the cold and while in whooping stage. Well children from same home may attend school, but must be excluded upon slightest sign of cold or cough. | Whooping cough is especially infectious during its early stages.<br>The disease is often fatal to children under five years of age and occasionally to older individuals, and may cause prolonged debility at all ages. |

### SCABIES OR ITCH

An infectious eruption found most frequently on the forearm and between the fingers but may involve the entire body. Ordinarily it takes the form of small, scattered, red spots among which there may be some watery vesicles or pustules. Marked itching characterizes the disease which is of a chronic nature unless treated. The infected child should sleep alone and be kept away from others until cured. During treatment the underclothing and bed linen should be frequently changed and boiled to kill the parasite to prevent reinfecting the body. Whenever the disease occurs in a family all children in the family should be inspected for evidences of it. The disease is non-febrile.

### PEDICULOSIS OR LICE

Light gray insects. Lay eggs or "nits" in the hair especially at the nape of the neck and about the ears. Symptoms are irritation and itching of the scalp.

The treatment of this condition is accomplished by thorough application, to the scalp and hair, of a mixture of equal parts of olive oil or sweet oil and kerosene. The next day the hair should be thoroughly washed with vinegar to remove the nits or ova of the louse. If by chance all the nits or ova are not removed by the first application the treatment should be repeated.

### EXCLUSION FROM SCHOOL

Teachers should send home at once any pupil with a severe cough, a severe cold, itch, lice or other vermin or any contagious skin disease; also children who are filthy in body or clothing or who have any dangerous contagious or infectious disease.

Teachers should send home at once any pupil who shows signs of a beginning illness involving the nose and throat. The common cold and many childhood diseases beginning with similar symptoms are very communicable in their early stages.

(See Rule 17, Prevention and Control of Communicable Diseases. In all suspected cases of any communicable disease, both parents and health officer should be informed.)

### IMPETIGO "CONTAGIOUS SORE"

Sores which are at first watery vesicles or pustules and which soon form loose scales and crusts. Appear on face and sometimes hands—pea or finger-nail size—may be one or several. Adjacent sores may unite into "patches". Child should use separate towels. The disease is contagious. Exclude child until sores have disappeared. (Rule 17)

school is situated furnishes a written certificate stating that the individual is free from a communicable form of tuberculosis. Such certificate shall only be issued after thorough examination by a licensed physician in a manner satisfactory to the State Board of Health.

**Venereal disease.**—All physicians and certain institutions are required to report directly to the State Board of Health all persons with venereal disease in a communicable state who come to them for treatment. Sec. 143.07.

A printed form, furnished by the State Board of Health, is used for reporting. This report is to be by age, sex, conjugal condition and name of the disease, but *not* the name of the patient although a serial number may be given in each case. Printed instructions for the patient are attached to this report blank and are required to be given to him. Secrecy is imposed upon the State Board. Sec. 143.07.

The State Board of Health requires that the source of infection be inquired into and reported back to the Board for the purpose of investigation. All persons having a venereal disease must remain under treatment until the disease is no longer communicable. Discontinuance of treatment may be the cause for commitment to an institution until the disease is no longer communicable. Investigation in cases not under treatment may be made by an officer of the State Board of Health, or, when so directed by the State Board of Health, by any local health officer who is a physician. Sec. 143.07 (2), (4), (5).

Drugs commonly used for treatment of syphilis, both arsenicals and heavy metals, are furnished by the State Board of Health on request to physicians in indigent or near-indigent cases where little or no compensation is involved. To obtain such drugs, it is necessary for the physician to fill out a drug order form supplied by the State Board of Health, and a statement is required as to the patient for whom the drug is secured. Physicians having patients unable to pay for treatment for venereal disease may assign such individuals for treatment to state clinics.

When a patient refuses treatment the physician shall notify the State Board of Health, giving particulars, to enable the Board to act, and, if necessary, to have the person committed for treatment. In counties of over 250,000 population, the county board may designate the county institution where such commitments may be made. Such persons may be summoned before any court of record or a warrant may be issued for them. Sec. 143.07(5).

When a physician has reported a case of venereal disease to the State Board of Health, all questions regarding the presence of the disease and the date from which treatment was neglected shall not be regarded as privileged information when the patient or physician is called upon to testify to the facts before any court of record. Sec. 143.07(7).

Physicians shall be furnished free of charge with the results of examinations for the diagnosis of gonorrhea made by any state laboratory, and of examinations of blood or secretions for the diagnosis of syphilis from the Wisconsin Psychiatric Institute. Sec. 143.07 (10).

Any city or county may require that persons convicted of acts involving moral turpitude shall undergo a medical examination for the presence of a venereal disease.

No physician or health officer shall issue a certificate of freedom for any person except those certificates required by law for marriage licenses and those required by local ordinances to be issued to local health officers. No person shall carry or exhibit such certificates to other persons, or show, for immoral purposes, venereal disease reports from any laboratory.

All cases of venereal disease shall be regarded as communicable until the following requirements have been met: Until open sores are healed; until satisfactory care and treatment have been given pregnant women with syphilis, females who have given birth to a syphilitic child, syphilitic persons at any stage of the disease who reasonable evidence indicates are promiscuous in sexual relations and are a menace to others, and persons with early syphilis not adequately treated. Trained public health nurses and health officers are available to physicians in the state, from the State Board of Health, for finding and holding cases of venereal disease.

**Physician protected from liability.**—A physician who reports to the State Board of Health the name of a person afflicted with a venereal disease on account of such person not continuing treatments until the disease is no longer communicable will be protected from liability, if the facts justify his action. 8 Atty. Gen. 561.

**Infant blindness.**—The attending physician (or midwife) is required to use a 1 per cent silver nitrate solution in the eyes of newborn babies. For the prevention of ophthalmia neonatorum the State Board of Health is required to supply the solution free to every physician (and midwife), put up in proper containers and distributed to health officers for delivery to practitioners.

When ophthalmia neonatorum appears in any newborn babe not attended by a physician or midwife and the case is reported, as required, to the health officer, a competent physician shall be employed by the municipality to examine and treat the infant as directed in the instructions accompanying the solution. The penalty for violation of any part of this law is a fine up to $100. Sec. 146.01.

## Vital Statistics

**Registration with local registrars.**—Upon locating for the practice of medicine, physicians are required to register their name, address and occupation with the local registrar of vital statistics, and by him be supplied with the laws, rules and regulations for the enforcement of the vital statistics law. Sec. 69.17.

**Registration of births.**—Physicians shall file within five days certificates of births attended by them. Such reports are to be made to the local registrar of the district in which the births occur. All particulars shall be given in the space provided. All bills or charges for professional services rendered in connection with confinements are declared unlawful unless the birth certificate, properly filled out, is reported within five days. Sec. 69.26.

**Delayed birth registration.**—If a birth is not reported within the first year after birth, it falls into the classification of delayed birth registration, and then it requires supplementary documentary proof, even though a legally executed birth certificate is submitted at that time. If a delayed birth certificate is submitted before the individual is 12 years of age, more leniency is permissible than if older, as only one or two documentary evidences are necessary, depending upon whether the one is a class A document (one that has been executed within the first four years of life.) If an individual is 12 years of age or over, two or three documents are necessary, depending upon whether one of them is a class A document. One of the documents in each case must establish parentage, and each must establish the date and place of birth. It is not necessary that any of them, in a case of delayed registration, be signed by the attending physician. These are federal regulations, issued by the Army, Navy and Census Bureau, as well as being required by state law.

**Illegitimate births.**—In the case of a child born out of wedlock, the physician shall not fill in the name of the supposed father until legal proceedings shall have adjudged the paternity of the child.

Chapter 524, Laws of 1939, provides that a new certificate shall be made out in cases of illegitimate birth when the parents are subsequently married or when the child is subsequently adopted. This new certificate is to contain no reference to the illegitimacy or adoption. The original certificate is to be filed and may not be obtained thereafter except on court order.

**Certificate of birth before child is named.**—When a certificate of birth is presented without the given name, the local registrar shall make out and deliver to the parents a special blank for the supplemental report of such given name. The certificate should be filed with the local registrar within the five day period required, even though the child has no name at that time. Sec. 69.30.

**Stillbirths; registration required.**—The last legislature changed the law regarding reporting of stillbirths. These are to be reported in the future on a special certificate, instead of being reported as both births and deaths. This will allow more specific questions to be asked pertaining directly to the causes of stillbirth. It will allow more detailed studies to be made on this subject along the lines of those recently made from the additional material obtained from the lower portion of the new birth certificates. The State Board of Health plans to have these new forms in the field before January 1, 1942, in the hope that all 1942 stillbirths will be reported on these new forms. Sec. 69.32.

**Microfilm laboratory.**—Because of the tremendous demand for birth records resulting from national defense demands for proof of citizenship, the Bureau of Vital Statistics of the State Board of Health has had to develop new technics to supply certified copies more rapidly. One of the means developed is a microfilm laboratory to issue photoprint copies of birth records. The laboratory is just being completed (December, 1941) and it will be one of the four largest in the country.

All the birth records in the state will eventually be placed on 16 mm. film. The state-wide indexes of births will refer directly to the film as well as to the original records, so that unless a correction is necessary on the record, enlargements for certified copies can be made from the film without reference to the original record. This will greatly speed up the process because of its mechanical nature, eliminate copying errors and reduce the wear on the original records.

The advantage of microfilm over the photostatic process is its adaptability to other uses. The laboratory will be used to develop the photofluoroscopic films taken by the State Board of Health tuberculosis truck. Old records, such as correspondence, newspapers, maps, drawings, etc., can be placed on film and storage space reduced as much as 99 per cent. It is anticipated that the microfilm laboratory, in addition to doing work for the State Board of Health, will develop into a valuable service department for other governmental agencies.

**Report of congenital deformities.**—Physicians shall report to the State Board of Health within twenty-four hours after birth, any child with a deformity or physical defect, such report to be separate from and in addition to the birth certificate, and shall explain fully the nature of the defect. They may also make suggestions and recommendations as to the care, treatment or correction of such deformities or defects. Sec. 69.29. Such reports are turned over to the Crippled Children Division for the purpose of follow-up work.

## Miscellaneous Services and Rulings

**State Laboratory of Hygiene.**—Physicians shall be furnished free of charge with results of laboratory analyses of specimens sent for determining diagnosis of disease. Sec. 36.225. These laboratories include the central laboratory in Madison, branch laboratory at Rhinelander, and cooperative laboratories at Oshkosh, Green Bay, Superior, Beloit, Kenosha, Wausau, Sheboygan and La Crosse.

The materials which are examined in these laboratories are sputum for tubercle bacilli; swabs for diphtheria bacilli and other organisms; pus for gono-

cocci and other organisms; central nervous systems of dogs and other animals for Negri bodies diagnostic of rabies; spinal fluid for meningococci and other organisms; materials in suspected cases of anthrax, glanders and actinomycosis; blood, feces and urine for the diagnosis of typhoid and paratyphoid fever (blood only for tularemia and undulant fever) or to detect carriers of these germs; and chemical and bacteriological examination of water to detect its fitness for drinking purposes. The examination of tissue in suspected cases of malignancy is done only in the laboratory in Madison, and only in those cases wherein the patients are unable to pay a special fee. Such tests are made free for physicians, and the facilities of the laboratories are urged upon the physicians of Wisconsin in the effort to detect and combat communicable disease. Pneumonia typing is now a valuable service offered by the laboratories.

**State biological products.**—Under the law, local boards of health are required, under the direction of the State Board of Health, to furnish antitoxin free of charge to indigents suffering from communicable diseases. When a case of smallpox occurs in a community, the local board of health shall offer free vaccination of school children in that community.

**Laboratory examination for venereal disease.**—The state laboratory of hygiene and branch and cooperative laboratories shall make microscopical examinations for the diagnosis of gonorrhea, and the Psychiatric Institute the necessary examinations of blood or secretions for the diagnosis of syphilis, for any physician in the state, without charge.

**Venereal disease, indigents.** — The county is required to pay for the care and treatment of indigent persons afflicted with a venereal disease. 8 Atty. Gen. 559.

The county is responsible for one-half of the per capita cost for the care and treatment of indigents committed to state institutions for the treatment of venereal disease. Sec. 143.07 (6).

**Drugs limited to prescriptions.**—The sale on prescription or recommendation of any drug for the treatment of venereal diseases may be done only through written prescription issued by a licensed physician. Sec. 143.07(11).

**Information.**—Section 146.15 requires that physicians of mining, manufacturing and other companies, and certain officials, shall, upon request, furnish to the State Board of Health any information touching the public health, and for refusal shall forfeit $10.

**Corpses, duty of physician.**—Disinterred corpses are declared dangerous to health and may not be transported unless authorized by a permit from the health officer, showing name, age, place, and medical attendant. Local health officers shall refuse permit when the cause of death is given as heart failure unless the physician in charge states that the cause was not diphtheria. Sec. 155.01(2).

**Industrial illness, occupational diseases.**—Every medical practitioner shall report to the State Board of Health cases of poisoning from lead, phosphorus, arsenic or mercury or their compounds, or compressed air illness contracted in employment, giving patients' names and addresses and the type of diseases suspected. A fine of $10 is applicable for failure to comply with this section. Sec. 69.49.

**Prenatal letter service and educational services.**—Many physicians in the state enroll expectant mothers for the series of prenatal letters and booklets on prenatal and infant care. Slips for enrolling the patients are available to physicians. Diet and development cards are included. It is important that the expected date of delivery is included when prenatal slips are filled out. This makes it possible to send the letters out at monthly intervals and the letters then serve as reminders for the routine prenatal visits to the physician. Included in other literature are wall cards for the period of one to two years, and for two to six years. These are available to physicians for children under school age. Material also is available on tonsils, adenoids, communicable diseases, food for the school child and a family food card.

**Film service.**—Through the Bureau of Maternal and Child Health of the State Board of Health, 16 mm. sound and silent films are available to physicians who are conducting educational programs for lay groups. Literature for study groups also is available. Many films may be secured without rental charge. Professional films can be furnished for showing to groups of physicians, including "Appraisal of the Newborn," and "Early Care of Poliomyelitis."

**Incubator service.**—In many counties in the state, public health nurses are attempting to make more home contacts during the prenatal and postnatal periods, which makes it possible for them to demonstrate preparations for home delivery and technics in the care of the newborn baby. This is important if the child is born prematurely. Through the county nurses in the counties listed below, incubators are available for home use: Adams, Ashland, Barron, Brown, Buffalo, Burnett, Chippewa, Clark, Columbia, Dane, Dodge, Door, Forest, Grant, Green, Green Lake, Iowa, Jackson, Juneau, La Crosse, Langlade, Lincoln, Marathon, Marinette, Monroe, Oconto, Oneida, Outagamie, Pepin, Polk, Portage, Price, Richland, Rock, Rusk, Sauk, Sawyer, St. Croix, Shawano, Trempealeau, Taylor, Vernon, Vilas, Walworth, Waukesha, Waupaca, Waushara, Winnebago and Wood.

If an incubator is needed and none is available in the county, the physician should contact the county nurse. Individual physicians may obtain specifications for making incubators from the Bureau of Maternal and Child Health. Materials cost approximately $12 to $14.

**Special aids in pediatrics and obstetrics.**—Educational health conferences are carried on in many counties, staffed by physicians from the district offices who have had special training in pediatrics. These physicians are available for consultation service to local physicians when pediatric consultation is not available locally. Lectures on pediatrics also are available to medical groups. Physicians confronted with obstetrical problems may discuss them with Dr. W. C. Keettel, medical specialist in obstetrics of the Bureau of Maternal and Child Health. Dr. Eugenia Cameron, director of Division of Mental Health, is available to medical societies for discussion of child guidance and behavior problems, and their relation to child health.

**Maternity hospitals.**—Any hospital caring for obstetrical cases must receive a license from the State Board of Health.

### Rulings on Public Health Administration

**Disagreement on diagnosis.**—If two or more physicians disagree upon a diagnosis of a communicable disease, the health officer, if a layman, should select a physician to make a diagnosis for him and handle the case accordingly.

**Tests for quarantine release.**—If tests are required for release from quarantine, the tests are to be made by the health officer or some one designated by him, either a physician, nurse, or an individual especially trained to make such tests. Such material should be sent at once to a state laboratory.

**Swabs, when accepted.**—Swabbings taken by the attending physician will not be accepted in releasing from quarantine, unless the attending physician has been authorized by the health officer to make such swabbings. If so authorized, they are accepted.

**Qualification as joint health officer.**—A physician can legally qualify as health officer of two adjoining towns, although he may live in another jurisdiction. 13 Atty. Gen. 151.

**Tuberculous patients; admission to sanatoria.**—Application and report of examining physician blanks, required for entrance to the county sanatoria, are provided by each institution. The state sanatorium is located at Statesan, Wisconsin, and twenty county sanatoria are located conveniently throughout the State where patients suffering from tuberculosis may be admitted for care and treatment. Admission to sanatoria, regardless of the patient's ability to pay, is by order of the county judge only, including the finding by him as to ability of the patient to pay.

The Bureau of Maternal and Child Health of the State Board of Health has available and will supply single copies to Wisconsin physicians of the following booklets and pamphlets: "Maternal Care" and "Maternal Care Complications," by F. L. Adair, M. D., "The Appraisal of the Newborn Infant," by Ethel C. Dunham, M. D., and "Periodic Health Examination; A Manual for Physicians," American Medical Association.

## STATE-WIDE PHYSICIANS' HOBBY SHOW

The Council on Scientific Work announces the first state-wide Physicians' Hobby Show, which will be held in connection with the One Hundred First Anniversary Meeting of this Society in Milwaukee on September 14, 15 and 16, 1942. Dr. Smiles, the member of the Council on Scientific Work who is in charge of this exhibit as well as the scientific exhibits, has set aside an extensive area in the exhibit hall to be devoted to hobbies of our members. Application for exhibit space in the Hobby Show can be made either through Dr. C. J. Smiles, Ashland, or directly through the Society's office in Madison.

Exhibits which have been tentatively reserved for the Hobby Show embrace such subjects as wood working, wood carving, paintings, sketches and etchings; model railroad; stamp collections; metal working and metal spinning; and floriculture. Photographic and firearm exhibits have already been secured for the Hobby Show, and others will be obtained as soon as their existence and nature are made known to the Council on Scientific Work.

Dr. Smiles is most anxious to secure applications from members of the Society for exhibit space at the Hobby Show. An application for such space appears on page 1287. Mail your application for exhibit space now.

# THE WISCONSIN MEDICAL JOURNAL



**The Council on Scientific Work**

G. W. KRAHN, Oconto Falls, *Chairman*

F. D. MURPHY, Milwaukee — E. R. SCHMIDT, Madison — W. S. MIDDLETON, Madison *(ex officio)*

C. J. SMILES, Ashland — K. H. DOEGE, Marshfield — E. J. CAREY, Milwaukee *(ex officio)*

**Editorial Staff**

KARL H. DOEGE, Marshfield, Medical Editor

**Collaborators**

THE COUNCIL

H. P. BOWEN ----------Watertown
C. E. PECHOUS----------Kenosha
W. T. CLARK----------Janesville
B. I. PIPPIN-------Richland Center
A. H. HEIDNER--------West Bend
S. E. GAVIN----------Fond du Lac
H. A. JEGI----------Galesville
G. W. KRAHN---------Oconto Falls
H. H. CHRISTOFFERSON----Colby
R. G. ARVESON----------Frederic
F. G. JOHNSON---------Iron River
H. J. GRAMLING--------Milwaukee
R. E. FITZGERALD----Milwaukee
ROBERT W. BLUMENTHAL ----------Milwaukee
J. W. LAMBERT----------Antigo
R. P. SPROULE ---------Milwaukee (Past-President)



**Annual Subscription--------Three Dollars-Fifty Cents Single Copies--------Fifty Cents**

Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Ill.

**Address all communications to THE WISCONSIN MEDICAL JOURNAL, Madison**

**Volume 40** DECEMBER, 1941 **Number 12**

OFFICIAL PUBLICATION OF THE STATE MEDICAL SOCIETY OF WISCONSIN



Copyright by the Society, 1941


« « « EDITORIAL » » »

## Blessings of the Table

BOMBS and high explosives—an army of millions—ships and sailors—production behind the lines and at the lines—these daily topics of the radio and press are cannonaded at us with a consistency that impels even the most tranquil-minded to appreciate that there *is* a national emergency arising from circumstances which harbor elements poised to strike at the fundamentals of home and hearth, the freedom which is ours as people living under the flag of democracy.

In the program of developing national defense and national resources, the men of medicine will, as they have done since time immemorial, bring to the citizenry the benefits of their scientific knowledge, and make available in increasing quantity and high quality the services of the medical man. The benefits which medicine develop are available to all without copyright or burdensome regulation. Medicine is truly a profession, and never is that more crystal-clear than in an emergency period.

In Wisconsin, as elsewhere, we, as the family doctors, are keenly sensitive of our obligation to mankind. New ways to protect the public health are constantly being developed. One of these innovations will be initiated in the January, 1942, *Wisconsin Medical Journal.* In that issue, and in others to follow, will be presented articles dealing with the subject of nutrition and the family table. At the conclusion of the series, reprints will be made available for the doctor and his patients. The value to the nation and its people of natural dairy and farm products such as butter, cheese and milk, fresh vegetables, honey and similar products will be expertly demonstrated.

Through the medium of these articles, we in Wisconsin can serve to emphasize to profession and laity alike, that these foods are truly among our "first lines" of defense now, and that they will always continue to be bulwarks of ultimate peace and national tranquility. G. G.

# . . . . THE PRESIDENT'S PAGE . . . .

## Extend Its Sphere of Usefulness . . .

IN THESE days of grave national concern, we, in Wisconsin, as in the nation, must not in our anxiety extend our vision so exclusively to world affairs that, in following the conflict, and in our partisan and justifiable pride in America's democracy, we lose sight temporarily of our fundamental social concepts upon which our accomplishments are founded.

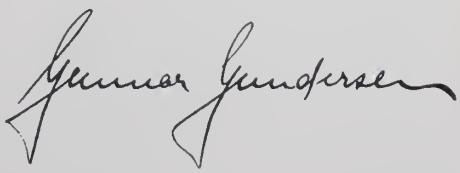
We of the profession are proud of our health achievements and the public-at-large is aware of these achievements. One government agency has recently uttered words to the effect that American medicine has been so good and so successful that the American public wants more of it. Is it perhaps political expediency on the part of government which would use medicine as a vehicle or band wagon for the accomplishment of some of its pet ideas in social reform?

We, in the medical profession, are blessed with a strong sense of unity,—a unity developed from our common objective to defeat human ills and to promote the health of our nation. We, who serve in this great profession devoted to a humanitarian calling, work as professional brethren, arm in arm, for this common goal.

During the past months it has come to the attention of your president that in certain localities county societies have acted on questions which involve broad public policy in a manner which is not consistent with the adopted policy of the State Society as such.

I, as your president, urge upon you the necessity for continuing our march in the cause of human health in step, one with another. I urge upon each individual member the acceptance of our democratic philosophy that the decisions of the majority, when developed within a democratic organization, are those in which we must have faith and confidence, and in the wisdom of which we must abide.

Unity always arises from the diversity of opinion which ultimately congeals to solidarity. Each member of the State Medical Society of Wisconsin must, in this common objective, support his county medical society and through it, the policies of the State Medical Society which, in the final analysis, unify and make articulate the voice of the medical profession in Wisconsin.



# THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. J. S. Supernaw, Madison, President
Mrs. E. S. Schmidt, Green Bay, President-Elect
Mrs. J. Gurney Taylor, Milwaukee, Vice-President
Mrs. E. H. Townsend, La Crosse, Recording Secretary
Mrs. H. L. Greene, Madison, Corresponding Secretary
Mrs. E. P. Bickler, Milwaukee, Treasurer
Mrs. W. E. Sullivan, Madison, Parliamentarian

COMMITTEE CHAIRMEN

Archives—
Mrs. J. P. Connell, Fond du Lac
Convention—
Mrs. E. J. Carey, Wauwatosa
Finance—
Mrs. R. E. Fitzgerald, Wauwatosa
Hygeia—
Mrs. A. C. Taylor, Appleton
Organization—
Mrs. O. W. Friske, Beloit
Philanthropic—
Mrs. J. W. MacGregor, Portage
Press and Publicity—
Mrs. F. W. Aplin, Waukesha
Program—
Mrs. C. N. Neupert, Madison
Public Relations—
Mrs. D. H. Jeffers, Lake Geneva
National Exhibit (special committee)—
Mrs. W. Homer Krehl, Madison
Circulation of Bulletin (special committee)—
Mrs. Charles Fidler, Milwaukee
Legislation (special committee)—
Mrs. H. Kent Tenney, Madison

## Christmas Greetings, 1941

It is Christmas—a time for us to turn aside from "the world that is too much with us" and to relax from the duties that crowd our days.

May we all engross this season with the spirit of the day, with its gaiety and fun; with the simpler things of family and home; and with the warmer friendliness.

And for each member of the Woman's Auxiliary to the State Medical Society of Wisconsin may this be the merriest of Christmases and the happiest of New Years.

MRS. J. S. SUPERNAW
President

# The Responsibility of the Woman's Auxiliary Toward Hygeia

By MRS. A. C. TAYLOR
*Appleton*

ONE of the most important responsibilities that is given to the Woman's Auxiliary to the American Medical Association is getting *Hygeia* into offices, schools, homes, and other places where it will be read. The magazine is carefully planned, prepared and published for the information of those who would not be reading *The Journal of the American Medical Association*. The authors of the articles in *Hygeia* have the great general public in mind—their needs, their curiosity, their bewilderments, their protection. Each number of the magazine carries a well balanced assortment of material which is interesting and useful to a wide variety of readers.

But planning a magazine, getting articles to publish in it, and having it ready for the reading public is not enough. There must be someone interested in getting it read. The promotion of the distribution of *Hygeia*, then, was requested of the Auxiliary by the

House of Delegates of the American Medical Association at its annual meeting in Philadelphia in 1931. The following resolution was passed:

"WHEREAS, The periodical *Hygeia*, the health magazine published by the American Medical Association, is the only authentic health periodical available in this country, and

"WHEREAS, This periodical was established by the Board of Trustees on recommendation of the House of Delegates to be the official voice of the American Medical Association in educating the public in matters of health, and

"WHEREAS, It is the best medium for reaching the teachers of the young, and the pupils in schools throughout the country, informing them of the progress of medical science and of scientific means for the prevention of diseases; therefore be it

"*Resolved*, That the House of Delegates urge the Woman's Auxiliary of the American Medical Association, including the county, state and national organizations, to recognize as one of its chief activities, if not its primary function, to promote the distribution of this publication through parent-teachers' associations, boards of education, and similar bodies interested in education."

There before us is the responsibility to promote the distribution of *Hygeia*, with which we were charged ten years ago. May we ask each *Hygeia* chairman, each Auxiliary president, each officer, each committee chairman, and each member of an Auxiliary, to start back at the beginning in her thinking of *Hygeia*. Remember and realize what the purpose of this publication is, and in what manner we have been asked to promote its distribution.

1. Make an analysis of what methods are used in your group for promotion of *Hygeia*.
2. Honestly analyze your results, and see whether they are commensurate with your efforts.
3. Study your group and your community (county or counties) and decide upon the most effective methods of promotion.
4. Try to find out **why** you are able to sell *Hygeia* and why you are **not** able to do so. Keep these answers for discussion within your group.
5. Work out the best plan you can **for your organization,** to get the most possible subscriptions for *Hygeia* into the hands of people who will read it.

Later this year it would be splendid for all the *Hygeia* workers in the state to work out a composite plan and compare notes and ideas. We might find new ways to use our old ideas, and perhaps find entirely new methods of interesting the reading public in *Hygeia*. Let us be thinking about an exchange of ideas, and do write to the state *Hygeia* chairman with questions, plans that work or do not work, suggestions, and anything in the interests of our health magazine.

## COUNTY AUXILIARY MEETINGS

### Barron—Washburn—Sawyer—Burnett

From Mrs. G. N. Lemmer of Spooner, president of the Woman's Auxiliary to the Barron–Washburn–Sawyer–Burnett County Medical Society, comes this report of Auxiliary activities:

The Auxiliary met at the Hotel Cumberland, Cumberland, for a 6:30 dinner, November 3. Six of the ten members were present. Mrs. S. O. Lund and Mrs. R. C. Thompson arranged for the meeting and presented each member with a corsage. Following the dinner members adjourned to the home of Mrs. Lund. Mrs. Lemmer called the meeting to order. Mrs. R. W. Adams, Chetek, president-elect, gave a report of the state convention which she attended as a delegate.

After discussion of the year's program, members decided to work on histories of pioneer physicians and to make an effort to increase membership. Red Cross work and the preparation of layettes for the local hospital were adopted as welfare projects. A scrapbook of Auxiliary activities has been begun. Mrs. R. C. Thompson was appointed press and publicity chairman.

Since the group is small and widely scattered, it is difficult to coordinate the work; however, the members are interested and expect to enjoy the meetings. Meetings are held every other month, at the time of those of the medical society, with no meetings in June, July and August.

### Brown—Kewaunee—Door

The Woman's Auxiliary to the Brown–Kewaunee–Door County Medical Society met at the home of Mrs. L. D. Quigley, Green Bay, November 10. Twenty-five members were present.

Dr. Mary Allen of the Bureau of Maternal and Child Health of the State Board of Health addressed the group on her work in child health centers.

During the business session committee chairmen were announced as follows:

Program—Mrs. D. F. Gosin
Social—Mrs. J. E. Halloin
Public Relations—Mrs. J. P. Lenfesty
*Hygeia*—Mrs. L. D. Quigley
Membership—Mrs. R. W. Kispert
Legislation—Mrs. O. A. Stiennon
Publicity—Mrs. E. J. O'Brien
Flowers—Mrs. P. R. Minahan
Telephone—Mrs. P. F. Dockry
Philanthropic—Mrs. A. A. Filek
Auditor—Mrs. E. S. McNevins
Archives—Mrs. A. J. McCarey
Advisory Board—Mrs. E. S. Schmidt, Mrs. A. J. McCarey, Mrs. M. H. Fuller

Following the meeting tea was served, with Mrs. Lenfesty pouring.

## Columbia—Marquette—Adams

The Woman's Auxiliary to the Columbia–Marquette–Adams County Medical Society met at St. Savior's General Hospital on October 21. The following slate of officers for the ensuing year was presented by the nominating committee and accepted:

President-elect—Mrs. J. H. Houghton, Wisconsin Dells
Secretary—Mrs. A. J. Fredericks, Columbus
Treasurer—Mrs. C. W. Henney, Portage

Mrs. J. P. Harkins, Portage, assumed the duties of president, succeeding Mrs. C. J. Radl of Wisconsin Dells. Mrs. J. W. MacGregor, Portage, who is chairman of the state philanthropic committee, gave a report on the annual meeting of the Woman's Auxiliary to the State Medical Society. Mrs. L. V. McNamara, Montello, county captain, gave a report on the September meeting of the Woman's Field Army in Madison.

## Dane

Mrs. G. A. Cooper, newly appointed chairman of publicity for the Woman's Auxiliary to the Dane County Medical Society, in supplementing the information concerning the October meeting appearing in the November issue of *The Journal*, reports that the officers for the coming year are as follows:

Mrs. W. A. Werrell, Madison, president
Mrs. L. V. Sprague, Madison, president-elect
Mrs. T. W. Tormey, Jr., Madison, treasurer
Mrs Sverre Quisling, Madison, secretary

The committee chairmen are as follows:

Mrs. J. C. Doolittle, Madison, loan closet
Mrs. S. A. McCormick, Madison, program
Mrs. J. T. Gallagher, Madison, notification
Mrs. L. V. Sprague, Madison, public relations
Mrs. W. C. Keettel, Madison, *Hygeia*
Mrs. G. A. Cooper, Madison, publicity

The retiring officers gave reports of the year's work. Mrs. N. A. Hill, Madison, reported on the loan closet, and $25 was voted to carry on part of this year's work. Mrs. J. C. Doolittle reported that *Hygeia* had been placed in four public libraries in the county and in forty-eight schools. The sum of $50 was voted to subscribe for *Hygeia* for six months of the current year, and $5 was voted for the Community Union of Madison.

## Dodge

At the regular meeting of the Woman's Auxiliary to the Dodge County Medical Society on October 30, Miss Edna Meissner, city nurse, spoke on the program of preventive medicine that is being carried on by the local health department. Following her talk, a business session was held during which the slate of officers for the coming year was presented, with Mrs. J. M. Welsch, Beaver Dam, as president; Mrs. E. C. Hoyer, Beaver Dam, vice-president; Mrs. R. E. Schoen, Beaver Dam, president-elect; Mrs. R. F. Schoen, Beaver Dam, secretary, and Mrs. A. W. Hammond, Beaver Dam, treasurer.

Following the meeting, Mrs. Welsch, hostess, served refreshments at tables decorated in the Halloween motif.

## Fond du Lac

Mrs. D. W. Calvy, Fond du Lac, reports that donations to the Red Cross and Children's Home were voted at a dinner meeting of the Woman's Auxiliary to the Fond du Lac County Medical Society, October 23, at the home of Mrs. T. A. Hardgrove, Fond du Lac.

The Auxiliary also welcomed to membership Mmes. R. L. Dana, D. J. Twohig, Jr., P. J. Clark, and J. S. Huebner. After the business session bridge was played, Mrs. L. J. Simon and Mrs. W. C. Finn winning honors.

Assisting hostesses were Mmes. Calvy, J. P. Connell, H. A. Devine, J. W. Doyle, Finn, and A. C. Florin.

## Kenosha

One of the important affairs outlined by the Woman's Auxiliary to the Kenosha County Medical Society at its meeting on November 3 at the home of Mrs. P. E. Pifer, Kenosha, will be a tea honoring the Centennial Anniversary of the State Medical Society of Wisconsin. Final plans for the affair were not revealed, but it was announced that it would be held in December.

The Auxiliary also sponsored a showing of the motion picture, "One Foot in Heaven," on November 14, 15, 16, and 17, the committee in charge of ticket sales including Mrs. Alexander Schlapik, chairman; Dr. Helen Binnie, and Mmes. L. H. Lokvam, Theodore Sokow, C. F. Ulrich, C. G. Richards, A. L. Mayfield, H. M. Ripley, and A. M. Rauch.

Mrs. G. C. Schulte was appointed new chairman for *Hygeia*.

Mrs. Pifer was assisted in entertaining by Mrs. L. H. Lokvam and Mrs. H. M. Ripley. Mrs. Lokvam gave the reading "Do You Remember?" by Earl Reed Silvers.

## Milwaukee

The Woman's Auxiliary to the Medical Society of Milwaukee County held a luncheon meeting on November 14 at the Y. W. C. A. Fifty-four members and sixteen guests were present.

Mrs. R. D. Champney, president, opened the meeting by greeting the members and their guests. Dr. T. J. Howard, president of the Milwaukee Society, who was a luncheon guest, thanked the women for their staunch support, especially in this time of stress. The president then turned the program over to Mrs. R. E. McDonald, who introduced Dr. J. C. Sargent, past-president of the State Medical Society of Wisconsin. Dr. Sargent spoke on "My Oath," giving a beautiful interpretation of the "Oath of Hippocrates" which has been called the litany of medical men all over the world. Mrs. W. J. Scollard moved that a rising vote of thanks be given Dr. Sargent.

At the business meeting which followed, the minutes of the annual meeting were read and accepted. Mrs. C. D. Partridge, study group chairman, told of the excellent report on the book, "Consultation Room," given by Mrs. M. C. Borman, and invited all to a tax review by an expert at the next study group meeting.

Mrs. W. C. Liefert, chairman of volunteers for the defense committee, asked ex-registered nurses among the doctors' wives to help teach home nursing for the Red Cross. Miss Sharp of the Red Cross has been asked to attend the December meeting to explain the need for volunteers for home defense work in connection with the Red Cross.

Mrs. R. D. Champney then made the following announcements: First, the social committee, in keeping with the trend for economy, had decorated only the speakers' table; secondly, all who make reservations for the luncheons are asked to keep them, and thirdly, a chorus is being organized by Mrs. R. D. Bergen to sing Christmas carols. Following these announcements the meeting adjourned.

## Outagamie

Nineteen members and one guest were present at a dinner meeting of the Woman's Auxiliary to the Outagamie County Medical Society held at the Candle Glow Tea Room, Appleton, October 23.

*Hygeia* subscriptions were under consideration at the business meeting, Mrs. A. C. Taylor, a new member and present state *Hygeia* chairman, leading the discussion. A suggestion was made that subscriptions be financed by a benefit supper preceding the regular January meeting, the supper to be given by the present panel of officers, but no action was taken.

The following is the slate of officers and committee chairmen for 1941–1942:

President, Mrs. R. T. McCarty
President-elect, Mrs. E. J. Zeiss
Secretary, Mrs. G. T. Hegner
Treasurer, Mrs. F. J. Huberty
Social, Mrs. M. E. Swanton
Public relations, Mrs. E. W. Cooney
Archives, Mrs. E. F. McGrath
Program and welfare, Mrs. C. D. Neidhold
Membership, Mrs. A. E. Rector
Press and publicity, Mrs. W. S. Giffin
*Hygeia*, Mrs. E. J. Zeiss

## Polk

Mrs. K. F. Johnson, Frederic, reports that Dr. and Mrs. H. J. Jeronimus, Osceola, entertained members of the Polk County Medical Society and its Auxiliary at a dinner on October 24. A health talk and election of officers featured the business meeting which followed. Dr. Lenore Patrick, who has charge of child health centers for the district, gave some interesting data on her work.

Following is the slate of officers elected and committee chairmen appointed:

President, Mrs. K. F. Johnson, Frederic
President-elect, Mrs. J. D. Nicholson, Milltown
Secretary, Mrs. C. A. Kelly, St. Croix Falls
Treasurer, Mrs. H. J. Jeronimus, Osceola
*Hygeia*, Mrs. L. O. Simenstad, Osceola
Histories, Mrs. J. A. Riegel, St. Croix Falls
Publicity, Mrs. W. C. Andrews, Frederic
Public relations, Mrs. V. C. Kremser, Amery

Four new members were welcomed into the Auxiliary. The Polk County group meets once every three months and will be entertained in December by Dr. and Mrs. C. A. Kelly, St. Croix Falls.

## Racine

Mrs. E. W. Schacht, past-president of the Woman's Auxiliary to the Racine County Medical Society, was hostess to members of the group at its first meeting of the season on October 13 at her home. Officers and committee chairmen were installed, the Auxiliary this year being under the leadership of Mrs. R. D. Jamieson, as president. Other officers include:

President-elect, Mrs. R. M. Kurten
Vice-president, Mrs. H. B. Keland
Secretary, Mrs. L. M. Lifschutz
Treasurer, Mrs. G. N. Gillett

Committee chairmen with their co-chairmen include the following:

Program, Mmes. A. S. Pfeiffer, C. O. Schaefer
Social, Mmes. H. G. Brehm, K. C. Kehl
*Hygeia*, Mmes. C. L. Kline, K. W. Covell
Public Relations, Mmes. I. F. Thompson, E. J. Schneller

Membership and Sunshine, Mmes. A. L. Nelson, G. L. Ross
History and Archives, Mmes. E. W. Schacht, E. C. Pfeifer
Publicity, Mrs. F. W. Pope
Telephone, Mrs. W. C. Roth
Philanthropic, Mmes. W. E. Buckley, A. S. Pfeiffer
Parliamentarian, Mrs. F. C. Christensen
Advisory and Finance, Mmes. C. K. Hahn, A. M. Lindner
Girl Scout, Mmes. J. M. Albino, S. J. Faber

The program for the year includes a *Hygeia* party on November 24 and Christmas activities. The Auxiliary is also sponsoring a Girl Scout troop. A report of the national convention in Cleveland was given by Mrs. Jamieson, and a report of the state convention in Madison by Mrs. Schacht.

## Rock

Mrs. C. R. Gilbertsen, Janesville, was elected president of the Woman's Auxiliary to the Rock County Medical Society at the meeting on October 28. Other officers are: Mrs. G. W. John, Beloit, president-elect; Mrs. E. C. Hartman, Janesville, secretary; and Mrs. R. M. Baldwin, Beloit, treasurer.

In line with the study of legislation Mrs. Koch read an article "There Ought To Be a Law" prepared by Mr. C. H. Crownhart, legal counsel for the State Medical Society, and presented at the thirteenth annual meeting of the Woman's Auxiliary to the State Medical Society. It was announced that, in addition to legislative problems, the Auxiliary this year would study nutrition, cancer control, and public health.

## Sheboygan

Mrs. W. W. Van Zanten, newly appointed press and publicity chairman for the Woman's Auxiliary to the Sheboygan County Medical Society, reports that the group met at the home of Mrs. H. J. Hansen, Sheboygan Falls, on November 15. Twenty members were present.

The special feature of the meeting was a talk by Mrs. Lemont Richardson, Sheboygan Falls, on "How the United States Should Prepare for Peace." Some progress was made on the Red Cross sewing which is one of the Auxiliary projects this year.

The officers for the next year are: Mrs. Hansen, president; Mrs. G. J. Hildebrand, Sheboygan, president-elect; Mrs. J. W. McRoberts, Sheboygan, vice-president, and Mrs. V. F. Neu, Sheboygan, secretary and treasurer.

Mmes. L. M. Simonson, Sheboygan, E. T. Hougen, Oostburg, and Neu were hostesses with Mrs. Hansen.

## Waukesha

The Woman's Auxiliary to the Waukesha County Medical Society met at the home of Mrs. J. C. Frick, Waukesha, on November 5, with fourteen members and three guests present.

Mrs. J. S. Supernaw, Madison, president of the Woman's Auxiliary to the State Medical Society of Wisconsin, was the guest speaker and brought helpful suggestions for Auxiliary activities. She stressed the legislative angle of this year's program and suggested that members be informed on proposed legislation as it affects the medical profession. Wisconsin is one of the three states in the United States leading in health accomplishments, and credit for this record is largely due to the intelligent guidance of physicians and the interest of the late Mr. J. George Crownhart, former secretary of the State Medical Society, in legislation for the public welfare.

Mrs. Supernaw urged support of the *Bulletin* and *Hygeia*. She also emphasized the importance of being informed on nutrition as a part of the defense effort, and discussed philanthropic work, citing the loan closet as a project of the Dane County Auxiliary. In addition, she suggested Red Cross work, British aid, and the Women's Field Army as philanthropies, and announced that Mrs. J. W. MacGregor, Portage, state philanthropic chairman, has compiled a suggested program which will soon be sent to all auxiliaries in the state.

Mrs. W. E. Sullivan, Madison, state parliamentarian, accompanied Mrs. Supernaw. Mrs. F. G. Zietlow, Waukesha, was also a guest.

As one of the Auxiliary's philanthrophic projects of the year, it was decided to send personal gifts to the boys at the Dousman Home and Farm School at Christmas time.

Committee chairmen were announced as follows:

Archives, Mrs. W. T. Murphy, Waukesha
History, Mrs. J. B. Noble, Waukesha
Public relations, Mrs. J. C. Hassall, Oconomowoc
Social, Mmes. F. J. Woodhead, Waukesha; F. M. Scheele, Waukesha
Philanthropic, Mrs. E. Doege, Oconomowoc
Program, Mrs. P. B. Theobald, Oconomowoc
Membership, Mrs. D. C. Wilkinson, Oconomowoc
Press and publicity, Mmes. F. W. Aplin, Waukesha; W. T. Murphy, Waukesha
Nominating, Mmes. J. B. Noble, Waukesha; G. W. Brewer, Hartland; E. Doege, Oconomowoc
Picnic, Mmes. H. T. Barnes, Delafield; J. D. Wilkinson, Oconomowoc; J. F. Wilkinson, Oconomowoc

Following the meeting a dinner was served by the hostesses, Mmes. Frick, H. F. Sydow, Murphy, and Aplin.

## Waupaca—Shawano

Mrs. P. J. Christofferson of Waupaca reports that the Woman's Auxiliary to the Waupaca–Shawano County Medical Society met on November 4 at the Hotel Marson in Clintonville. Eighteen members and two guests were present.

Following a luncheon the business meeting was conducted in the hotel lobby. Officers elected for the ensuing year are: Mrs. R. E. Van Schaick, Marion,

president; Mrs. A. M. Christofferson, Waupaca, president-elect; Mrs. E. A. Miller, Clintonville, recording secretary. Committee chairmen will be appointed at the next meeting.

A report of the state convention at Madison was given by Mrs. Sam Salan. The *Hygeia* Committee gave a report of its work.

Following the business meeting members and guests were entertained at cards.

The next meeting of the Waupaca–Shawano Auxiliary will be held the first Tuesday in February.

### Winnebago

The high light of the year's program of the Woman's Auxiliary to the Winnebago County Medical Society will be a study of mental hygiene, with a series of three lectures on the subject, according to plans for the year announced at a luncheon meeting held at the Valley Inn, Neenah, October 27. The lecture series will be presented by members of the staff of the Winnebago State Hospital.

The speaker at the meeting on October 27 was Dr. R. H. Quade of Neenah, who spoke on "What the Doctor's Wife Should Know About First Aids."

Mrs. G. C. Owen of Oshkosh, president-elect, presided during the business session in the absence of the president, Mrs. W. N. Linn.

Guests at the meeting were Mrs. James Frasier of Oshkosh and Mrs. William B. Hildebrand of Menasha. Fifteen members were present.

# SOCIETY PROCEEDINGS

### Barron—Washburn—Sawyer—Burnett

Members of the Barron – Washburn – Sawyer – Burnett County Medical Society held a 6:30 dinner meeting at the Cumberland Hotel, Cumberland, on November 3. The guest speaker of the evening was Dr. E. T. Evans, clinical assistant professor of orthopedic surgery at the University of Minnesota Medical School, Minneapolis, who spoke on "Common Sense in the Treatment of Fractures." Ten members attended this meeting.

At a business meeting the following were elected to office for the ensuing year:

Dr. H. H. Ainsworth, Birchwood, president
Dr. S. O. Lund, Cumberland, vice-president and alternate delegate
Dr. R. W. Adams, Chetek, secretary
Dr. G. N. Lemmer, Spooner, censor (three-year term)
Dr. D. L. Dawson, Rice Lake, delegate

The members also elected to membership Dr. D. V. Moen of Shell Lake.

### Brown—Kewaunee—Door

At a dinner meeting at 6:30 p. m., at the Beaumont Hotel, Green Bay, on November 13, members of the Brown–Kewaunee–Door County Medical Society heard an address entitled "New Drugs" presented by Dr. W. S. Middleton, dean and professor of medicine of the University of Wisconsin Medical School, Madison. Forty-two members attended this meeting.

### Chippewa

Twenty members of the Chippewa County Medical Society met at Hotel Northern, Chippewa Falls, for dinner on November 10. The principal speaker was Dr. C. S. Harper, assistant clinical professor of obstetrics and gynecology at the University of Wisconsin Medical School, Madison, who delivered an address on "Sterility." Also on the program was Mr. James Abrams of the Chippewa County Pension Department, whose topic was "Old Age Pensions in Relation to the Physician."

At a business session members of the Society elected Dr. J. H. A. Foster, Cornell, president; Dr. L. W. Picotte, Chippewa Falls, vice-president; Dr. C. T. Clauson, Bloomer, secretary-treasurer; Dr. A. J. Somers, Chippewa Falls, delegate; and Dr. J. J. Sazama, Bloomer, alternate delegate.

Members also heard a report of the delegate to the 1941 state convention.

### Columbia—Marquette—Adams

At an evening meeting at Saint Savior's Hospital, Portage, on October 21, members of the Columbia–Marquette–Adams County Medical Society elected the following officers for the coming year:

Dr. H. M. Caldwell, Columbus, president and delegate
Dr. L. V. McNamara, Montello, president-elect and alternate delegate
Dr. R. B. Dryer, Poynette, secretary-treasurer

The November meeting of the Society was held at Saint Mary's Hospital, Columbus, at 8 p. m., November 18. Guest speaker was Dr. L. E. Holmgren, Madison, who gave an illustrated discussion of thyroid surgery and cretinism. Seven members attended this meeting.

At a business session an auditing committee for 1942 was appointed, which comprises: Dr. J. W. MacGregor, Portage; Dr. J. H. Houghton, Wisconsin Dells; and Dr. R. B. Dryer, Poynette.

## Crawford

At their November meeting members of the Crawford County Medical Society held an election of officers, at which the following doctors were voted into office for the ensuing year:

Dr. E. H. Lechtenberg, Prairie du Chien, president
Dr. H. L. Shapiro, Prairie du Chien, vice-president
Dr. O. E. Satter, Prairie du Chien, secretary
Dr. C. A. Armstrong, Prairie du Chien, delegate
Dr. H. H. Kleinpell, Prairie du Chien, alternate delegate

## Dane

The November meeting of the Dane County Medical Society was held in conjunction with the celebration of Dearholt Day in Service Memorial Institutes, Madison, on November 11, which was presented by the Wisconsin Anti-Tuberculosis Association with the cooperation of Marquette University School of Medicine, University of Wisconsin Medical School and the Dane County Medical Society.

The guest speakers were Dr. E. R. Long, professor of pathology at the University of Pennsylvania School of Medicine and director of the Henry Phipps Institute, Philadelphia, and Dr. Kendall Emerson, managing director of the National Tuberculosis Association, New York, N. Y. The papers presented by Dr. Long were entitled "Some Currelations of the Pathology and Epidemiology of Tuberculosis" and "The Roles of Environment, Nutrition and Constitution in Tuberculosis." Dr. Emerson presented papers entitled "The Doctor's Duty as a Citizen" and "Voluntary Health Agency and the Physician."

The following supplements the list of newly elected officers given in the November issue of *The Journal*, and is a complete list of officers and committees of the Dane County Medical Society for the coming year:

President—Dr. C. O. Vingom
President-elect—Dr. J. S. Supernaw
Vice-president—Dr. M. J. J. Coluccy
Secretary-treasurer—Dr. G. G. Stebbins
Trustees—Drs. A. T. Smedal, C. L. Ingwell, R. M. Wheeler, A. Sauthoff, F. F. Bowman
Delegates—Drs. A. R. Tormey, H. E. Marsh, Louis Fauerbach, A. T. Smedal
Alternate Delegates—Drs. S. A. McCormick, A. J. Boner, L. R. Cole, N. A. Hill
Board of Censors—Drs. W. T. Lindsay, chairman, A. R. Tormey, L. V. Sprague, H. H. Reese, J. P. Dean
Committee on Legislation—Drs. A. G. Sullivan, chairman, W. D. Stovall, I. R. Sisk
Refreshments Committee—Drs. Louis Fauerbach, chairman, D. C. Atwood, M. J. J. Coluccy
Committee on Cancer—Drs. N. A. Hill, chairman, Russell Jackson, Jr., T. A. Leonard
Program Committee—Drs. M. J. J. Coluccy, chairman, C. O. Vingom, president, G. G. Stebbins, secretary-treasurer
Public Relations Committee—Drs. H. K. Tenney, chairman, A. G. Sullivan, F. F. Bowman, H. M. Carter, N. A. Hill
Medical Advisory Committee—Drs. C. O. Vingom, president, C. L. Ingwell, C. G. Reznichek, A. T. Smedal, H. E. Marsh, J. H. Robbins

## Dodge

At a meeting of the Dodge County Medical Society held in Waupun on October 30, at 8:30 p. m., the following officers were elected for the ensuing year:

Dr. E. S. Elliott, Fox Lake, president
Dr. E. C. Quackenbush, Iron Ridge, vice-president
Dr. A. G. Hough, Beaver Dam, secretary and delegate
Dr. E. C. Hoyer, Beaver Dam, censor
Dr. W. E. Bargholtz, Reeseville, alternate delegate

At this meeting the members admitted to membership Dr. G. G. Drescher of Horicon.

## Eau Claire—Dunn—Pepin

Forty-five members of the Eau Claire–Dunn–Pepin County Medical Society held a dinner meeting at the Hotel Eau Claire at Eau Claire on October 27. The scientific program comprised addresses by two doctors from The Mayo Clinic. Dr. W. E. Herrell spoke on "Problems of Fevers of Obscure Origin," and Dr. Thomas Pool spoke on "A Urological Subject."

Following are the new officers of the Society:

Dr. C. H. Falsted, Eau Claire, president
Dr. F. A. La Breck, Eau Claire, vice-president
Dr. R. A. Buckley, Eau Claire, secretary
Dr. J. C. Baird, Eau Claire, delegate
Dr. R. N. Leasum, Osseo, alternate delegate
Dr. W. O. Paulson, Eau Claire, censor

## Fond du Lac

Dr. E. H. Jorris, director of local health services and tuberculosis control, State Board of Health, was the guest speaker at a dinner meeting of the Fond du Lac County Medical Society at the Retlaw Hotel, Fond du Lac, on October 23. The title of Dr. Jorris' address was "State Tuberculosis Survey Unit."

At a business session the following were elected to office for the new year:

Dr. L. J. Keenan, Fond du Lac, president
Dr. K. K. Borsack, Fond du Lac, vice-president

Dr. S. A. Theisen, Fond du Lac, secretary-treasurer
Dr. D. J. Twohig, Fond du Lac, delegate
Dr. J. C. Devine, Fond du Lac, alternate delegate

## Grant

The thirty-ninth annual meeting of the Grant County Medical Society was held at the Grantland Club Rooms at Lancaster at 2:30 p. m., on October 23.

The following scientific program was presented:

"External Diseases of the Eye," by Dr. E. J. Zeiss, of the Appleton Eye, Ear, Nose and Throat Clinic
"Obstetrics" Movie film and manikin demonstration, by Dr. W. C. Keettel, of the Bureau of Maternal and Child Health, Madison
"Electrocardiography," by Dr. H. H. Shapiro, of the State of Wisconsin General Hospital, Madison

Following a 5 o'clock dinner, Dr. E. T. Ackerman of Gays Mills entertained with sleight of hand tricks.

At a business session the following officers were elected for the ensuing year:

Dr. E. M. Houghton, Lancaster, president
Dr. E. C. Howell, Fennimore, vice-president
Dr. H. L. Doeringsfeld, Platteville, secretary-treasurer
Dr. E. H. Spiegelberg, Boscobel, delegate
Dr. J. H. Fowler, Lancaster, alternate delegate

This meeting was well attended, with about thirty doctors present, including about ten doctors from the neighboring counties of Crawford, Iowa and Lafayette.

## La Crosse

Dr. H. R. Butt, of The Mayo Clinic, Rochester, was the guest speaker at the October 21 meeting of the La Crosse County Medical Society held at the Hotel Stoddard, La Crosse. The title of Dr. Butt's address was "Vitamin K: Its Use in Jaundice and in the Hemorrhagic Disease of the Newborn." A 6:30 dinner preceded the scientific program.

The newly elected officers to take office on January 1, 1942, are:

Dr. A. H. Gundersen, La Crosse, president and alternate delegate
Dr. A. A. Skemp, La Crosse, vice-president
Dr. P. T. Walters, La Crosse, secretary-treasurer
Drs. H. E. Wolf, A. J. Rosholt, and E. H. Townsend, La Crosse, board of censors
Dr. F. A. Douglas, La Crosse, delegate

The November meeting of the La Crosse County Medical Society was held at the Stoddard Hotel, La Crosse, on November 18, with a 6:30 dinner. Dr. Vernon Smith of St. Paul lectured to the group on "Sulfanilamide in the Peritoneal Cavity." He also showed motion pictures of his recent hunting expedition in Alaska.

## Marathon

At a dinner meeting at the Wausau Hotel, Wausau, on November 6, members of the Marathon County Medical Society enjoyed an illustrated address by Dr. W. D. Stovall, director of the State Laboratory of Hygiene, Madison, on "The Use of Plasma in Blood Transfusions." Twenty-nine members and four guests attended this meeting.

## Milwaukee

The Medical Society of Milwaukee County held an evening meeting at the Milwaukee Athletic Club on Nov. 14. Dr. W. P. Murphy, associate professor of medicine, Harvard Medical School, Boston, presented an address entitled "Blood Diseases." Also on the scientific program was Dr. W. J. Egan, assistant clinical professor of medicine, Marquette University School of Medicine, and the title of his address was "The Role of the County Medical Society in Defense."

This meeting was well attended, with 230 members present.

## Outagamie

Dr. J. D. Steele, Jr., of Milwaukee, was the guest speaker at a dinner meeting of the Outagamie County Medical Society held at the Riverview Sanatorium, Kaukauna, on October 23. The title of Dr. Steele's address was "Recent Surgical Treatment of Tuberculosis."

## Polk

Dr. H. J. Jeronimus, Osceola, was host on October 23 to the Polk County Medical Society, which held its regular monthly meeting at the Osceola Hotel. The speakers were: Dr. M. O. Henry, professor of orthopedics, University of Minnesota Medical School, Minneapolis, who talked on "Fractures of Upper Extremities," and Dr. Lenore Patrick, maternal and child health physician of District No. 7, Chippewa Falls, who discussed "Digestive Disturbances in Infancy and Childhood."

The following were named officers for the year 1941–1942: Dr. D. A. Maas, Webster, president; Dr. V. C. Kemser, Amery, vice president; Dr. G. B. Noyes, Centuria, secretary-treasurer; Dr. L. O. Simenstad, Osceola, delegate; and Dr. K. F. Johnson, Frederic, alternate delegate.

The November meeting was held at the Amery Hotel on the eighteenth. The scientific program comprised lectures by two guest speakers from Minneapolis. Dr. R. E. Hultkrans presented a paper on "Acute Low Back Pains," and Dr. J. H. Moe, of the University of Minnesota Hospitals and the Minneapolis General Hospital, spoke on "Chronic Low Back Pains."

### Price—Taylor

Members of the Price–Taylor County Medical Society met at Murray's in Phillips for a 6:30 banquet on November 5. Following the banquet the members had the opportunity of hearing a most interesting and educational talk on obstetrics presented by Dr. W. C. Keettel, of the Bureau of Maternal and Child Health, Madison.

### Rock

Rock County hospitals were hosts, with Superintendent A. H. Cullen and the trustees giving a duck dinner to the members of the Rock County Medical Society at the Rock County Hospital at 6:30 on October 28.

Dr. Eric Oldberg, professor and head of the department of neurology and neurological surgery at the University of Illinois College of Medicine lectured to the group on "Lesions in the Neighborhood of the Sella Turcica."

### Shawano

Twelve members of the Shawano County Medical Society met at the Shawano Municipal Hospital on October 15 for a 6:30 dinner meeting. The scientific program comprised a discussion on the drug "Stilbestrol" by Dr. A. A. Cantwell, Shawano, and a discussion on "Epidemiology of Acute Anterior Poliomyelitis" by Dr. E. E. Evenson, Wittenberg.

### Sheboygan

Dr. E. L. Sevringhaus, professor of medicine at the University of Wisconsin Medical School, presented a paper entitled "Diabetes" before the members of the Sheboygan County Medical Society at their meeting October 28 at the Memorial Hospital in Sheboygan. Also on the program was Mr. D. K. Murphy, Sheboygan, who discussed "The 'Blue Cross Plan' of Hospitalization."

### Winnebago

The Winnebago County Medical Society held a dinner meeting at the Hotel Menasha, Menasha, on November 6. The thirty members present had the opportunity of hearing a lecture on "Modern Trends in Anesthesia" by Dr. H. C. Slocum, of the State of Wisconsin General Hospital, Madison. Following this address Mr. G. B. Larson, acting secretary of the State Medical Society of Wisconsin, showed the film strip "Health Achievements in Wisconsin" which was prepared under the direction of the Committee on Health and Public Instruction.

### Ninth Councilor District

The autumn meeting of the Ninth Councilor District Medical Society was held on November 13 at Hotel Wausau in Wausau. Following a 6 o'clock dinner the following scientific program was presented:

"The Present Day Status of the Sulfonamide Compounds" by Dr. A. E. Brown, The Mayo Clinic; assistant professor of medicine, University of Minnesota Graduate School

"Diagnosis and Treatment of Injuries and Diseases of the Spinal Cord" by Dr. E. M. Hammes, professor of nervous and mental diseases at the University of Minnesota Medical School.

### Milwaukee Academy of Medicine

Members of the Milwaukee Academy of Medicine met at the University Club at 8:15 p. m. on November 18, and heard an address by Dr. P. H. Holinger of the University of Illinois College of Medicine. On this same program was Dr. W. A. Hilger, of Milwaukee, who discussed jaundice.

### Milwaukee Neuro-Psychiatric Society

The Milwaukee Neuro-Psychiatric Society held a meeting at 6 o'clock on October 30 at the Rogers Memorial Sanitarium, Oconomowoc. Dr. J. C. Hassall, Oconomowoc, gave a brief report on the meeting of the Central Neuropsychiatric Association. The guest speaker for the evening was Dr. David Slight, professor of psychiatry, at the School of Medicine, University of Chicago. His paper was entitled "Modern Problems of Psychiatry and Future Prospects."

### Milwaukee Oto-Ophthalmic Society

Members of the Milwaukee Oto-Ophthalmic Society held a dinner meeting at the University Club on November 11. Following the dinner a clinical meeting, with presentation of cases, was held at 7:30. The scientific program which was presented follows:

1. "Hearing Program in the Milwaukee Elementary Schools," by Dr. M. J. Ansfield, Milwaukee
2. "The Role of the Paul Binner School in Caring for the Hard of Hearing Child," by Miss Sadie Owen, Paul Binner School (Demonstration)
3. "Instruction of Lip-reading Teachers," by Miss Strang, Milwaukee State Teachers College
4. "The Hard of Hearing Child," by Mr. F. B. Powell, assistant state superintendent, and director of the Bureau for Handicapped Children

### Milwaukee Society of Clinical Surgery

At a dinner meeting at the University Club, on October 28, members of the Milwaukee Society of Clinical Surgery had two guest speakers: "An Evaluation of Various Types of Caesarian Section" was the topic of the lecture presented by Dr. E. A. Schumann, professor of obstetrics, University of Pennsylvania School of Medicine, Philadelphia. Dr. A. S. Jackson, Madison, spoke on "Acute Surgical Abdomen."

# News Items and Personals

S. J. SEEGER, M. D.
Milwaukee

*Dr. S. J. Seeger*, nationally known Milwaukee surgeon, and Mrs. Seeger left recently to make their home in Texarkana, Texas, Mrs. Seeger's former home.

Since 1934 *Dr. Seeger* has been chief of staff of Milwaukee Children's Hospital, and since 1928, chief of staff of Columbia Hospital.

He has been much interested in industrial health, having served as chairman of the Council on Industrial Health of the American Medical Association since its organization in 1937, and also as chairman of the Committee on Industrial Health of the State Medical Society of Wisconsin. He was president of the Medical Society of Milwaukee County in 1926 and of the State Medical Society in 1934.

*Dr. Seeger's* society affiliations include membership in the American College of Surgeons, Western Surgical Association, Founders' Group of the American Board of Surgery, Milwaukee Academy of Medicine, Milwaukee Surgical Society, and Wisconsin Clinical Surgical Club.

—△—

*Dr. R. M. Carter* of the Carter Fracture and Orthopedic Clinic, Green Bay, has resumed practice after an absence of several months due to illness.

—△—

On October 30 an office of the Jackson Clinic of Madison was opened in Sun Prairie. *Dr. N. J. Barnstein*, a former member of the Jackson Clinic staff who has been engaged in private practice in Two Rivers, is in charge.

—△—

*Dr. R. J. Portman*, Manitowoc, was the speaker at the Knights of Columbus meeting on October 28, his subject being "Deafness, Its Prevention and Cure."

—△—

Tracing the advance of medical science from the time when cures and diagnoses were found in superstition, mesmerism, phrenology, and even witchcraft, to the present time when so many diseases are under the control of science, *Dr. W. D. Stovall*, Madison, climaxed his address to the Woman's Club, Sheboygan, on November 11, with the prediction that before long, infantile paralysis, too, would be a medical curiosity. In closing, *Dr. Stovall* emphasized the importance of a well-informed general public for the control of disease.

Among those who attended the meeting of the Central Neuropsychiatric Association in Detroit and Ann Arbor on October 24 and 25 were *Drs. A. W. Bryan, H. H. Reese, Mabel G. Masten, and S. B. Pessin*, all of Madison.

—△—

At the meeting of the American College of Surgeons in Boston on November 3–7, the following members of the State Medical Society of Wisconsin were initiated as fellows:

*Dr. J. G. Garland*, Milwaukee
*Dr. R. W. Hammond*, Manitowoc
*Dr. C. B. Hatleberg*, Chippewa Falls
*Dr. J. A. Jackson*, Madison
*Dr. J. P. Malec*, Madison
*Dr. J. A. Rawlins*, Elkhorn
*Dr. C. S. Rife*, Milwaukee

Other Wisconsin physicians who attended the meeting were *Drs. P. F. Doege*, Marshfield; *H. J. Dvorak*, Milwaukee; *D. V. Elconin*, Milwaukee; *C. A. Evans*, Milwaukee; *T. H. Flarity*, Beloit; *R. E. Galasinski*, Milwaukee; *W. E. Grove*, Milwaukee; *R. M. Kurten*, Racine; *W. F. Konnak*, Racine; *L. H. Kretchmar*, Milwaukee; *R. V. Landis*, Appleton; *O. R. Lillie*, Milwaukee; *W. A. Munn*, Janesville; *H. A. Raube*, Beloit; *E. W. Schacht*, Racine; *E. R. Schmidt*, Madison; *S. J. Seeger*, Milwaukee; *L. D. Smith*, Milwaukee; *T. J. Snodgrass*, Janesville; *R. P. Sproule*, Milwaukee; *A. C. Taylor*, Appleton; *C. O. Vingom*, Madison; *D. H. Witte*, Milwaukee; and *R. G. Yost*, Manitowoc.

—△—

*Dr. T. L. Tolan*, president of the Milwaukee Society for the Hard of Hearing, on October 22 urged early examination of children in the drive to conserve hearing. He spoke at a program at the club's headquarters as a part of the celebration of national hearing week.

—△—

*Dr. D. E. W. Wenstrand*, Milwaukee, medical director of the Northwestern Mutual Life Insurance Company, was elected president of the Association of Life Insurance Medical Directors of America at its recent fifty-second annual meeting in New York City. The organization is composed of insurance medical men associated with the principal life insurance companies of the country. *Dr. Wenstrand* came to the Northwestern Mutual Life Insurance Company as assistant medical director thirty-eight years ago and became medical director in 1936.

—△—

*Dr. F. S. Marshall* of Black Earth has accepted a surgical residency in orthopedics at Shriners' Hospital for Crippled Children in Chicago.

F. W. MADISON, M. D.
Milwaukee

F. R. JANNEY, M. D.
Wauwatosa

*Dr. F. R. Janney,* Wauwatosa, has assumed the position of chief of staff of Milwaukee Children's Hospital, and *Dr. F. W. Madison,* Milwaukee, now holds the same position at Columbia Hospital. *Dr. S. J. Seeger,* who formerly occupied both of these positions, has moved to Texarkana, Texas.

—△—

*Dr. Gunnar Gundersen,* La Crosse, president of the State Medical Society of Wisconsin, was the guest of honor at the thirty-second annual banquet of the Wisconsin State Nurses Association in Milwaukee from October 27 to 29, in conjunction with the twenty-sixth convention of the State League of Nursing Education. Speakers on the program included three members of the State Medical Society: *Dr. E. R. Krumbiegel,* Milwaukee, health commissioner; *Dr. T. J. Howard,* Milwaukee, president of the Medical Society of Milwaukee County, and *Dr. F. D. Murphy,* Milwaukee.

—△—

*Dr. G. F. Burgardt,* Milwaukee deputy commissioner of health, addressed the Benjamin Franklin Parent-Teacher Association on November 12. His topic was "American Citizens in the Making Through Health."

—△—

Included on the recently elected board of directors of the Eagle River Hospital Association are the following members of the State Medical Society: *Drs. O. R. McMurry, C. O. Lindstrom,* and *R. A. Oldfield. Dr. McMurry* was also elected vice-president.

—△—

*Dr G. F. Treadwell* of Friendship became the Dr. Dafoe of Adams County when, on October 16, he delivered the first triplets on record to be born in the county. The triplets are two girls, weighing about 4 pounds each and a boy weighing 5½ pounds.

—△—

*Dr. C. O. Vingom,* was elected chief of staff of Madison General Hospital at a recent reorganization meeting of the staff. *Dr. A. G. Sullivan* was elected chief of the surgical department; *Dr. A. C. Stehr,* chief of the general department, and *Dr. T. A. Leonard,* chief of the obstetrical and gynecological department. *Dr. G. G. Stebbins* was elected secretary-treasurer.

*Dr. P. C. Gatterdam,* La Crosse, spoke to the alumnae association of the La Crosse Lutheran Hospital on November 15, his topic being "Oxygen Therapy."

—△—

*Dr. A. B. Schwartz,* Milwaukee pediatrician, was the guest speaker at the meeting of the Randall Parent-Teacher Association, Madison, on November 12. His subject was "Keep Children Healthy." *Dr. Charlotte Calvert Burns,* Madison, gave a summary of Madison's contributions to child health.

—△—

*Dr. R. B. Rogers* was reelected president of the medical staff of Theda Clark Memorial Hospital, Neenah, at the recent annual meeting. Other officers named were *Dr. G. E. Forkin,* Menasha, vice-president, and *Dr. F. G. Jensen,* Menasha, secretary-treasurer. The advisory committee includes, in addition, *Dr. G. H. Williamson* and *Dr. T. D. Smith,* both of Neenah.

—△—

Mr. George B. Larson, acting secretary of the State Medical Society, presented the film strip "Health Achievements in Wisconsin" at a meeting of the Rotary Club held in the Hotel Whiting at Stevens Point on Monday, November 24.

—△—

Among those who attended the October meeting in New Orleans of the Central Association of Obstetricians and Gynecologists were *Drs. T. A Leonard, C. S. Harper, D. M. Britton, Madeline J. Thornton, E. F. Schneiders,* and *W. C. Keettel,* all of Madison; *Dr. J. W. McGill,* Superior, and *Dr. H. W. Shutter,* Milwaukee.

—△—

*Dr. M. H. Fuller,* Green Bay, was recently reappointed as examiner for the blind for Brown County by the board of supervisors for the coming year.

—△—

The following Wisconsin physicians presented papers on the program of the eighteenth annual meeting of the North Central Section of the American Urological Association in Detroit, Michigan, on October 23, 24, and 25:

*R. S. Irwin,* Milwaukee—"Congenital Megalocolon With Ureteral Dilation"

*J. C. Sargent,* Milwaukee—"Basic Principles Governing Conservative Surgery in Hydronephrosis"

*G. H. Ewell,* Madison—"Cystoscopic Treatment of Vesico-vaginal Fistula"

*I. R. Sisk,* Madison—"Some Anomalies of the Genital Tract: A Report of Cases"

*H. E. Kasten,* Beloit—"A Restudy of the Etiology of Anuria with Emphasis on Modern Trends in Prevention and Treatment with Presentation of Nine Cases"

In addition, *Dr. W. M. Kearns,* Milwaukee, and *Dr. H. M. Stang,* Eau Claire, appeared on the program as discussants of papers. *Dr. Kearns* was elected president of the section.

*Dr. L. C. Pomainville,* Wisconsin Rapids, recently addressed the chemistry class at Lincoln High School, Wisconsin Rapids, on "The Relations of Chemistry to Medicine and Nursing." He also showed moving pictures on health progress in Wisconsin at the luncheon meeting of the Kiwanis Club on October 30.

## BIRTHS

A daughter, Cynthia Whitcomb, to Dr. and Mrs. W. W. Busby, Milwaukee, October 26.

A daughter, Sharon Mary, to Dr. and Mrs. P. J. Purtell, Milwaukee, November 12.

A daughter to Dr. and Mrs. D. J. Werner, Milwaukee, November 2.

A son to Dr. and Mrs. J. P. Schelble, Milwaukee, October 20.

A daughter to Dr. and Mrs. W. D. James, Camp Walters, Texas, October 16.

A son to Dr. and Mrs. O. C. Clark, Oconomowoc, November 4.

## MARRIAGES

Captain E. W. Vetter, Camp Shelby, Mississippi, and Miss Myrtle May Gruenwald, Waupun, October 25.

Dr. M. S. Averbrook, Superior, and Miss Mariam Fries, Los Angeles, California, October 26.

Dr. C. U. Senn, Ripon, and Miss Margaret H. Welk, Chicago, November 15.

## DEATHS

**Dr. James M. Marsh,** Elkhorn, died on September 30 at the Walworth County Hospital where he had been a patient for two weeks. Born on June 27, 1862, he was 79 years of age at the time of his death.

Dr. Marsh had practiced at Elkhorn for forty-one years. On June 7, 1940, he celebrated his fiftieth anniversary as a practicing physician when he met with nine other college classmates at a reunion at the New York Medical College from which he received his medical degree in 1890. He was a former member of the Walworth County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association.

Survivors include his widow, seven daughters and a son.

**Dr. Helen B. Tennies,** 61-year-old Allouez physician, died at her home following a heart attack on October 30.

Dr. Tennies was graduated from the University of Illinois College of Medicine in 1904. She was a former member of the Langlade County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association.

Her husband preceded her in death.

**Dr. James E. Dwyer,** 64, member of the Veterans' Administration Hospital staff at Milwaukee, died at the hospital on November 14 after a two months' illness caused by a heart ailment.

Dr. Dwyer received his medical degree from the University of Maryland School of Medicine and College of Physicians and Surgeons at Baltimore, in 1905. He was a captain in the medical corps during the first World War, having enlisted in August, 1917, and was discharged in 1919, becoming a major in the reserve. He had been in government service since 1926.

Surviving are his widow and a son.

**Dr. Chauncey D. Beebe,** 49, a practicing physician and surgeon at Sparta, died on November 5 of a heart attack while he slept.

Dr. Beebe was born on June 4, 1892, and with his parents moved to Sparta where his father, Dr. Carl M. Beebe, practiced medicine. Dr. Chauncey attended the Sparta High School and later was graduated from Beloit College. He was graduated from Northwestern University Medical School in 1918 and served his internship at Brooklyn, New York, later returning to Sparta where, with his father, he practiced medicine in the Sparta Clinic. He was associated with Dr. Harry Mannis and they practiced in the firm of Beebe & Mannis.

Dr. Beebe was active in many community activities. The city schools were his favored project, and numerous educational improvements were made under his leadership.

He was a member of the Monroe County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association.

Surviving are his widow, two daughters and one son.

**Dr. John R. Hughes,** Milwaukee, died of a heart attack on October 26 while visiting at Oakland, California. He was 55 years of age.

Dr. Hughes was graduated from Rush Medical College, Chicago, in 1912, and practiced at Dodgeville until 1927, when he served as dean of the Marquette University School of Hospital Administration for one year. In 1928, he joined the medical staff of the Employes Mutual Benefit Association, which position he held at the time of his death.

Dr. Hughes was a member of the Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association.

Surviving him are his widow and a daughter.

**Dr. Olaf M. Sattre,** Rice Lake, 78 years of age, died at his home on October 28. He had been in poor health for several years.

Born March 16, 1863, near Decorah, Iowa, Dr. Sattre attended the rural schools near his father's farm and was graduated from Luther College in 1882. In 1888, he received his medical degree from Rush Medical College, Chicago. He served his internship in the Chapin Hospital at Iron Mountain,

Michigan, and spent eighteen months there, later becoming physician for the Penn Iron Mining Company, Norway, Michigan, where he started his private practice. In 1894, his wife, to whom he was married the previous year, and he moved to Rice Lake to make their permanent home.

Dr. Sattre was active in community life and was a member of the Barron–Washburn–Sawyer–Burnett County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association.

He is survived by his widow and two daughters.

## SOCIETY RECORDS

### New Members

J. M. Schuele, Belgium.

G. G. Drescher, 112 North Vine Street, Horicon.

W. B. Hildebrand, 223½ Main Street, Menasha.

R. A. Teschan, 231 West Wisconsin Avenue, Milwaukee

A. M. Kane, 3507 West Villard Avenue, Milwaukee.

B. J. Peters, 408 West Greenfield Avenue, Milwaukee.

A. J. Sebesta, Shawano.

C. S. Carmichael, Vesper.

J. G. MacKenzie, 224 West Washington Avenue, Madison.

Dorothy McDonald, State Board of Health, Madison.

Myra Burke, 110 East Main Street, Madison.

Robin Allin, 122 West Washington Avenue, Madison.

G. E. Oosterhous, 113 North Carroll Street, Madison.

### Changes in Address

R. P. Wiesen, Milwaukee, to 2353 North Sixty-fourth Street, Wauwatosa.

E. M. Case, Delavan, to 3147 Twelfth Street, N. W., Canton, O.

Elsa B. Edelman, Milwaukee, to 13660 Fairhill Road, Cleveland, O.

E. F. Barta, Milwaukee, to 8823 West Jackson Boulevard, Wauwatosa.

James Christiansen, Waukesha, to General Delivery, Washta, Ia.

A. A. Sverdlin, Denver, Colo., to 4108 North Richards Street, Milwaukee.

R. J. Winkler, Camp Polk, La., to 75th Medical Battalion, 5th Armored Division, Fort Knox, Ky.

W. T. Becker, Camp Shelby, Miss., to 135th Medical Regiment, A. P. O. 304, Fort Jackson, S. C.

E. T. Rechlitz, Fort Knox, Ky., to School of Aviation Medicine, Randolph Field, Tex.

N. J. Barnstein, Two Rivers, to Sun Prairie.

W. R. Notbohm, Sullivan, to Dousman.

D. H. Lando, Pomona, Ill., to Wisconsin Industrial School for Boys, Waukesha.

F. S. Marshall, Black Earth, to Shriner Hospital for Crippled Children, Chicago.

R. J. Dalton, Minocqua, to Riley Creek Camp, Fifield.

A. F. Rogers, Camp Forrest, Tenn., to Carlisle Barracks, Carlisle, Pa.

H. C. Marsh, De Pere, to Crandon.

S. J. Seeger, Milwaukee, to Texarkana, Tex.

W. O. Hendrickson, Fairchild, to 2019 Locust Street, Philadelphia, Pa.

(See page 1303 for complete list of men in service.)

## IDENTIFICATION BY BLOOD TEST

Whenever relevant to the prosecution by the mother, or defense by the alleged father, in an illegitimacy action, the trial court may order the mother, child and alleged father to submit to one or more blood tests to determine whether the defendant can be excluded as the father of the child. The results of the test are admissible only to prove that the defendant is not the father; the results of a test which show only that the defendant might be the father are not admissible. Such tests are conducted by a physician or physicians, licensed to practice medicine and surgery, or by another duly qualified person or persons, not to exceed three, who are appointed by the court and paid by the county. Sec. 166.105, statutes.

Whenever relevant in a civil action to determine the parentage or identity of any child, person or corpse, the court may direct any person or persons involved to submit to one or more blood tests under restrictions and directions deemed proper by the court. Only where definite exclusion of the person involved in the controversy is established by the test are its results receivable in evidence. Sec. 325.23, statutes.

# Coming Events

## University of Wisconsin Medical School Postgraduate Courses for General Practitioners April 20 to April 24, 1942

These courses will be conducted on a seminar conference basis. Each physician may take one morning and one afternoon course. There will be a registration fee of $7.50. Applications will be accepted in order of their receipt at the office of the dean of the Medical School. The fee for the course should accompany the application. The total number of acceptances will be limited to twenty physicians.

### MEDICINE

**Monday**

Diseases of the Blood and Blood-forming Organs
Dr. Meyer and associates

1. Hemorrhagic Diseases
2. Diseases of the Lymph Nodes
3. Anemias—Their Differentiation and Management

**Tuesday**

Diseases of the Digestive Tract
Dr. Puestow and associates

1. Diseases of the Liver
2. Peptic Ulcer
3. Regional Ileitis and Colitis

**Wednesday**

Diseases of the Endocrine Glands
Dr. Sevringhaus and associates

1. Diseases of Thyroid Gland
2. Diabetes Mellitus
3. Diseases of Parathyroid Gland
4. Diseases of Adrenal Bodies
5. Diseases of Ovary and Testis
6. Pituitary and Growth

**Thursday**

Vitamins and Minerals Dr. Gordon and associates

**Friday**

Diseases of the Circulatory System
Dr. Kurtz and associates

1. Arrhythmias
2. Coronary Heart Disease
3. Cardiac Drugs

### SURGERY

**Monday**

Surgery of the Breast Dr. Schmidt and staff

1. Anatomy in the Dissecting Room
2. Symptoms of Benign and Malignant Tumors
3. Pathology and Slides
4. Discussion of Surgery
5. Radiation Therapy

**Tuesday**

Surgery of the Gallbladder Dr. Gale and staff

1. Anatomical Laboratory
2. Symptoms and Findings (Physical and Laboratory)
3. Surgery and Postoperative Complications

**Wednesday**

Common Fractures Dr. Burns and staff

1. Anatomical Laboratory
2. Discussion and Treatment of Common Fractures with X-ray and Patient Demonstrations

**Thursday**

Empyema Dr. Curreri and staff

1. Anatomical Laboratory
2. Pathological Physiology in Empyema
3. Diagnosis and Treatment

**Friday**

Hernia Dr. Lemmer and staff

1. Anatomical Laboratory
2. Discussion of Hernia
3. Treatment: Radical vs. Conservative
4. Postoperative Complications

### PEDIATRICS

**Monday**

Diseases of the Newborn Infant Including Care of the Premature Dr. Gonce and associates

**Tuesday**

Nutritional Disturbances of Infancy
Dr. Tenney and associates

**Wednesday**

Common and Uncommon Causes of Disturbances of Growth in Infancy and Childhood
Dr. McDonough and associates

**Thursday**

Congenital Defects Dr. Gonce and associates

**Friday**

Diagnosis and Treatment of Acute and Chronic Skin Condition in Infancy and Childhood (Including Burns) Dr. Tenney and associates

### OBSTETRICS AND GYNECOLOGY

**Monday**

Introduction and Outline of Course
Pelvimetry—Demonstrations and Discussion
Operative Obstetrics—Manikin Demonstrations
Dr. Harris and associates

**Tuesday**

The Treatment of Some Common Complications of Pregnancy
The Management of Abortion and Premature Labor
Ward Rounds and Clinical Conference
Dr. Harris and associates

**Wednesday**

The Conduct of Normal Labor—Demonstrations
Pain Relief in Labor—Demonstration of Methods
Ward Rounds and Clinical Conference
Dr. Harris and associates

**Thursday**

The Management of the Puerperium
Postpartum Hemorrhage; Causes, Prevention and Treatment
Ward Rounds and Clinical Conference
Dr. Harris and associates

**Friday**

Gynecologic Problems
Office Gynecology—Demonstrations
Ward Rounds and Clinical Conference
Dr. Harris and associates

### ROUND-TABLE LUNCHEONS

(Cost included in registration fee)

Monday ---------- Medicine
Tuesday ---------- Pediatrics
Wednesday ---------- Surgery
Thursday ---------- Orthopedics
Friday ---------- Obstetrics and Gynecology

### University of Wisconsin Medical School Schedule of Saturday Morning Clinics

Jan. 3. Neuropsychiatry: Early Manifestations of Neurosyphilis, Clinical and Serological Data. Dr. Lorenz and Associates

Jan. 10. Neuropsychiatry: Neurological Disorders as seen in General Practice. Dr. Reese and Dr. Masten

Jan. 17. Neuropsychiatry: Common Types of Psychiatric Disorders with Reference to Psychiatric Therapy. Dr. Lorenz and Dr. Pessin

Jan. 24. Urology: Discussion of Common Malignant Tumors involving the Organs of the Genito-Urinary Tract. Dr. Sisk and Associates

Jan. 31. Medicine: Clinical Problems in Pituitary-Gonadal Relationship. Dr. Sevringhaus and Associates

—△—

### Examination, Wisconsin State Board of Medical Examiners

The next regular examination and meeting of the Wisconsin State Board of Medical Examiners will be held at Hotel Loraine, Madison, January 13, 14, and 15, 1942. Applications for reciprocity will also be considered at this time. Applications will be accepted up to January 8.

—△—

### Examinations, American Board of Obstetrics and Gynecology

The written examination and review of case histories (Part I) for Group B candidates will be held in the various cities of the United States and Canada, on Saturday, January 3, 1942, at 2:00 p. m. Formal notice of the place of examination will be sent each candidate several weeks in advance of the examination date. No candidate will be admitted to examination whose examination fee has not been paid at the secretary's office. Candidates who successfully complete the Part I examination will proceed automatically to the Part II examination held in June 1942.

The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted by the entire Board, meeting at Atlantic City, N. J., in June, 1942, immediately prior to the annual meeting of the American Medical Association.

Application for admission to Group A, Part II, examinations must be on file in the secretary's office not later than March 1, 1942.

As previously announced in the Board booklet, this fiscal year (1941–1942) of the Board marks the close of the two groups of classification of applicants for examination. Thereafter, the Board will have only one classification of candidates, and all will be required to take the Part I examinations.

For further information and application blanks, address Dr. Paul Titus, secretary, 1015 Highland Building, Pittsburgh, Pennsylvania.

### Milwaukee Children's Hospital Schedule of Clinical Presentations

**Surgical clinics—Mondays**

**Orthopedic and fracture clinics—Tuesdays**

**Pediatric clinics—Fridays**

**Time: 12:30 to 1:30 p. m.**

**DECEMBER, 1941**

Surgical Clinic—Monday, December 15
Presentation of cases. Discussion of Physiologic Considerations in Pediatric Surgery.

Orthopedic and Fracture Clinic—Tuesday, December 16
Fractures of the Femur in Children. Discussion by G. W. Fox, M. D., Milwaukee.

Pediatric Clinic—Friday, December 19
Urological Conditions in Children. Discussion by N. W. Bourne, M. D., Milwaukee.

**JANUARY, 1942**

Surgical Clinic—Monday, January 5
Presentation of cases. Discussion of Burns.

Orthopedic and Fracture Clinic—Tuesday, January 6
Bone Lesions in Children. Discussion by H. W. Hefke, M. D., and G. H. Hansmann, M. D., Milwaukee.

Pediatric Clinic—Friday, January 9
Immunization of Children Against Whooping Cough and Diphtheria. Discussion by Louis W. Sauer, M. D., Evanston.

Surgical Clinic—Monday, January 12
Presentation of cases. Discussion of Intracranial Injuries.

Orthopedic and Fracture Clinic—Tuesday, January 13
Bone Lesions in Children. Discussion by H. W. Hefke, M. D., and G. H. Hansmann, M. D., Milwaukee.

Pediatric Clinic—Friday, January 16
The Grid Chart for Evaluating the Nutritional and Growth Status of Children. Discussion by W. W. Busby, M. D., L. Schaefer, M. D., and Miss Clausen, Milwaukee.

Surgical Clinic—Monday, January 19
Presentation of cases. Discussion of Osteomyelitis.

Orthopedic and Fracture Clinic—Tuesday, January 20
No clinic.

Pediatric Clinic—Friday, January 23
Treatment of Common Skin Diseases in Children. Discussion by S. M. Markson, M. D., Milwaukee.

Surgical Clinic—Monday, January 26
Presentation of cases. Discussion of Wringer Injuries.

Orthopedic and Fracture Clinic—Tuesday, January 27
No clinic.

Pediatric Clinic—Friday, January 30
The Value and Interpretation of Neurologic Signs and Tests in Pediatrics, i.e., Nystagmus, Unequal Pupils, etc. Discussion by John L. Garvey, M. D., Milwaukee.

—△—

### Milwaukee County Hospital Interne's Association

The Milwaukee County Hospital Interne's Association has announced that its next meeting will be held on January 31, 1942.

### The University of Chicago—Department of Obstetrics and Gynecology, The Chicago Lying-In Hospital

Five postgraduate courses in obstetrics, each of four weeks' duration, will be offered at the Chicago Lying-in Hospital between January 12 and June 6, 1942. These are sponsored by the Illinois State Department of Health and the Children's Bureau of the U. S. Department of Labor. The features of the program consist of observations on current managements of normal and abnormal states of the pregnant, parturient, and puerperal patient. Lectures, demonstrations, clinics, and other teaching means augment the operating room and birth room observations, and ward round discourses. The course is run on a non-profit basis. A deposit of $25 is required on registration, $10 of which is refunded at the completion of the course. All the members of the department participate in giving the courses. Additional information and application blanks may be obtained by request from Postgraduate Course, Department of Obstetrics and Gynecology, 5848 Drexel Avenue, Chicago, Illinois.

### Clinics, Milwaukee County Hospital and Marquette University School of Medicine

Clinics are held weekly on Friday from 10:30 a. m. to 12 noon at the Milwaukee County Hospital. Subjects for discussion in January are as follows:

**January 9**—Diagnosis, management and prognosis of kidney infections.
**January 16**—Neurological subject.
**January 23**—1. Treatment of heart failure and cardiac irregularities. 2. Surgery in the puerperium.
**January 30**—Anuria—causes and treatment.

—△—

### Fourth Annual Congress on Industrial Health

Arrangements have been largely completed for the fourth annual Congress on Industrial Health sponsored by the American Medical Association, which will be held Monday and Tuesday, Jan. 12–13, 1942, at the Palmer House in Chicago. These meetings are open to physicians and others interested in industrial health. There is no registration fee. Topics and speakers are announced in the December 6 issue of *The Journal of the American Medical Association,* page 1990.

## PROCUREMENT AND ASSIGNMENT SERVICE FOR PHYSICIANS

Members are urged to note current references in *The Journal of the American Medical Association* concerning the activities and purposes of the Procurement and Assignment Service for Physicians, Dentists and Veterinarians, as a part of the Office of Defense, Health and Welfare Service. Development of this division followed from a resolution adopted by the House of Delegates of the American Medical Association at its meeting in Cleveland last June. Directed by representatives of the civilian medical profession, one of the fundamental purposes of the new agency is to stimulate voluntary enrollment of members of the profession. At the present time, the army using a formula of six medical officers per 1,000 men, requires an additional 1,473 medical officers. Various bureaus and divisions of the government need replacements for those who are assigned to active service. The problem of supplying the needs of the country will be increasingly important in the months to come.

The December 6 issue of *The Journal of the American Medical Association,* on page 1983, contains a detailed statement of plans and needs in the field of medical procurement. Its careful reading is commended to all members.

Procurement and Assignment Service maintains offices in Washington, D. C., which may be addressed at Room 5654-ODH, New Social Security Building, Fourth and C Streets. A regional office has been established in Chicago, at the headquarters of the American Medical Association.

# Medical Advisory Boards

**State Medical Officer**

Dr. O. R. Lillie, 208 E. Wisconsin Ave., Milwaukee

**Assistant State Medical Officer**

Major John A. Grab, Selective Service, State Capitol, Madison

## BOARD NO. 1

**Local boards served.**—*Milwaukee city, local boards nos. 1, 2, 3, 4, 6, 10, 15, 16, 19*

John E. Mulsow (chairman), 231 W. Wisconsin Ave.; John E. Habbe (secretary), 231 W. Wisconsin Ave.; Wm. M. Jermain, T. J. Howard, Herman C. Schumm, Curtis A. Evans, John L. Garvey, George H. Hansmann, John W. Truitt, Hubert J. Farrell, and Joseph J. Tolan (dentist),—all of Milwaukee

## BOARD NO. 2

**Local boards served.**—*Milwaukee city, local boards nos. 7, 9, 13, 18, 20, 21, 22, 25, 26*

Wm. J. Egan (chairman), 720 N. Jefferson St., John B. Hitz (secretary), 411 E. Mason St., Walter P. Blount, Chester M. Echols, Robert E. Fitzgerald, Norbert Enzer, S. A. Morton, Harry J. Heeb, Harry R. Foerster, Lester M. Wieder, and Robert Phelan (dentist),—all of Milwaukee

## BOARD NO. 3

**Local boards served.**—*Milwaukee city, local boards nos. 5, 8, 11, 12, 14, 17, 23, 24, 27*

Joseph Lettenberger (chairman), 161 W. Wisconsin Ave., Roman J. Stollenwerk (dentist, secretary), 2689 S. Kinnic Ave.; Walter A. Brussock, Frederick W. Madison, Wm. E. Grove, John O. Dieterle, Urban A. Schlueter, Wm. L. Herner, Hobart K. B. Allebach, Paul S. Epperson, John W. Smith, and Sidney J. Silbar,—all of Milwaukee.

## BOARD NO. 4

**Local boards served.**—*Milwaukee county, outside city limits of Milwaukee, Waukesha, Ozaukee*

Millard Tufts (chairman), 208 E. Wisconsin Ave.; Edward L. Tharinger (secretary), 231 W. Wisconsin Ave., Milwaukee; Merle Q. Howard, Wauwatosa; Milton C. Borman, Urban J. Durner, Chester C. Schneider, Dexter H. Witte, Hans W. Hefke, N. W. Bourne, Maurice J. Reuter, and Robert P. Montgomery, all of Milwaukee; James F. Wilkinson, Oconomowoc; and A. T. Wiebrecht (dentist), Milwaukee.

## BOARD NO. 5

**Local boards served.**—*Walworth, Racine, Kenosha*

Russell M. Kurten (chairman), Racine; Harold B. Keland (secretary), Racine; Kenneth C. Kehl, Racine; T. W. Ashley, Kenosha; Henry B. Beeson and L. E. Fazen, Racine; Stilwell G. Meany, East Troy; Charles E. Pechous and Irwin E. Bowing, Kenosha; Elmore W. Goelz, Whitewater; Charles F. Ulrich, Alfred L. Mayfield, and Cyril G. Richards, Kenosha; F. W. Peil (dentist), Racine; and George C. Gabe (dentist), Kenosha

## BOARD NO. 6

**Local boards served.**—*Jefferson, Rock, Green, Lafayette*

Aubrey H. Pember (chairman), Janesville; Thomas J. Snodgrass (secretary), Janesville; Emmett W. Bowen, Watertown; W. A. Munn, Janesville; Nathan E. Bear, Monroe; Wm. J. Allen and Russell F. Wilson, Beloit; and C. T. Foote (dentist), Janesville

## BOARD NO. 7

**Local boards served.**—*Dane, Iowa, Grant, Columbia, Sauk, Richland*

Albert R. Tormey (chairman), Albert W. Bryan (secretary), Karver L. Puestow, Eugene E. Neff, Henry L. Greene, Wm. D. Stovall, Ivan G. Ellis, all of Madison; James W. MacGregor, Portage; and Albert R. Dipple (dentist), Baraboo

## BOARD NO. 8

**Local boards served.**—*Crawford, Vernon, Juneau, Monroe, La Crosse, Jackson, Trempealeau*

Frederick A. Douglas (chairman), La Crosse; Alf H. Gundersen (secretary), La Crosse; Robert L. MacCornack, Whitehall; Brand Starnes, New Lisbon; Matthew A. McGarty, Wm. E. Bannen, and James E. McLoone, La Crosse; Stephen F. Donovan (dentist), Tomah; and P. E. Bartelt (dentist), La Crosse

## BOARD NO. 9

**Local boards served.**—*Eau Claire, Buffalo, Pepin, Dunn, St. Croix, Pierce*

F. G. Anderson (chairman), Eau Claire; Joseph W. Livingstone, Hudson; Fred S. Cook, Nels Werner, Joseph C. Baird, and John E. B. Ziegler, Eau Claire; and E. H. Parish (dentist), Durand

## BOARD NO. 10

**Local boards served.**—*Chippewa, Rusk, Barron*

Francis T. McHugh (chairman), Chippewa Falls; Merton Field (secretary), Chippewa Falls; D. L. Dawson, Rice Lake; Walter F. O'Connor, Ladysmith; Edison O. McCarty and S. E. Williams, Chippewa Falls

## BOARD NO. 11

**Local boards served.**—*Polk, Burnett, Washburn, Douglas, Sawyer*

Thomas J. O'Leary (chairman), Superior; Victor E. Ekblad (secretary), Superior; Elmer A. My-

ers, Superior; Raymond G. Arveson, Frederic; Clarence H. Christiansen, Superior; Lien O. Simenstad, Osceola; John R. McNutt, Superior; George L. Berdez, Duluth; and Harry C. Greve (dentist), Hayward

BOARD NO. 12

**Local boards served.**—*Bayfield, Ashland, Iron, Vilas, Price*

John M. Dodd, Sr. (chairman), Ashland; John W. Prentice (secretary), Ashland; R. O. Grigsby and Wm. J. Tucker, Ashland; Fred G. Johnson, Iron River; Frank D. Weeks, Ashland; Justin D. Leahy, Park Falls; and F. H. Simerson (dentist), Phillips

BOARD NO. 13

**Local boards served.**—*Lincoln, Taylor, Clark, Wood, Marathon, Portage*

Harold R. Fehland (chairman), Wausau; James K. Trumbo (secretary), Wausau; Edward P. Crosby, Stevens Point; Merritt L. Jones, Wausau; Kyrle A. Morris, Merrill; Eugene E. H. Flemming, Wausau; Wallace L. Nelson and Glenn Bennett (dentist), Wisconsin Rapids; H. Schneiders (dentist), and L. P. Wahl (dentist), Wausau

BOARD NO. 14

**Local boards served.**—*Forest, Florence, Oneida, Langlade*

Clarence A. Richards (chairman), Rhinelander; Irving E. Schiek (secretary), Rhinelander; Joseph W. Lambert, Antigo; Alexander F. S. Harter, Rhinelander; Wm. P. Curran, Antigo; Thomas G. Torpy, Minocqua; Ernest G. Ovitz, Laona; and Orville H. Treweek (dentist), Rhinelander

BOARD NO. 15

**Local boards served.**—*Marinette, Oconto, Brown, Door, Kewaunee*

Arthur J. McCarey (chairman), Green Bay; John L. Ford (secretary), Green Bay; Maurice D. Bird, Marinette; Emile G. Nadeau, Green Bay; James V. May, Marinette; Ralph M. Carter and Lawrence D. Quigley, Green Bay; Dana B. Dana, Kewaunee; Roderick J. Gordon (dentist) Sturgeon Bay; Ralph L. Troup, Wm. W. Kelly, and James C. Colignon, Green Bay; and Elmer J. Teske (dentist), Green Bay

BOARD NO. 16

**Local boards served.**—*Shawano, Waupaca, Outagamie, Calumet, Manitowoc*

Albert E. Rector (chairman), George T. Hegner (secretary), Victor F. Marshall, all of Appleton; Leo J. Moriarty, Two Rivers; John B. MacLaren, Appleton; Nick J. Knauf, Chilton; Erwin C. Cary, Reedsville; and Alex J. Zimmer (dentist), Manitowoc

BOARD NO. 17

**Local boards served.**—*Adams, Waushara, Winnebago, Marquette*

Jasper W. Lockhart (chairman), Oshkosh; Donald G. Hugo (secretary), Oshkosh; Frank G. Connell, George V. Lynch, John M. Conley, Burton Clark, Alvin G. Koehler, George A. Stratton (dentist), all of Oshkosh; and J. M. Donovan (dentist), Neenah

BOARD NO. 18

**Local boards served.**—*Green Lake, Dodge, Washington, Sheboygan, Fond du Lac*

Stephen E. Gavin (chairman), Fond du Lac; Henry C. Werner (secretary), Fond du Lac; A. H. Heidner, West Bend; Alexander G. Hough, Beaver Dam; Henry E. Twohig, Joseph C. Devine, and Richard R. Dalrymple, Fond du Lac; Kilian T. Bauer, West Bend; Carl Felton (dentist), Sheboygan; and G. O. Zoellner (dentist), Fond du Lac

# Physician-Members of District Appeal Boards

**First district.**—*Milwaukee county:* Robert W. Blumenthal, Milwaukee

**Second district.**—*Milwaukee county:* Francis D. Murphy, Wauwatosa

**Third district.**—*Walworth, Kenosha, Racine, Waukesha, Washington, Ozaukee and Dodge counties:* E. S. Elliott, Fox Lake

**Fourth district.**—*Rock, Green, Lafayette, Iowa, Adams, Sauk, Columbia, Dane, Grant, Jefferson, and Marquette counties:* James A. Jackson, Madison

**Fifth district.**—*La Crosse, Monroe, Juneau, Vernon, Crawford and Richland counties:* B. I. Pippin, Richland Center

**Sixth district.**—*Jackson, Pepin, Trempealeau, Buffalo, Pierce, St. Croix, Dunn, Eau Claire, Chippewa, Barron, Polk, Clark and Rusk counties:* F. E. Butler, Menomonie

**Seventh district.**—*Douglas, Burnett, Washburn, Bayfield, Sawyer, Ashland, Iron, Price and Vilas counties:* C. J. Smiles, Ashland

**Eighth district.**—*Oneida, Forest, Langlade, Lincoln, Taylor, Marathon, Wood, Portage, Waupaca, and Shawano counties:* F. H. Kelley, Merrill

**Ninth district.**—*Door, Kewaunee, Brown, Oconto, Outagamie, Marinctte, and Florcncc counties:* F. C. Huff, Sturgeon Bay

**Tenth district.**—*Calumct, Green Lake, Winnebago, Fond du Lac, Waushara, Shcboygan, and Manitowoc counties:* Curtis L. MacCollum, Manitowoc

# Constitution and By-Laws of the State Medical Society of Wisconsin*

## CONSTITUTION

### ARTICLE I

NAME OF THE ASSOCIATION

The name and title of this organization shall be the State Medical Society of Wisconsin.

### ARTICLE II

PURPOSE

The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Wisconsin, and to unite with similar societies of other states and territories of the United States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

### ARTICLE III

COMPONENT SOCIETIES

SECTION 1. Component societies shall consist of those county medical societies which hold charters from this Society.

SEC. 2. The terms, county medical society and component county medical society, shall be deemed to include all county medical societies and academies of medicine now in affiliation with this Society, or which may hereafter be organized and chartered by the House of Delegates of this Society.

### ARTICLE IV

COMPOSITION OF THE ASSOCIATION

SECTION 1. This Society shall consist of members who shall be the members of the component county medical societies who have been certified to the headquarters of this Society, and whose dues and assessments for the current year have been received by the secretary.

SEC. 2. Those members who have been elected to honorary membership by the various component county societies may be enrolled as honorary members of this Society upon approval of the Council. These honorary members shall enjoy all the rights of membership, and their dues to the State Society shall be remitted.

SEC. 3. Members in good standing who shall make outright gifts to the Endowment Fund of this Society, in the amount of $1,000 or more, shall have bestowed upon them the gift of life membership in this Society. Such membership shall carry with it all the prerequisites of active membership, without the requirement of annual dues, and shall continue in force during the life of the member, providing that the member continues in good standing in his local county medical society.

### ARTICLE V

HOUSE OF DELEGATES

The House of Delegates shall be the legislative body of the Society, and shall consist (1) of delegates elected by the component county medical societies, and one delegate representing each Section of the Society organized under the By-Laws and (2) the officers of the Society enumerated in Section 1 of Article IX of this Constitution, and past presidents of the Society shall be ex officio members, but without the right to vote.

### ARTICLE VI

COUNCIL

The Council shall be the Board of Trustees of this Society. The Council shall have full authority and power of the House of Delegates, between annual sessions, unless the House of Delegates shall be called into session as provided in the Constitution and By-Laws. It shall consist of the councilors and the immediate past president. The president, the president-elect, the secretary, the treasurer and the speaker of the House of Delegates shall be ex officio members of the Council, but without the right to vote. Nine of its members shall constitute a quorum.

### ARTICLE VII

SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections, and for the organization of such councilor district societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

### ARTICLE VIII

SESSIONS AND MEETINGS

SECTION 1. The Society shall hold an annual session during which there shall be at least two general meetings, open to all registered members, delegates and guests.

SEC. 2. The place for holding each annual session shall be fixed by the House of Delegates, or, by failure to act, such authority is delegated to the Council. The time for holding each annual session shall be approved by the Council.

SEC. 3. Special meetings of either the Society or the House of Delegates may be called by a two-thirds vote of the Council or upon petition by twenty delegates.

### ARTICLE IX

OFFICERS

SECTION 1. The officers of this Society shall be a president, a president-elect, a secretary, a treasurer, councilors from thirteen districts, and a speaker and vice speaker of the House of Delegates.

SEC. 2. The officers, except the councilors, shall be elected annually. The terms of the councilors shall be for three years. There shall be elected one

* As revised by the 1941 House of Delegates.

councilor for each of the thirteen districts, except that in any councilor district embracing a membership of 250 or more, there shall be elected one additional councilor for each additional 250 members or major fraction thereof.

As nearly as possible, one third of the members of the Council shall be elected each year. The secretary and the treasurer shall be elected by the Council. All these officers shall serve until their successors are elected and installed.

The president-elect shall automatically succeed the office of president at the conclusion of his one-year term of president-elect.

## ARTICLE X

### FUNDS AND EXPENSES

SECTION 1. Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates. Funds may also be raised by voluntary contributions, from the Society's publications and in any other manner approved by the House of Delegates. The treasurer and secretary shall submit an annual budget to the Council. All resolutions providing for appropriations shall be referred to the Council and all appropriations approved by the Council shall be included in the annual budget.

SEC. 2. The House of Delegates, by adoption of a By-law, may provide for a special classification of members at per capita reduced dues where such classification may be applied generally throughout the state, and has no special application to individual members or to individual societies.

## ARTICLE XI

### REFERENDUM

At any general meeting of the Society it may, by a two-thirds vote, order a general referendum upon any question pending before the House of Delegates. The House of Delegates may, by a vote of its members, submit any question to the membership of the Society for its vote. A majority vote of all the members of the Society shall determine the question.

## ARTICLE XII

### SEAL

The Society shall have a common seal. The power to change or renew the seal shall rest with the House of Delegates.

## ARTICLE XIII

### AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the members of the House present at any annual session, provided that such amendment shall have been presented in open meeting at the previous annual session, and that it shall have been published twice during the year in the bulletin or journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

# BY-LAWS

## CHAPTER I

### MEMBERSHIP

SECTION 1. The name of a physician on the official roster of this Society, after it has been properly reported by the secretary of his county society, shall be *prima facie* evidence of membership and of his right to register at the annual session.

SEC. 2. No person who is under sentence of suspension or expulsion from any component society of this Society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Society.

SEC. 3. Each member in attendance at the annual session shall register, when his right to membership has been verified by reference to the records of this Society. No member shall take part in any of the proceedings of the annual session until he has complied with the provisions of this section of the By-Laws.

## CHAPTER II

### GENERAL MEETINGS

SECTION 1. The general meetings shall be open to all registered members and guests. At such time as may have been arranged, shall be delivered the annual addresses of the president and of the president-elect.

SEC. 2. No address or paper, except those of the president, the president-elect, and the annual orations, shall occupy more than twenty minutes in its delivery. No member, except by unanimous consent, shall speak more than once in the discussion of any paper nor longer than five minutes at any one time.

SEC. 3. All papers read before this Society shall be its property. Each paper, when it has been read, shall be deposited with the secretary. Authors of papers read before this Society shall not cause them to be published elsewhere until after they have been published in its Journal or returned by the Editorial Board. Authors who fail to observe this section shall be ineligible to appear on programs of the State Society for a period of five years.

## CHAPTER III

### HOUSE OF DELEGATES

SECTION 1. The House of Delegates shall meet annually at the time and place of the annual session.

SEC. 2. Each component county society shall be entitled to send each year one delegate or one corresponding alternate to the House of Delegates for each fifty full-paid members or major fraction thereof in this Society provided, however, that each county society shall be entitled to at least one delegate or one corresponding alternate.

SEC. 3. One fourth of the members of the House of Delegates registered shall constitute a quorum of the House of Delegates. All meetings of the House of Delegates shall be open to members of the Society.

SEC. 4. From among members of the House of Delegates the speaker of the House of Delegates, for the purpose of expediting proceedings, shall appoint Reference Committees to which reports and resolutions shall be referred as follows:

a. On Credentials.
b. On Resolutions.
c. On Reports of Officers.
d. On Reports of Standing Committees.

He shall also appoint such other committees as may be considered by him to be necessary.

SEC. 5. The House of Delegates shall elect delegates to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

SEC. 6. The House of Delegates shall divide the State into councilor districts, specifying what counties each district shall include, and, when the best interest of the Society and the profession will be promoted thereby, organize in each a district med-

ical society, of which all members of the component county societies shall be members.

SEC. 7. The House of Delegates shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

SEC. 8. It shall approve all memorials and resolutions issued in the name of the Society before they shall become effective.

## CHAPTER IV

### ELECTION OF OFFICERS

SECTION 1. The House of Delegates at its first meeting at the annual session shall elect a committee on nominations consisting of one delegate from each councilor district. The committee on nominations shall report the result of its deliberations to the House of Delegates in the form of a ticket containing the names of one or more members for each of the offices to be filled at that annual session. No two candidates for president-elect shall be from the same district. Each candidate for councilor must be a resident of the district for which he is nominated. Nominations for councilor shall be made from the floor and not from the Committee on Nominations.

SEC. 2. The report of the nominating committee and the election of officers shall be the first order of business of the House of Delegates at the third meeting of the House.

SEC. 3. All elections of officers, where more than one nomination is received, shall be by ballot and a majority of the votes cast shall be necessary to elect except for delegates and alternates to the American Medical Association. In case no nominee receives a majority of the votes on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of all the votes cast, when he shall be declared elected. In case no delegates or alternates for the American Medical Association receive on the first ballot a majority of the vote, the nominees shall be declared elected in the order of the highest number of votes received, until the allotted number shall have been chosen. In case of a tie vote for delegate or alternate, the tie shall be determined by lot.

SEC. 4. Nothing in this chapter shall be construed to prevent additional nominations being made from the floor by members of the House of Delegates.

SEC. 5. No person known to have solicited votes for or sought any office within the gift of this Society shall be eligible for any office for two years.

## CHAPTER V

### DUTIES OF OFFICERS

SECTION 1. The president shall preside at all meetings of the Society; he shall appoint a Committee on Arrangements for the annual session and all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office, and, as far as practicable, shall visit, by appointment, the various sections of the State and assist the councilors in building up the county societies, and in making their work more practical and useful.

SEC. 2. The president-elect shall act for the president in his absence or disability. If the office of president should become vacant the president-elect shall succeed to the presidency. In case of vacancy in the office of both president and president-elect the Council shall appoint one of its members as acting president until the next meeting of the House of Delegates.

SEC. 3. The treasurer shall give bond in such amount as the Council may provide. He shall demand and receive all funds due the Society, together with bequests and donations. He shall pay money out of the treasury only on a written order of the secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

SEC. 4. The secretary shall attend the general meetings of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings. He shall be secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the treasurer, and shall keep account of and promptly turn over to the treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates at the annual session. He shall, with the cooperation of the secretaries of the component societies, keep a card index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county society, and shall transmit a copy of this list to the American Medical Association, transmitting to its secretary each month a report containing the names of new members and the names of those dropped from the membership roster during the preceding month. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the Council and shall make an annual report to the House of Delegates. He shall supply all component societies with the necessary blanks for making their annual reports, and shall collect from them the regular per capita assessments and turn the same over to the treasurer. The amount of his salary shall be fixed by the Council.

SEC. 5. The speaker shall preside at the meetings of the House of Delegates and shall perform such duties as custom and parliamentary usage require.

SEC. 6. The vice speaker shall officiate for the speaker in the latter's absence or at his request. In case of death, resignation, or removal of the speaker, the vice speaker shall officiate during the unexpired term.

## CHAPTER VI

### COUNCIL

SECTION 1. The Council shall meet on the day preceding the annual session, and daily during the session and at such other times as necessity may require, subject to the call of the chairman or on petition of three councilors. It shall hold an annual meeting during January for purposes of organization and other business. Its chairman shall make an annual report to the House of Delegates.

SEC. 2. Each councilor shall be organizer, peacemaker and censor for his district. He shall visit each county in his district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession, and to keep in touch with the

activities of and to aid in the betterment of the component societies of his district. He shall make an annual report of his work, and of the condition of the profession of each county in his district at the annual session of the Council. The necessary traveling expenses incurred by each councilor in the line of duties herein imposed may be allowed on a proper itemized statement, but this shall not be construed to include his expense in attending the annual session of the Society.

SEC. 3. The Council shall be the executive body of the House of Delegates and between sessions shall exercise the power conferred on the House of Delegates by the Constitution and By-Laws.

The Council shall be the Board of Censors of the Society. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this Society. All questions of an ethical nature brought before the House of Delegates or the general meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component societies, on which an appeal is taken. Its decision in all cases, including questions regarding membership in this Society, shall be final.

SEC. 4. Charters shall be issued to county societies only on approval of the Council, and shall be signed by the president and secretary of this Society. Upon the recommendation of the Council, the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

SEC. 5. In sparsely settled sections the Council shall have authority to organize the physicians of two or more counties into societies, to be suitably designed so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

SEC. 6. The Council shall provide for and superintend the issuance of all publications of the Society including proceedings, transactions and memoirs, and shall have authority to appoint an editor of the Journal and such assistants as it deems necessary. It shall prescribe the methods of accounting and through a committee of three of its members to be known as a Committee on Auditing and Finance, shall audit all accounts of this Society, and with the treasurer, supervise the investment of funds. The Council shall adopt an annual budget providing for the necessary expenses of the Society, which shall be prepared and presented for its consideration by the treasurer and secretary at the first meeting of the Council in January of each year. Its chairman shall submit an annual report to the House of Delegates, which shall specify the character and cost of the publications of the Society, the amount and character of all of its property, and shall provide full information concerning the management of all affairs of the Society which the Council is charged to administer.

SEC. 7. The Council shall, by appointment, fill any vacancy in office not otherwise provided for which may occur during the interval between annual meetings of the House of Delegates; the appointee shall serve until his successor has been elected and has qualified.

SEC. 8. The Council may elect as secretary one who need not be a physician nor a member of the Society.

SEC. 9. The salaries of all employees of the Society shall be fixed by the Council.

SEC. 10. The Council shall provide such headquarters for the Society as may be required to conduct its business properly.

## CHAPTER VII

### COMMITTEES

SECTION 1. The standing committees of this Society shall be as follows:

A Council on Scientific Work.
A Committee on Public Policy.
A Committee on Grievances.
A Committee on Cancer.
A Committee on Medical Education and Hospitals.
A Committee on Medical Economics.
A Committee on Maternal and Child Welfare.
A Committee on Health and Public Instruction.
A Committee on Coordination of Medical Services.
A Committee on Care of Crippled Children.
A Committee on Goiter.
A Committee on Visual and Hearing Defects.
A Committee on Mental Hygiene and Institutional Care.
A Committee Advisory to the Woman's Auxiliary.
A Committee on Tuberculosis and Chest Diseases.
A Committee on Industrial Health.
A Committee on Hospital Relations.

Unless otherwise provided in these By-Laws, each of these committees shall consist of three members, each of whom shall serve for a term of three years. One member of each of these committees shall be appointed annually by the incoming president, by and with the consent of the House of Delegates, provided that where the House creates a new standing committee the original appointments shall be for terms of one, two, and three years, and thereafter for terms of three years each.

SEC. 2. The Council on Scientific Work shall consist of five members, and each member shall serve for a period of five years. The Council on Scientific Work shall study the character and scope of the scientific proceedings of the Society and shall prepare the scientific program for the annual meeting. It shall likewise study the field of postgraduate education, making available, so far as lies within its power, program material for such postgraduate education both through programs of component societies and in such other ways as it may find feasible. It shall also be in charge of the affairs of the Journal. Important questions of editorial policy shall be submitted to the Council of the Society and an annual report shall be made to the House of Delegates.

SEC. 3. The Committee on Public Policy shall consist of three members, and the president, the president-elect and secretary. The committee shall present to those public officers charged with the duty of enacting or enforcing measures in the interest of public health, all available information that may in any way assist such officers honorably to discharge their responsibilities.

SEC. 4. The Committee on Grievances shall investigate all reported claims against members for compensation for injuries said to have resulted from malpractice. It shall determine as nearly as may be practicable the circumstances leading up to the making of the claim itself and the grounds on which the claim is based. The committee shall recommend to the Society from time to time such measures as it deems practicable for the limitation or removal of the causes of such claims. It may, at the request of any member against whom a claim has been made, place at his disposal such evidence as becomes available to the committee. If the committee believes a claim unjust, it shall, at the request of the member against whom the claim has been made, cooperate, so far as it can lawfully do so, with him and his

counsel in defense against it. If the committee believes that the claim that it has investigated is a just claim, the committee may, at the request of the member against whom the claim was made, cooperate with him and his counsel, so far as it lawfully can do so, in effecting an equitable settlement. The committee shall submit a report of its proceedings at each annual meeting of the Society, covering the preceding year, in which report shall be included all recommendations made by the committee during the year looking toward the removal of the causes of claims based on alleged malpractice.

SEC. 5. The Committee on Medical Education and Hospitals shall serve in this State for the Council on Medical Education and Hospitals of the American Medical Association, and shall have referred to it all questions pertaining to hospitals and medical education.

SEC. 6. The Committee on Medical Economics shall investigate matters affecting the economic status of physicians as a profession, and shall report annually to the House of Delegates such recommendations as may, in its judgment, seem proper.

SEC. 7. The Committee on Maternal and Child Welfare shall consist of six members and its principal duties shall be to advise cooperating agencies in the effort to reduce maternal mortality and to preserve child health.

SEC. 8. The Committee on Health and Public Instruction shall consist of three members. It shall carry on such activities in the field of health and the dissemination of information in relation thereto as the House of Delegates and Council may direct.

SEC. 9. The Committee on Care of Crippled Children shall consist of six members, and its principal duty shall be to act in an advisory capacity to state departments concerned with the subject matter.

SEC. 10. The Committee on Goiter shall consist of three members, and its principal duty shall be to forward those measures looking toward the prevention of goiter, and where existent, its early diagnosis and treatment.

SEC. 11. The Committee on Visual and Hearing Defects shall consist of three members, and its principal duties shall lie in the field of prevention, and where existent, early discovery and treatment. It shall act in an advisory capacity to state departments concerned with these problems.

SEC. 12. The Committee on Mental Hygiene and Institutional Care shall consist of three members, and its principal duties shall be advisory to both the Society and cooperating agencies as to those means best designed to protect mental health and to alleviate mental illnesses.

SEC. 13. The Committee Advisory to the Woman's Auxiliary shall consist of the chairman of the Council, the immediate past-president, the president, the president-elect, and the secretary. Its principal duties shall be to advise state officers of the Auxiliary, particularly in the field of approval of new projects.

SEC. 14. The Committee on Tuberculosis and Chest Diseases shall consist of three members, and its principal duties shall be advisory to the Society and cooperating agencies as to those means best designed to aid in the prevention and alleviation of tuberculosis and diseases of the chest.

SEC. 15. The Committee on Industrial Health shall consist of three members, and its principal duties shall be to cooperate with the Council on Industrial Health of the American Medical Association, and to seek to further the health of those employed in industry in Wisconsin.

SEC. 16. The Committee on Hospital Relations shall consist of six members, and each member shall serve for a period of three years. Of the original appointments, two members shall be appointed for a term of one year, two members for a term of two years, and three members for a term of three years, and thereafter for terms of three years each. The principal duty of this committee shall be to consider, investigate and study the interrelationship of the medical profession to the hospital institutions, and to act in an advisory capacity to the Society.

SEC. 17. Reports of the standing and special committees shall be published in the official Journal preceding the date of the annual session of this Society, and these reports must be in the hands of the secretary sixty days in advance of the annual session.

## CHAPTER VIII

### DUES AND ASSESSMENTS

SECTION 1. The annual dues and assessments shall be determined by the House of Delegates, and shall be levied per capita on the members of the Society. They shall be payable on or before January 1 of the year for which they are levied. The secretary of each component society shall cause to be collected and shall forward to the offices of the Society the dues and assessments for its members, together with such data as shall be required for a record of its officers and membership. Any member whose name has not been reported for enrollment and whose dues for the current year have not been remitted to the secretary of this Society on or before March 31 shall stand suspended until his name is properly reported and his dues for the current year properly remitted.

When a member shall have paid his dues for thirty-five years, upon request of his county medical society, he may become a life member and shall then be exempt from the payment of further dues and a certificate of membership shall be issued to such member annually.

SEC. 2. The record of payment of dues and assessments on file in the offices of the Society shall be final as to the fact of payment by a member and as to his right to participate in the business and proceedings of the Society and of the House of Delegates.

SEC. 3. Any county society which fails to make the reports required, at least thirty days before the annual session of the State Society, shall be held suspended, and none of its members or delegates shall be permitted to participate in any of the proceedings of the Society or of the House of Delegates.

## CHAPTER IX

The ethical principles governing the members of the American Medical Association shall govern members of this Society. No member shall profess adherence or give support to any exclusive dogma, sect or school.

## CHAPTER X

The deliberations of this Society, except as may be provided otherwise in the Constitution and By-Laws, shall be conducted in accordance with parliamentary usage as defined in Roberts' Rules of Order.

## CHAPTER XI

SECTION 1. All county societies now in affiliation with the State Society or those that may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws shall, upon application to the Council, receive charters from this Society, provided that their constitutions and by-laws shall have been submitted to the Council and received its approval.

SEC. 2. Only one component medical society shall be chartered in each county.

SEC. 3. Each county society shall judge of the qualifications of its members, subject to review and final decision by the Council of the State Society. Every reputable and legally qualified physician who is a citizen of the United States and who is a bona fide resident of the same county shall be eligible to apply for membership so long as he does not practice nor profess to practice sectarian medicine, or engage in practice in a manner in conflict with the Principles of Ethics of the American Medical Association, or so conduct himself as to defeat the purposes for which the Society is organized and is operating. By proper provision of constitution and by-laws, either or both as may be necessary, the county society may require of an applicant for membership that he shall have resided within the jurisdiction of the society to which he is applying, for a period of one year as a condition precedent to election to membership; or the county society may provide that an applicant for membership first may be elected to membership for a term of only one year, with the provision that such membership shall then terminate, and the member resubmit to election, without limitation as to term, by vote of the society.

A member of a component society whose license has been revoked shall be dropped from membership automatically as of the date of revocation. The Council of the State Society shall have final authority to expel a member should a component county society fail to do so after being so requested by the Council.

A physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the component society in whose jurisdiction he resides.

A member who removes his principal practice from within the territorial limits of a county medical society in which he shall hold membership, shall not be eligible to continue his membership in such society after the expiration of the calendar year in which such removal shall have occurred. Such member shall, however, be eligible to apply for membership anew or by transfer to the society in whose jurisdiction his principal practice shall have been removed.

SEC. 4. Any physician who may feel aggrieved by the action of the society of his county in suspending or expelling him shall have the right to appeal to the Council, whose decision shall be final. A county society shall at all times be permitted to appeal or refer questions involving membership to the Council of the State Society for final determination. The period of time within which appeal to the Council may be taken shall be limited to six months following the date of decision by the constituted authority of a component county medical society.

SEC. 5. In hearing appeals the Council may admit oral or written evidence as in its judgment will most fairly present the facts, but in the case of every appeal both as a board and as individuals, the councilors shall, preceding all such hearings, make efforts at conciliation and compromise.

SEC. 6. When a member in good standing in a component county society moves to another county in this State, he shall be given a written certificate of these facts by the secretary of his society, without cost, for transmission to the secretary of the society in the county to which he moves. Pending his acceptance or rejection by the society in the county to which he removes, such member shall be considered to be in good standing in the county society from which he was certified and in the State Society to the end of the period (respectively) for which his dues have been paid.

SEC. 7. Each county society shall have general direction of the affairs of the profession in the county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county. Systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it includes every eligible physician in the county.

SEC. 8. At some meeting in advance of the annual session of this Society, each component county society shall elect one or more delegates and an equal number of individual alternates therefor to represent it in the House of Delegates of this Society, in accordance with Chapter III, Section 2, of these By-Laws. The secretary of each county society shall send a list of such delegates and alternates to the secretary of this Society at least thirty days before the annual session. Representation in the House of Delegates shall be contingent on compliance with the foregoing provisions.

SEC. 9. The secretary of each county society shall keep a roster of its members, and, if practicable, a list of nonaffiliated physicians, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this State, and such other information as may be deemed necessary by Council. He shall send a copy of the program of each county meeting to his district councilor and to the secretary.

SEC. 10. Each county society shall appoint or elect one or more of its members as a member of an auxiliary Committee on Public Policy, and the county society secretary shall send his name and address at once to the secretary of this Society. The Committee on Public Policy of this Society shall formulate the duties of this auxiliary committee and supply each member with a copy. The auxiliary committee-men shall be accountable to their county societies and to the Council for prompt response to and continued cooperation with the Committee on Public Policy of this Society.

## CHAPTER XII

### SCIENTIFIC SECTIONS

SECTION 1. The House of Delegates shall, from time to time, establish such scientific sections within the Society as it may determine and shall have the power to combine, enlarge, or discontinue any or all of such sections so established.

SEC. 2. Such sections so established shall be based upon those divisions of medicine in which the various members possess a special interest, but qualifications for membership in any section may be prescribed by the members of such section, subject only to approval of the Council, except that scientific meetings of the section shall be open to all members in good standing of the State Medical Society.

SEC. 3. The officers of any such section shall be those prescribed by the members thereof. The terms of such officers shall be for the term of one year, but any officer may be reelected.

SEC. 4. The officers of any such section shall constitute the executive committee thereof, and a majority of the executive committee must vote with the majority of the members in order for any action of the section to be effective. The executive committee shall have the power to appoint such committees within a section as it deems necessary from time to time.

SEC. 5. No section shall have the power to bind the Society by any resolution or other action, or to publicize the same, unless the same shall first be approved by the House of Delegates, or by a majority of the members of the Council when the House of Delegates is not in session. No resolution adopted by any section shall be effective until likewise so approved.

SEC. 6. Each section so established shall have the privilege of electing a delegate and alternate to the House of Delegates.

### CHAPTER XIII

SECTION 1. These By-Laws may be amended at any annual session by a majority vote of the delegates present at that session, if the proposed amendment has been properly submitted to the House of Delegates and has laid on the table for one day.

SEC. 2. Upon the adoption of this Constitution and these By-Laws, all previous Constitutions and By-Laws are thereby repealed.

# Principles of Medical Ethics of the American Medical Association

### CHAPTER I

### IN GENERAL

#### THE PHYSICIAN'S RESPONSIBILITY

SECTION 1.—A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accord with its ideals.

#### GROUPS AND CLINICS

SEC. 2.—The ethical principles actuating and governing a group or clinic are exactly the same as those applicable to the individual. As a group or clinic is composed of individual doctors each of whom whether employer, employee or partner, is subject to the principles of ethics herein elaborated, the uniting into a business or professional organization does not relieve them either individually or as a group from the obligation they assume when entering the profession.

### CHAPTER II

### THE DUTIES OF PHYSICIANS TO THEIR PATIENTS

#### PATIENCE, DELICACY AND SECRECY

SECTION 1.—Patience and delicacy should characterize all the acts of a physician. The confidences concerning individual or domestic life entrusted by a patient to a physician and the defects of disposition or flaws of character observed in patients during medical attendance should be held as a trust and should never be revealed except when imperatively required by the laws of the state. There are occasions, however, when a physician must determine whether or not his duty to society requires him to take definite action to protect a healthy individual from becoming infected, because the physician has knowledge, obtained through the confidences entrusted to him as a physician, of a communicable disease to which the healthy individual is about to be exposed. In such a case, the physician should act as he would desire another to act toward one of his own family under like circumstances. Before he determines his course, the physician should know the civil law of his commonwealth concerning privileged communications.

#### PROGNOSIS

SEC. 2.—A physician should give timely notice of dangerous manifestations of the disease to the friends of the patient. He should neither exaggerate nor minimize the gravity of the patient's condition. He should assure himself that the patient or his friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family.

#### PATIENTS MUST NOT BE NEGLECTED

SEC. 3.—A physician is free to choose whom he will serve. He should, however, always respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service. Once having undertaken a case, a physician should not abandon or neglect the patient because the disease is deemed incurable; nor should he withdraw from the case for any reason until a sufficient notice of a desire to be released has been given the patient or his friends to make it possible for them to secure another medical attendant.

### CHAPTER III

### THE DUTIES OF PHYSICIANS TO EACH OTHER AND TO THE PROFESSION AT LARGE

#### ARTICLE I.—DUTIES TO THE PROFESSION

#### UPHOLD HONOR OF PROFESSION

SECTION 1.—The obligation assumed on entering the profession requires the physician to comport himself as a gentleman and demands that he use every honorable means to uphold the dignity and honor of his vocation, to exalt its standards and to extend its sphere of usefulness. A physician should not base his practice on an exclusive dogma or sectarian system, for "sects are implacable despots; to

accept their thraldom is to take away all liberty from one's action and thought." (Nicon, father of Galen.)

MEDICAL SOCIETIES

SEC. 2.—In order that the dignity and honor of the medical profession may be upheld, its standards exalted, its sphere of usefulness extended, and the advancement of medical science promoted, a physician should associate himself with medical societies and contribute his time, energy and means in order that these societies may represent the ideals of the profession.

DEPORTMENT

SEC. 3.—A physician should be "an upright man, instructed in the art of healing." Consequently, he must keep himself pure in character and conform to a high standard of morals, and must be diligent and conscientious in his studies. "He should also be modest, sober, patient, prompt to do his whole duty without anxiety; pious without going so far as superstition, conducting himself with propriety in his profession and in all the actions of his life." (Hippocrates.)

ADVERTISING

SEC. 4.—Solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these be called, or by institutions or organizations, whether by circulars or advertisements, or by personal communications, is unprofessional. This does not prohibit ethical institutions from a legitimate advertisement of location, physical surroundings and special class—if any—of patients accommodated. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All other like self-laudations defy the traditions and lower the tone of any profession and so are intolerable. The most worthy and effective advertisement possible, even for a young physician, and especially with his brother physicians, is the establishment of a well-merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of ordinary simple business cards, being a matter of personal taste or local custom, and sometimes of convenience, is not *per se* improper. As implied, it is unprofessional to disregard local customs and offend recognized ideals in publishing or circulating such cards.

It is unprofessional to promise radical cures; to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of success in the treatment of diseases; or to employ any methods to gain the attention of the public for the purpose of obtaining patients.

PATENTS AND PERQUISITES

SEC. 5.—It is unprofessional to receive remuneration from patents or copyrights on surgical instruments, appliances, medicines, foods, methods or procedures. It is equally unprofessional by ownership or control of patents or copyrights either to retard or to inhibit research or to restrict the benefit to patients or to the public to be derived therefrom. It is unprofessional to accept rebates on prescriptions or appliances, or perquisites from attendants who aid in the care of patients.

MEDICAL LAWS—SECRET REMEDIES

SEC. 6.—It is unprofessional for a physician to assist unqualified persons to evade legal restrictions governing the practice of medicine; it is equally unethical to prescribe or dispense secret medicines or other secret remedial agents, or manufacture or promote their use in any way.

SAFEGUARDING THE PROFESSION

SEC. 7.—Physicians should expose without fear or favor, before the proper medical or legal tribunals, corrupt or dishonest conduct of members of the profession. All questions affecting the professional reputation or standing of a member or members of the medical profession should be considered only before proper medical tribunals in executive sessions or by special or duly appointed committees on ethical relations. Every physician should aid in safeguarding the profession against the admission to its ranks of those who are unfit or unqualified because deficient either in moral character or education.

---

## ARTICLE II.—PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER

PHYSICIANS DEPENDENT ON EACH OTHER

SECTION 1.—Experience teaches that it is unwise for a physician to treat members of his own family or himself. Consequently, a physician should always cheerfully and gratuitously respond with his professional services to the call of any physician practicing in his vicinity, or of the immediate family dependents of physicians.

COMPENSATION FOR EXPENSES

SEC. 2.—When a physician from a distance is called on to advise another physician or one of his family dependents, and the physician to whom the service is rendered is in easy financial circumstances, a compensation that will at least meet the traveling expenses of the visiting physician should be proffered. When such a service requires an absence from the accustomed field of professional work of the visitor that might reasonably be expected to entail a pecuniary loss, such loss should, in part at least, be provided for in the compensation offered.

ONE PHYSICIAN TO TAKE CHARGE

SEC. 3.—When a physician or a member of his dependent family is seriously ill, he or his family should select a physician from among his neighing colleagues to take charge of the case. Other physicians may be associated in the care of the patient as consultants.

## ARTICLE III.—DUTIES OF PHYSICIAN IN CONSULTATIONS

CONSULTATIONS SHOULD BE ENCOURAGED

SECTION 1.—In serious illness, especially in doubtful or difficult conditions, the physician should request consultations.

CONSULTATION FOR PATIENT'S BENEFIT

SEC. 2.—In every consultation, the benefit to be derived by the patient is of first importance. All the physicians interested in the case should be frank and candid with the patient and his family. There never is occasion for insincerity, rivalry or envy and these should never be permitted between consultants.

PUNCTUALITY

SEC. 3.—It is the duty of a physician, particularly in the instance of a consultation, to be punctual in attendance. When, however, the consultant or the physician in charge is unavoidably delayed, the one who first arrives should wait for the other for a reasonable time, after which the consultation should be considered postponed. When the consultant has come from a distance, or when for any reason it will be difficult to meet the physician in charge at another time, or if the case is urgent, or if it be the desire of the patient, he may examine the patient and mail his written opinion, or see that it is delivered under seal, to the physician in charge. Under these conditions, the consultant's conduct must be especially tactful; he must remember that he is framing an opinion without the aid of the physician who has observed the course of the disease.

PATIENT REFERRED TO SPECIALIST

SEC. 4.—When a patient is sent to one specially skilled in the care of the condition from which he is thought to be suffering, and for any reason it is impracticable for the physician in charge of the case to accompany the patient, the physician in charge should send to the consultant by mail, or in the care of the patient under seal, a history of the case, together with the physician's opinion and an outline of the treatment, or so much of this as may possibly be of service to the consultant; and as soon as possible after the case has been seen and studied, the consultant should address the physician in charge and advise him of the results of the consultant's investigation of the case. Both these opinions are confidential and must be so regarded by the consultant and by the physician in charge.

DISCUSSIONS IN CONSULTATION

SEC. 5.—After the physicians called in consultation have completed their investigations of the case, they should meet by themselves to discuss conditions and determine the course to be followed in the treatment of the patient. No statement or discussion of the case should take place before the patient or friends, except in the presence of all the physicians attending or by their common consent; and no opinions or prognostications should be delivered as a result of the deliberations of the consultants, which have not been concurred in by the consultants at their conference.

ATTENDING PHYSICIAN RESPONSIBLE

SEC. 6.—The physician in attendance is in charge of the case and is responsible for the treatment of the patient. Consequently, he may prescribe for the patient at any time and is privileged to vary the mode of treatment outlined and agreed on at a consultation whenever, in his opinion, such a change is warranted. However, at the next consultation, he should state his reasons for departing from the course decided on at the previous conference. When an emergency occurs during the absence of the attending physician, a consultant may provide for the emergency and the subsequent care of the patient until the arrival of the physician in charge, but should do no more than this without the consent of the physician in charge.

CONFLICT OF OPINION

SEC. 7.—Should the attending physician and the consultant find it impossible to agree in their view of a case another consultant should be called to the conference or the first consultant should withdraw. However, since the consultant was employed by the patient in order that his opinion might be obtained, he should be permitted to state the result of his study of the case to the patient, or his next friend in the presence of the physician in charge.

CONSULTANT AND ATTENDANT

SEC. 8.—When a physician has attended a case as a consultant, he should not become the attendant of the patient during that illness except with the consent of the physician who was in charge at the time of the consultation.

## ARTICLE IV.—DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE

MISUNDERSTANDINGS TO BE AVOIDED

SECTION 1.—The physician, in his intercourse with a patient under the care of another physician, should observe the strictest caution and reserve; should give no disingenuous hints relative to the nature and treatment of the patient's disorder; nor should the course of conduct of the physician, di-

rectly or indirectly, tend to diminish the trust reposed in the attending physician. In embarrassing situations, or wherever there may seem to be a possibility of misunderstanding with a colleague, the physician should always seek a personal interview with his fellow.

SOCIAL CALLS ON PATIENT OF ANOTHER PHYSICIAN

SEC. 2.—A physician should avoid making social calls on those who are under the professional care of other physicians without the knowledge and consent of the attendant. Should such a friendly visit be made, there should be no inquiry relative to the nature of the disease or comment upon the treatment of the case, but the conversation should be on subjects other than the physical condition of the patient.

SERVICES TO PATIENT OF ANOTHER PHYSICIAN

SEC. 3.—A physician should never take charge of or prescribe for a patient who is under the care of another physician, except in an emergency, until after the other physician has relinquished the case or has been properly dismissed.

CRITICISM TO BE AVOIDED

SEC. 4.—When a physician does succeed another physician in the charge of a case, he should not make comments on or insinuations regarding the practice of the one who preceded him. Such comments or insinuations tend to lower the esteem of the patient for the medical profession and so react against the critic.

EMERGENCY CASES

SEC. 5.—When a physician is called in an emergency and finds that he has been sent for because the family attendant is not at hand, or when a physician is asked to see another physician's patient because of an aggravation of the disease, he should provide only for the patient's immediate need and should withdraw from the case on the arrival of the family physician after he has reported the condition found and the treatment administered.

WHEN SEVERAL PHYSICIANS ARE SUMMONED

SEC. 6.—When several physicians have been summoned in a case of sudden illness or of accident the first to arrive should be considered the physician in charge. However, as soon as the exigencies of the case permit, or on the arrival of the acknowledged family attendant or the physician the patient desires to serve him, the first physician should withdraw in favor of the chosen attendant; should the patient or his family wish some one other than the physician known to be the family physician to take charge of the case the patient should advise the family physician of his desire. When, because of sudden illness or accident, a patient is taken to a hospital, the patient should be returned to the care of his known family physician as soon as the condition of the patient and the circumstances of the case warrant this transfer.

A COLLEAGUE'S PATIENT

SEC. 7.—When a physician is requested by a colleague to care for a patient during his temporary absence, or when, because of an emergency, he is asked to see a patient of a colleague, the physician should treat the patient in the same manner and with the same delicacy as he would have one of his own patients cared for under similar circumstances. The patient should be returned to the care of the attending physician as soon as possible.

RELINQUISHING PATIENT TO REGULAR ATTENDANT

SEC. 8.—When a physician is called to the patient of another physician during the enforced absence of that physician, the patient should be relinquished on the return of the latter.

SUBSTITUTING IN OBSTETRIC WORK

SEC. 9.—When a physician attends a woman in labor in the absence of another who has been engaged to attend, such physician should resign the patient to the one first engaged, upon his arrival; the physician is entitled to compensation for the professional services he may have rendered.

---

## ARTICLE V.—DIFFERENCES BETWEEN PHYSICIANS

ARBITRATION

SECTION 1.—Whenever there arises between physicians a grave difference of opinion which cannot be promptly adjusted, the dispute should be referred for arbitration to a committee of impartial physicians, preferably the Board of Censors of a component county society of the American Medical Association.

---

## ARTICLE VI.—COMPENSATION

LIMITS OF GRATUITOUS SERVICE

SECTION 1.—The poverty of a patient and the mutual professional obligation of physicians should command the gratuitous services of a physician. But endowed institutions and organizations for mutual benefit, or for accident, sickness and life insurance, or for analogous purposes, have no claim upon physicians for unremunerated services.

CONDITIONS OF MEDICAL PRACTICE

SEC. 2.—It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate service to his patient

or which interfere with reasonable competition among the physicians of a community. To do this is detrimental to the public and to the individual physician, and lowers the dignity of the profession.

### CONTRACT PRACTICE

SEC. 3.—By the term "contract practice" as applied to medicine is meant the carrying out of an agreement between a physician or a group of physicians, as principals or agents, and a corporation, organization, political subdivision or individual, to furnish partial or full medical services to a group or class of individuals on the basis of a fee schedule, or for a salary or a fixed rate per capita.

Contract practice *per se* is not unethical. However, certain features or conditions if present make a contract unethical, among which are: (1) When there is solicitation of patients, directly or indirectly. (2) When there is underbidding to secure the contract. (3) When the compensation is inadequate to assure good medical service. (4) When there is interference with reasonable competition in a community. (5) When free choice of a physician is prevented. (6) When the conditions of employment make it impossible to render adequate service to the patients. (7) When the contract because of any of its provisions or practical results is contrary to sound public policy. The phrase "free choice of physician," as applied to contract practice, is defined to mean that degree of freedom in choosing a physician which can be exercised under usual conditions of employment between patient and physician when no third party has a valid interest or intervenes. The interjection of a third party who has a valid interest or who intervenes does not *per se* cause a contract to be unethical. A "valid interest" is one where, by law or necessity, a third party is legally responsible either for cost of care or for indemnity. "Intervention" is the voluntary assumption of partial or full financial responsibility for medical care. Intervention shall not proscribe endeavor by component or constituent medical societies to maintain high quality of service rendered by members serving under approved sickness service agreements between such societies and governmental boards or bureaus and approved by the respective societies.

Each contract should be considered on its own merits and in the light of surrounding conditions. Judgment should not be obscured by immediate, temporary or local results. The decision as to its ethical or unethical nature must be based on the ultimate effect for good or ill on the people as a whole.

### COMMISSIONS

SEC. 4.—When a patient is referred by one physician to another for consultation or for treatment, whether the physician in charge accompanies the patient or not, it is unethical to give or to receive a commission by whatever term it may be called or under any guise or pretext whatsoever.

### DIRECT PROFIT TO LAY GROUPS

SEC. 5.—It is unprofessional for a physician to dispose of his professional attainments or services to any lay body, organization, group or individual, by whatever name called, or however organized, under terms or conditions which permit a direct profit from the fees, salary, or compensation received to accrue to the lay body or individual employing him. Such a procedure is beneath the dignity of professional practice, is unfair competition with the profession at large, is harmful alike to the profession of medicine and the welfare of the people, and is against sound public policy.

---

## CHAPTER IV

## THE DUTIES OF THE PROFESSION TO THE PUBLIC

### PHYSICIANS AS CITIZENS

SECTION 1.—Physicians, as good citizens and because their professional training specially qualifies them to render this service, should give advice concerning the public health of the community. They should bear their full part in enforcing its laws and sustaining the institutions that advance the interests of humanity. They should cooperate especially with the proper authorities in the administration of sanitary laws and regulations. They should be ready to counsel the public on subjects relating to sanitary police, public hygiene and legal medicine.

### PUBLIC HEALTH

SEC. 2.—Physicians, especially those engaged in public health work, should enlighten the public regarding quarantine regulations; on the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; and concerning measures for the prevention of epidemic and contagious diseases. When an epidemic prevails, a physician must continue his labors for the alleviation of suffering people, without regard to the risk to his own health or life or to financial return. At all times, it is the duty of the physician to notify the properly constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities of the locality in which the patient is.

### PUBLIC WARNED

SEC. 3—Physicians should warn the public against the devices practiced and the false pretentions made by charlatans which may cause injury to health and loss of life.

PHARMACISTS

SEC. 4. — By legitimate patronage, physicians should recognize and promote the profession of pharmacy; but any pharmacist, unless he be qualified as a physician, who assumes to prescribe for the sick, should be denied such countenance and support. Moreover, whenever a druggist or pharmacist dispenses deteriorated or adulterated drugs, or substitutes one remedy for another designated in a prescription, he thereby forfeits all claims to the favorable consideration of the public and physicians.

## CONCLUSION

While the foregoing statements express in a general way the duty of the physician to his patients, to other members of the profession and to the profession at large, as well as of the profession to the public, it is not to be supposed that they cover the whole field of medical ethics, or that the physician is not under many duties and obligations besides these herein set forth. In a word, it is incumbent on the physician that under all conditions, his bearing toward patients, the public and fellow practitioners should be characterized by a gentlemanly deportment and that he constantly should behave toward others as he desires them to deal with him. Finally, these principles are primarily for the good of the public, and their enforcement should be conducted in such a manner as shall deserve and receive the endorsement of the community.

*(Continued from page 1255)*

APPLICATION FOR EXHIBIT SPACE

AT

# PHYSICIANS' HOBBY SHOW

Milwaukee Auditorium

September 14, 15 and 16, 1942

C. J. Smiles, M. D., Director of Scientific Exhibits
State Medical Society of Wisconsin
917 Tenney Building, Madison, Wisconsin
Dear Dr. Smiles:

I wish to make application for exhibit space at the Physicians' Hobby Show to be presented in connection with the One Hundred First Anniversary Meeting of the State Medical Society of Wisconsin.

My hobby exhibit will require _____ lineal feet of space (six feet high).

My exhibit will be on the following subject (subjects):

Bells _____
Books _____
Clay modeling _____
Coins _____
Dishes _____
Documents _____
Etchings _____
Firearms _____
Floriculture _____
Glassware and glass blowing _____
Jewelry _____
Manuscripts _____
Match covers _____
Metal spinning _____
Metal working _____
Model railroads _____
Motion pictures _____
Musical instruments _____
Paintings _____
Prescriptions _____
Sculpture _____
Sketches _____
Soap carving _____
Stamps _____
"Still" photographs _____
Surgical instruments _____
Swords and knives _____
Taxidermy _____
Weaving _____
Wood carving _____
Wood working _____
_____
_____
_____

NAME: _____

ADDRESS: _____

# Officers of State Boards and Commissions

### Basic Science Examiners

Prof. Michael F. Guyer, President, Zoology Department, University of Wisconsin, Madison
Prof. Robert N. Bauer, Secretary, 3414 W. Wisconsin Ave., Milwaukee
Prof. William H. Barber, Treasurer, 621 Ransom Ave., Ripon

### State Board of Medical Examiners

H. H. Christofferson, M. D., President, Colby
H. W. Shutter, M. D., Secretary, 425 East Wisconsin Avenue, Milwaukee
Jessie P. Allen, M. D., Beloit
A. F. Ruffolo, M. D., Kenosha
E. W. Miller, M. D., Milwaukee
R. G. Arveson, M. D., Frederic
C. A. Dawson, M. D., River Falls
E. C. Murphy, D. O., Eau Claire

### State Board of Health

*Members of the Board*

W. W. Kelly, M. D., Green Bay, President
Stephen Cahana, M. D., Milwaukee, Vice President
Joseph Dean, M. D., Madison
R. L. MacCornack, M. D., Whitehall
Mrs. Amalia C. Baird, R. N., Eau Claire
C. W. Eberbach, M. D., Milwaukee
C. A. Harper, M. D., Madison, State Health Officer, Secretary

*Bureaus and Divisions of State Board of Health*

General Administration
C. A. Harper, M. D., State Health Officer
C. N. Neupert, M. D., Assistant State Health Officer
Communicable Diseases and Social Hygiene
H. M. Guilford, M. D., Director
Industrial Hygiene
Paul A. Brehm, M. D., Director
Local Health Services and Tuberculosis Control
E. H. Jorris, M. D., Director
Maternal and Child Health
Amy Louise Hunter, M. D., Chief
Mental Health
Eugenia Cameron, M. D., Director
Health Education
Dorothy McDonald, M. D., Coordinator
Nutrition
Miss Lucille Billington, Director
Laboratories
W. D. Stovall, M. D., Director
Venereal Diseases
Milton Trautmann, M. D., Director
Vital Statistics
Mr. Francis E. Kester, Assistant Registrar
Nursing Education
Miss Leila Given, Director
Public Health Nursing
Miss Cornelia Van Kooy, Supervisor
Barber Shops
Mr. Charles Mullen, Supervisor
Cosmetology
Mrs. Marion Groth, Supervisor
Funeral Directors and Embalmers
(Covered by general administration staff)
Hotels and Restaurants
Mr. Bert A. Honeycomb, Supervisor
Plumbing and Domestic Sanitary Engineering
Mr. Arnold Spencer, Supervisor
Sanitary Engineering
Mr. L. F. Warrick, State Sanitary Engineer
Well Drilling
Mr. Louis Watry, Supervisor
Editor
Mr. John Culnan

*District Health Officers*

1. Madison—Arthur R. Zintek, M. D., 348 State Office Building
2. Elkhorn—R. N. Nelson, M. D., Municipal Building
3. Fond du Lac—V. A. Gudex, M. D., Court House
4. Sparta—(Temporary vacancy)
5. Neillsville—(Temporary vacancy)
6. Green Bay—Arthur Van Duser, M. D., City Hall Annex
7. Chippewa Falls—F. P. Daly, M. D., Rutledge Charities Building
8. Rhinelander—Frances Cline, M. D., City Hall
9. Ashland—M. W. Meyer, M. D., Vaughn Library Building

### State Board of Public Welfare

(Created by act of 1939 legislature to supplant the State Board of Control, and combining certain other agencies.)

*Members of the Board*

Mr. R. J. Everhardt, Whitewater, Chairman
Mrs. Erma Stoddart, Beaver Dam, Vice-Chairman
Mrs. Yvonne Town, Waukesha, Secretary
Mr. Herman A. Kloppmann, Crivitz
Mr. E. W. Kidd, Owen
Mr. Frank W. Wabiszewski, Milwaukee
(One vacancy)

*Executive Staff*

Mr. Frank C. Klode, Madison, Director
Mr. A. W. Bayley, Madison, Executive Secretary, and Assistant to Director
Division of Corrections:
Mr. Morris G. Caldwell, Ph.D., Director

Division of Mental Hygiene:
(Vacancy)
Division of Public Assistance:
Mr. George M. Keith, Madison, Director
Division of Administration and Research:
Mr. H. B. Evans, Madison, Acting Director
Division of Child Welfare:
Miss Elizabeth Yerxa, Madison, Director
Division of Adult Blind Services:
Mr. E. F. Costigan, Madison, Director
Division of Pre-Pardon Procedure:
Miss Lila Burton, Director

**Wisconsin Industrial Commission**

*Members of the Commission*
Mr. Voyta Wrabetz, Chairman
Mr. Harry J. Burczyk
Mr. C. L. Miler
Miss Helen Gill, Secretary

*Workmen's Compensation Department*
Mr. Harry A. Nelson, Director

*Unemployment Compensation Department*
Mr. Paul Raushenbush, Director

# Officers and Committees 1942, State Medical Society of Wisconsin

**President**

Dr. Gunnar Gundersen
1836 South Avenue
La Crosse

**President-Elect**

Dr. F. E. Butler
Menomonie

**Acting Secretary**

Mr. George B. Larson
917 Tenney Building
Madison

**Counsel**

Mr. C. H. Crownhart
917 Tenney Building
Madison

**Treasurer**

Dr. I. R. Sisk
1 South Pinckney Street
Madison

**Speaker, House of Delegates**

Dr. R. M. Kurten
810 Main Street
Racine

**Vice-Speaker**

Dr. Charles Fidler
231 West Wisconsin Avenue
Milwaukee

**Councilors***

(Dr. S. E. Gavin, Fond du Lac, Chairman)

First: Dodge, Jefferson and Waukesha County Societies. Dr. H. P. Bowen, Watertown, 1942.

Second: Kenosha, Racine and Walworth County Societies. Dr. C. E. Pechous, 625 Fifty-seventh Street, Kenosha, 1942.

Third: Dane, Columbia–Marquette–Adams, Green, Rock and Sauk County Societies. Dr. W. T. Clark, 20 East Milwaukee Street, Janesville, 1943.

Fourth: Crawford, Grant, Iowa, Lafayette and Richland County Societies. Dr. B. I. Pippin, Richland Center, 1943.

Fifth: Calumet, Manitowoc, Sheboygan and Washington–Ozaukee County Societies. Dr. A. H. Heidner, West Bend, 1943.

Sixth: Brown–Kewaunee–Door, Fond du Lac, Outagamie and Winnebago County Societies. Dr. S. E. Gavin (chairman), 104 South Main Street, Fond du Lac, 1943.

Seventh: Juneau, La Crosse, Monroe, Trempealeau–Jackson–Buffalo and Vernon County Societies. Dr. H. A. Jegi, Galesville, 1944.

Eighth: Marinette–Florence, Oconto and Shawano County Societies. Dr. G. W. Krahn, Oconto Falls, 1944.

Ninth: Clark, Green Lake–Waushara, Lincoln, Marathon, Portage, Waupaca and Wood County Socities. Dr. H. H. Christofferson, Colby, 1944.

Tenth: Barron–Washburn–Sawyer–Burnett, Chippewa, Eau Claire–Dunn–Pepin, Pierce–St. Croix, Polk and Rusk County Societies. Dr. R. G. Arveson, Frederic, 1944.

Eleventh: Ashland–Bayfield–Iron and Douglas County Societies. Dr. F. G. Johnson, Iron River, 1942.

Twelfth: The Medical Society of Milwaukee County. Dr. H. J. Gramling, 2740 West Forest Home Avenue, Milwaukee, 1942; Dr. R. E. Fitzgerald, 2750 North Teutonia Avenue, Milwaukee, 1942; Dr. Robert W. Blumenthal, 411 East Mason Street, Milwaukee, 1943.

Thirteenth: Forest, Langlade, Oneida–Vilas and Price–Taylor County Societies. Dr. J. W. Lambert, Antigo, 1944.

Dr. R. P. Sproule (Past-President), Milwaukee, 1942.

* Map indicating location of councilor districts, page 1291.

**Delegates to American Medical Association**

Dr. S. E. Gavin (1942)
104 South Main Street
Fond du Lac

Dr. J. C. Sargent (1942)
324 East Wisconsin Avenue
Milwaukee

Dr. J. F. Smith (1943)
605½ Third Street
Wausau

**Alternates**

Dr. S. J. Seeger (1942)
324 East Wisconsin Avenue
Milwaukee

Dr. F. E. Butler (1942)
Menomonie

Dr. C. W. Giesen (1943)
1507 Tower Avenue
Superior

## STANDING COMMITTEES

*The Committee on Cancer*

Dr. Charles Fidler, 1943, chairman, 231 West Wisconsin Avenue, Milwaukee
Dr. L. J. Van Hecke, 1944, 231 West Wisconsin Avenue, Milwaukee
Dr. A. L. Mayfield, 1944, 625 Fifty-Seventh Street, Kenosha
Dr. C. F. Dull, 1944, Richland Center
Dr. J. C. Fox, 1944, 401 Main Street, La Crosse
Dr. W. S. Bump, 1944, Rhinelander
Dr. Julius Blom, 1944, Woodville
Dr. E. E. Evenson, 1942, Wittenberg
Dr. J. W. McGill, 1942, 1225 Tower Avenue, Superior
Dr. E. F. Schneiders, 1943, 113 North Carroll Street, Madison
Dr. T. A. Teitgen, 1943, 927 South Eighth Street, Manitowoc
Dr. Erich Wisiol, 1943, 441 Main Street, Stevens Point
Dr. G. E. Eck, 1942, Lake Mills
Dr. D. J. Twohig, 1942, 11 North Main Street, Fond du Lac

*The Advisory Committee on Care of Crippled Children*

Dr. H. K. Tenney, 1942, chairman, 1 South Pinckney Street, Madison
Dr. J. B. MacLaren, 1944, 120 South Oneida Street, Appleton
Dr. H. L. Greene, 1944, 1 South Pinckney Street, Madison
Dr. J. O. Dieterle, 1943, 425 East Wisconsin Avenue, Milwaukee
Dr. H. C. Schumm, 1943, 425 East Wisconsin Avenue, Milwaukee
Dr. C. M. Kurtz, 1942, 1300 University Avenue, Madison

*The Committee on Coordination of Medical Services*

Dr. C. O. Vingom, 1944, chairman, 122 West Washington Avenue, Madison
Dr. Millard Tufts, 1943, 208 East Wisconsin Avenue, Milwaukee
Dr. S. E. Gavin, 1942, 104 South Main Street, Fond du Lac
President, ex officio
Secretary, ex officio

*The Committee on Goiter*

Dr. Arnold S. Jackson, 1942, chairman, 16 South Henry Street, Madison
Dr. O. R. Lillie, 1943, 208 East Wisconsin Avenue, Milwaukee
Dr. F. G. Anderson, 1944, 314 East Grand Avenue, Eau Claire
Dr. E. L. Sevringhaus, ex officio, 1300 University Avenue, Madison
Dr. C. N. Neupert, ex officio, State Office Building, Madison

*The Committee on Grievances*

Dr. Louis Fauerbach, 1944, chairman, 16 North Carroll Street, Madison
Dr. W. A. Ryan, 1943, 709 North Eleventh Street, Milwaukee
Dr. A. J. Patek, 1942, 425 East Wisconsin Avenue, Milwaukee

*The Committee on Health and Public Instruction*

Dr. C. J. Newcomb, 1944, chairman, 411 East Mason Street, Milwaukee
Dr. W. J. Egan, 1943, 720 North Jefferson Street, Milwaukee
Dr. J. A. Riegel, 1942, St. Croix Falls

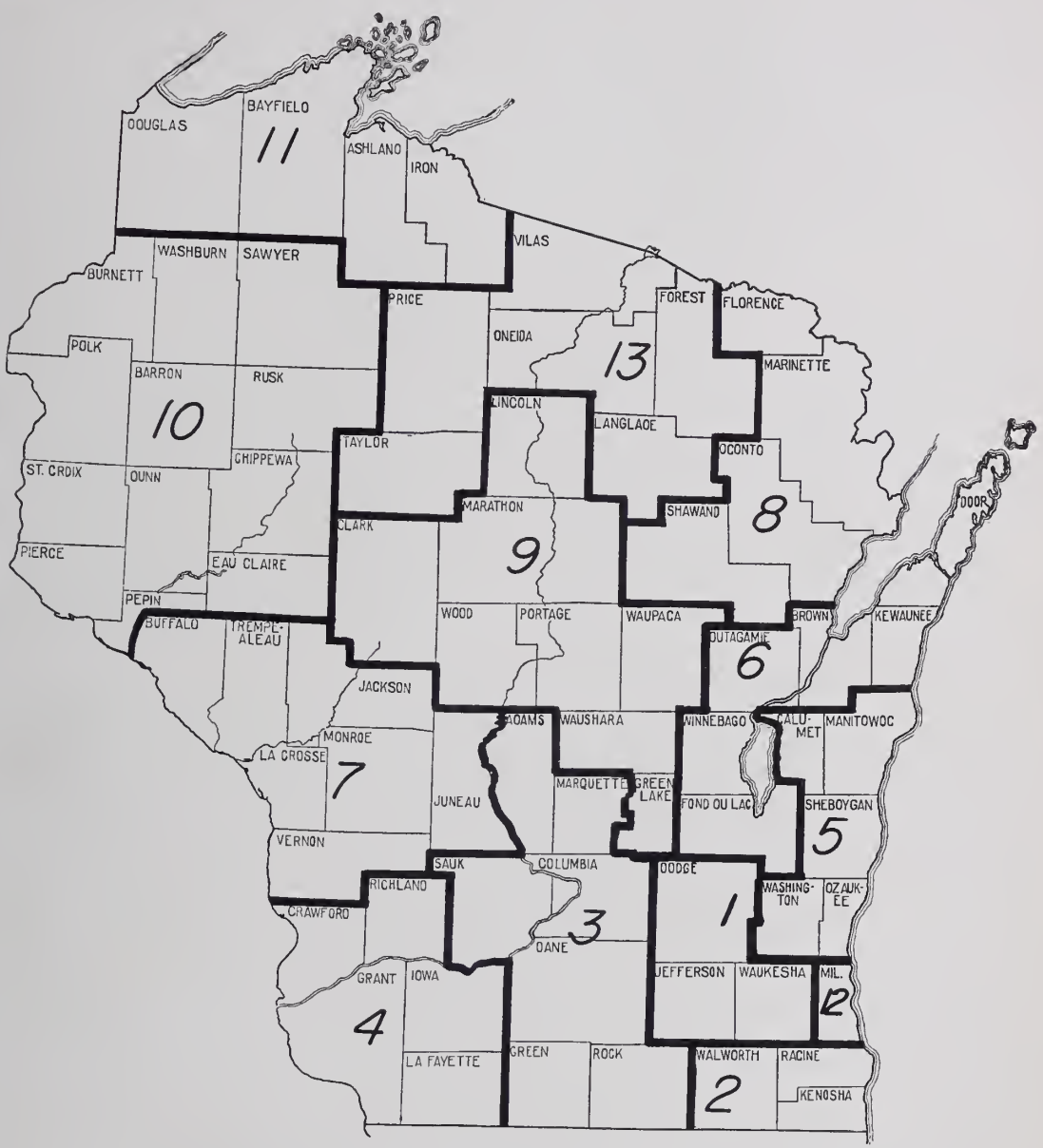
*The Committee on Hospital Relations*

Dr. R. M. Kurten, 1942, chairman, 810 Main Street, Racine
Dr. R. M. Waters, 1944, 1300 University Avenue, Madison
Dr. M. L. Jones, 1943, 510½ Third Street, Wausau
Dr. J. E. Habbe, 1942, 231 West Wisconsin Avenue, Milwaukee
Dr. E. O. Gertenbach, 1943, 425 East Wisconsin Avenue, Milwaukee
Dr. Gorton Ritchie, 1944, St. Mary's Hospital, Racine

*The Committee on Industrial Health*

Dr. M. L. Jones, 1942, chairman, 510½ Third Street, Wausau
Dr. H. L. Greene, 1943, 1 South Pinckney Street, Madison
Dr. T. J. Howard, 1944, 716 North Eleventh Street, Milwaukee
Dr. L. W. Hipke, ex officio, 425 East Wisconsin Avenue, Milwaukee

*(Continued on page 1292)*




## MAP INDICATING LOCATION OF COUNCILOR DISTRICTS

**First District:**
Dr. H. P. Bowen, Watertown

**Second District:**
Dr. C. E. Pechous, Kenosha

**Third District:**
Dr. W. T. Clark, Janesville

**Fourth District:**
Dr. B. I. Pippin, Richland Center

**Fifth District:**
Dr. A. H. Heidner, West Bend

**Sixth District:**
Dr. S. E. Gavin, Chairman
Fond du Lac

**Seventh District:**
Dr. H. A. Jegi, Galesville

**Eighth District:**
Dr. G. W. Krahn, Oconto Falls

**Ninth District:**
Dr. H. H. Christofferson, Colby

**Tenth District:**
Dr. R. G. Arveson, Frederic

**Eleventh District:**
Dr. F. G. Johnson, Iron River

**Twelfth District:**
Dr. H. J. Gramling, Milwaukee
Dr. R. E. Fitzgerald, Milwaukee
Dr. Robert W. Blumenthal, Milwaukee

**Thirteenth District:**
Dr. J. W. Lambert, Antigo

COMMITTEES—Continued

*The Committee on Maternal and Child Welfare*

Dr. J. Gurney Taylor, 1944, chairman, 324 East Wisconsin Avenue, Milwaukee
Dr. J. J. Pink, 1943, 324 East Wisconsin Avenue, Milwaukee
Dr. A. B. Schwartz, 1942, 2018 East North Avenue, Milwaukee
Dr. J. W. Harris, 1942, 1300 University Avenue, Madison
Dr. Amy Louise Hunter, 1944, State Capitol, Madison
Dr. J. F. Wilkinson, 1943, Oconomowoc

*The Committee on Medical Economics*

Dr. C. W. Eberbach, 1943, chairman, 324 East Wisconsin Avenue, Milwaukee
Dr. A. S. White, 1942, Rice Lake
Dr. W. M. Trowbridge, 1944, Viroqua

*The Committee on Medical Education and Hospitals*

Dr. P. A. Midelfart, 1944, chairman, 314 East Grand Avenue, Eau Claire
Dr. F. D. Murphy, 1942, 536 West Wisconsin Avenue, Milwaukee
Dr. R. E. Burns, 1943, 1300 University Avenue, Madison

*The Committee on Mental Hygiene and Institutional Care*

Dr. H. H. Christofferson, 1944, chairman, Colby
Dr. A. W. Bryan, 1942, 16 South Henry Street, Madison
Dr. S. K. Pollack, 1943, 208 East Wisconsin Avenue, Milwaukee

*The Committee on Public Policy*

Dr. C. A. Dawson, 1942, chairman, River Falls
Dr. S. E. Gavin, 1944, 104 South Main Street, Fond du Lac
Dr. J. C. Sargent, 1943, 324 East Wisconsin Avenue, Milwaukee
President, president-elect, secretary—ex officio

*The Council on Scientific Work*

Dr. G. W. Krahn, 1942, chairman, Oconto Falls
Dr. F. D. Murphy, 1944, 536 West Wisconsin Avenue, Milwaukee
Dr. C. J. Smiles, 1943, Ashland
Dr. E. R. Schmidt, 1944, 1300 University Avenue, Madison
Dr. K. H. Doege, 1945, Marshfield
Dr. W. S. Middleton, ex officio, 1300 University Avenue, Madison
Dr. E. J. Carey, ex officio, 561 North Fifteenth Street, Milwaukee

*The Committee on Tuberculosis and Chest Diseases*

Dr. G. D. Reay, 1944, chairman, 324 Main Street, La Crosse
Dr. A. A. Pleyte, 1942, 1018 North Jefferson Street, Milwaukee
Dr. L. O. Simenstad, 1943, Osceola

*The Advisory Committee on Visual and Hearing Defects*

Dr. J. K. Trumbo, 1944, chairman, 520 Third Street, Wausau
Dr. F. S. Cook, 1942, 131 South Barstow Street, Eau Claire
Dr. F. W. Kundert, 1943, Monroe

*The Advisory Committee to Woman's Auxiliary*

Chairman of Council, chairman
Immediate past-president
President
President-elect
Secretary

SPECIAL COMMITTEES

*The Committee on Interprofessional Relations*

Dr. A. E. Rector, chairman, 103 West College Avenue, Appleton
Dr. J. L. Garvey, 208 East Wisconsin Avenue, Milwaukee
Dr. Curtis A. Evans, 324 East Wisconsin Avenue, Milwaukee
Dr. W. G. Sexton, Marshfield
Dr. J. S. Supernaw, 1 South Pinckney Street, Madison

*The Committee on Safety on Public Highways*

Dr. M. W. Sherwood, chairman, 238 West Wisconsin Avenue, Milwaukee
Dr. P. C. Gatterdam, 1836 South Avenue, La Crosse
Dr. A. C. Florin, 104 South Main Street, Fond du Lac

*The Committee on Venereal Diseases*

Dr. H. R. Foerster, chairman, 208 East Wisconsin Avenue, Milwaukee
Dr. Gunnar Gundersen, 1836 South Avenue, La Crosse
Dr. Norbert Enzer, 425 East Wisconsin Avenue, Milwaukee
Dr. Conrad W. Giesen, 1514 Ogden Avenue, Superior
Dr. N. Warren Bourne, 208 East Wisconsin Avenue, Milwaukee

*The Committee on Voluntary Sickness Insurance*

Dr. C. D. Neidhold, chairman, 103 West College Avenue, Appleton
Dr. H. J. Lee, 19 Jefferson Avenue, Oshkosh
Dr. D. H. Witte, 3405 West Lisbon Avenue, Milwaukee

*The Committee on W. P. A. Health Projects*

Dr. H. K. Tenney, chairman, 1 South Pinckney Street, Madison
Dr. J. K. Trumbo, 520 Third Street, Wausau
Dr. W. A. Munn, 19 South Main Street, Janesville

Dr. R. M. Kurten, 810 Main Street, Racine
Dr. C. N. Neupert, 1 West Wilson Street, Madison

## COMMITTEES OF HOUSE OF DELEGATES

*The Committee on Constitution and By-Laws*

Dr. E. J. Carey, chairman, 561 North Fifteenth Street, Milwaukee
Dr. Charles Fidler, 231 West Wisconsin Avenue, Milwaukee
Dr. A. R. Tormey, 16 North Carroll Street, Madison
Dr. H. E. Kasten, 419 Pleasant Street, Beloit
Dr. C. J. Brady, Lake Geneva

*The Committee on Life Membership*

Dr. T. C. Hemmingsen, chairman, 1332 State Street, Racine
Dr. Irwin Schulz, 425 East Wisconsin Avenue, Milwaukee
Dr. Louis Fauerbach, 16 North Carroll Street, Madison
Dr. C. A. Armstrong, Prairie du Chien
Dr. A. G. Koehler, 46 Washington Boulevard, Oshkosh

*The Committee to Study Problems Relating to the Medical Practice Act*

Dr. R. G. Arveson, chairman, Frederic
Dr. E. J. Carey, 561 North Fifteenth Street, Milwaukee
Dr. W. S. Middleton, 1300 University Avenue, Madison
Dr. C. A. Dawson, River Falls
Dr. C. D. Neidhold, 103 West College Avenue, Appleton

*The Committee on Nursing Problems*

Dr. W. A. Munn, chairman, 19 South Main Street, Janesville
Dr. H. M. Stang, 314 East Grand Avenue, Eau Claire
Dr. Burton Clark, Jr., 11 Algoma Boulevard, Oshkosh
Dr. F. A. Stratton, 324 East Wisconsin Avenue, Milwaukee
(One appointment to be made.)

## COMMITTEES OF THE COUNCIL

*(Appointed in January annually by chairman of the Council)*

*The Auditing Committee*

Dr. H. H. Christofferson, Colby
Dr. G. W. Krahn, Oconto Falls
Dr. Robert W. Blumenthal, 411 East Mason Street, Milwaukee

*The Executive Committee*

Chairman of Council, chairman
Dr. W. T. Clark, 20 East Milwaukee Street, Janesville
Dr. A. H. Heidner, West Bend
Dr. Robert W. Blumenthal, 411 East Mason Street, Milwaukee
President, ex officio
President-elect, ex officio
Treasurer, ex officio
Secretary, ex officio

*The Conference Committee on Open Panels*

Representing the State Medical Society of Wisconsin
Dr. T. J. O'Leary, Superior, chairman
Dr. R. M. Kurten, Racine
Representing the Association of Casualty and Surety Executives (stock insurance companies)
Mr. E. E. Langworthy, Milwaukee
Representing the American Mutual Alliance
Mr. C. W. Kroening, Wausau

*The Conference Committee on Wisconsin Hospitals and Medical Payments Plan*

Representing the Association of Casualty and Surety Executives
Mr. E. E. Langworthy, Milwaukee, chairman
Mr. A. D. Kehoe, Milwaukee
Representing the American Mutual Alliance
Mr. C. W. Kroening, Wausau
Mr. H. J. Schroeder, Stevens Point
Representing the State Medical Society of Wisconsin
Dr. C. H. Andrew, Platteville
Dr. J. W. MacGregor, Portage
Representing the Wisconsin Hospital Association
Miss Grace Crafts, Madison
Representing the Wisconsin Conference of Catholic Hospitals
Sister Mary Bernadette, Madison

*The M–Day Committee*

Dr. R. E. Fitzgerald, chairman, 2750 North Teutonia Avenue, Milwaukee
Dr. J. W. Lambert, Antigo
Dr. Robert W. Blumenthal, 411 East Mason Street, Milwaukee
Secretary, ex officio

## OFFICERS OF SECTIONS

*(Elected annually by section members)*

*Cardiology*

Dr. A. G. Koehler, secretary, 46 Washington Boulevard, Oshkosh (1941)
(Annual meeting to be held in December, 1941)

*Ophthalmology and Otolaryngology*

Dr. R. O. Ebert, chairman, 104 Main Street, Oshkosh

Dr. W. E. Grove, vice-chairman, 324 East Wisconsin Avenue, Milwaukee

Dr. F. H. Haessler, secretary–treasurer, 324 East Wisconsin Avenue, Milwaukee

Dr. J. K. Trumbo, delegate, 520 Third Street, Wausau

Dr. A. H. Pember, alternate delegate, 500 West Milwaukee Street, Janesville

*Orthopedics*

Dr. C. C. Schneider, chairman, 231 West Wisconsin Avenue, Milwaukee

Dr. W. P. Blount, secretary–treasurer, 324 East Wisconsin Avenue, Milwaukee

Dr. H. L. Greene, delegate, 1 South Pinckney Street, Madison

Dr. R. P. Montgomery, alternate delegate, 324 East Wisconsin Avenue, Milwaukee

*Radiology*

Dr. L. W. Paul, chairman, 1300 University Avenue, Madison

Dr. L. V. Littig, vice-chairman, 925 Mound Street, Madison

Dr. R. F. Wilson, secretary–treasurer, 431 Olympian Boulevard, Beloit

# A. M. A. FELLOWSHIP

The difference between membership and fellowship in the American Medical Association is set forth below:

A member of a county medical society automatically becomes a member of the State Medical Society and the American Medical Association, but not a Fellow of the American Medical Association. To become a Fellow of the American Medical Association, he must make special application and pay to the Association the annual dues of $8 (which are credited to a year's subscription to The Journal of the American Medical Association).

Many physicians who pay $8 a year for their subscription to The Journal of the American Medical Association are not Fellows only because they have never applied for Fellowship. Only Fellows may register or take part in the annual meeting of the American Medical Association which, in 1942, will be helds in Atlantic City, June 8–12.

AMERICAN MEDICAL ASSOCIATION

535 North Dearborn Street, Chicago

APPLICATION FOR FELLOWSHIP

_____, 19____

I hereby make application for Fellowship in the American Medical Association and subscribe for The Journal for one year from date. I am a member in good standing of the _____ County Medical Society, a component branch of the _____ State Medical Association.

N. B.—Eight dollars is deposited with this application. Should I be granted the Fellowship applied for, this fee is to be credited to my subscription for *The Journal*. The Fellowship for which this application is made is to be subject to the Constitution and By-Laws of the American Medical Association.

Signed _____

Name in Full

Street _____ County _____

City _____ State _____

# Members, State Medical Society of Wisconsin*

**Abbotsford:**
Shields, G. G.

**Abrams:**
Faulds, R. C.

**Adams:**
Harris, A. J.
Shapiro, Harry

**Adell:**
Bemis, I. M.
Naylen, F. J.

**Albany:**
Bongiorno, F. J.

**Algoma:**
Bertram, B. J.
Foshion, H. V.
Witcpalek, W. W.

**Allenton:**
Fisher, R. S.

**Alma:**
Bachhuber, M. O.

**Almena:**
Arneson, Thomas

**Amery:**
Cornwall, W. B.
Ford, K. K.
Kremser, V. C.
Waterman, I. L.

**Amherst:**
Dorsch, J. F.

**Antigo:**
Bloor, E. G.
Curran, W. P.
Donohue, M. J.
Dorzeski, E. F.
Flatley, M. A.
Lambert, J. W.
McKenna, E. A.
Moore, G. E.
Zellmer, C. E.

**Appleton:**
Archer, W. E.
Benton, J. L.
Bolton, E. L.
Brooks, E. H.
Carlson, G. W.
Dehne, W. O.
Frawley, W. J.
Gallaher, D. M.
Giffin, W. S.
Gloss, A. J.
Harrington, Wm. J.
Hegner, G. T.
Huberty, F. J.
Konz, S. A.
Krueger, E. N.
Landis, R. V.
MacLaren, J. B.
Marshall, V. F.
Marshall, W. S.
McCarty, R. T.
McGrath, E. F.
Mielke, E. F.
Neidhold, C. D.
Pansch, F. N.
Pardee, C. A.
Rankin, F. J.
Rector, A. E.
Reeve, J. S.
Ritchie, G. A.
Swanton, M. E.
Taylor, A. C.
Zeiss, E. J.

**Arcadia:**
Comstock, Elizabeth
Dockendorff, B. C.
Skroch, J. P.
Weber, F. T.

**Argyle:**
Eurit, D. H.
Williams, W. B.

**Ashland:**
Andrus, A. D.
Butler, Albert
Dodd, J. M., Sr.
Grand, C. A.
Grigsby, R. O.
Kamm, A. X.
Lamal, A. H.
Meyer, M. W.
Prentice, J. W.
Seifert, K. A.
Smiles, C. J.
Tucker, W. J.
Weeks, F. D.

**Athens:**
Bachhuber, H. M.
Frick, Lewis

**Augusta:**
Prill, H. F.

**Avoca:**
Reynolds, Bertha

**Baldwin:**
Kunny, B.
Swenson, G. B.

**Bangor:**
Ruppenthal, K. P.
Ward, M. W.

**Baraboo:**
Cahoon, Roger
Edwards, A. C.
Irwin, H. J.
Moon, J. F.
Pearson, C. R.
Pope, C. B.
Tryon, F. E.
Vander Kamp, H.
Winslow, F. R.

**Barron:**
Post, C. C.
Ruethin, K. A.
Schlomovitz, H. H.
Smith, R. C.

**Bayfield:**
Robertson, M. J.
Shumate, J. K.

**Bear Creek:**
Morneau, L. F.

**Beaver Dam:**
Brumbaugh, E. V.
Corso, Xavier
Costello, W. H.
Hammond, A. W.
Hough, A. G.
Hoyer, A. A.
Hoyer, E. C.
Hoyer, G. H.
Kierzkowski, C. V.
Roberts, Rob Roy
Rosenheimer, A. M.
Schoen, R. E.
Schoen, R. F.
Webb, E. P.
Welsch, J. M.

**Belgium:**
Schuele, J. M.

**Belleville:**
Donlin, W. F.

**Belmont:**
Hubenthal, J. C.

**Beloit:**
Allen, J. P.
Allen, W. J.
Bane, Helen W.
Brinckerhoff, F. E.
Brown, E. B.
Burger, H. E.
Carney, C. M.
Crockett, W. W.
Crone, V. D.
Flarity, T. H.
Fosse, B.
Friend, L. J.
Friske, O. W.
Gunderson, R. H.
Helm, H. M.
John, G. W.
Kasten, H. E.
Keithley, J. W.
Kishpaugh, H. W.
Mauermann, W. J.
Ottow, A. F.
Raube, H. A.
Ross, M. E.
Shearer, H. A.
Smith, C. E.
Springberg, J. C.
Thayer, R. A.
Vivian, R. S.
Wilson, R. F.

**Berlin:**
Koch, H. C.
Seward, L. J.
Stone, Mildred M.
Wiesender, A. J.

**Big Bend:**
Boldt, R. E.

**Birchwood:**
Ainsworth, H. H.

**Birnamwood:**
Damp, O. E.

**Black Creek:**
Laird, J. J.

**Black River Falls:**
Krohn, Irwin
Krohn, Robert
Manz, K. F.

**Blair:**
Milchen, Carl

**Bloomer:**
Clauson, C. T.
Hudek, D. F.
Sazama, J. J.

**Bloomington:**
Baldwin, F. H.
Glasier, M. B.
McLaughlin, H. J.

**Blue Mounds:**
Bancroft, H. V.

**Blue River:**
Randall, M. W.

**Bonduel:**
Terlinden, J. H.

**Boscobel:**
Hayman, C. S.
Spiegelberg, E. H.
Tuffley, F. S.

**Brandon:**
Hull, H. H.

**Brillion:**
Goelz, J. R.
Vande Loo, F. B.

**Brodhead:**
Mitchell, E. J.
Stuessy, M. W.

**Brownsville:**
Raymond, R. G.
Ries, M. F.

**Bruce:**
Whalen, M. L.

**Burlington:**
Alcorn, M. W.
Bennett, J. F.
Granzeau, H. W.
Mastalir, L. O.
Mullen, R. A.
Murawsky, W. J.
Newell, F. F.

**Cadott:**
Zenner, C. E.

**Cambria:**
Ronneburger, E. O.

**Cambridge:**
Amundson, K. K.
Bilstad, G. E.

**Cameron:**
Cronk, C. F.

**Camp McCoy:**
Johnson, H. C.

**Campbellsport:**
Guenther, O. F.
Hoffmann, L. A.

**Casco:**
Kerscher, E. J.

**Cashton:**
Cremer, C. H.
Mauel, N. M.

**Cassville:**
Rempe, A. C.

**Cato:**
Kelley, J. M.

**Cazenovia:**
Brown, R. J.

**Cedarburg:**
Blanchard, P. B.
Hurth, O. J.
Hurth, O. W.
Katz, H. M.

**Cedar Grove:**
Van Altena, L. A.
Voskuil, A.

**Centuria:**
Noyes, G. B.

**Chaseburg:**
Remer, W. H.

**Chetek:**
Adams, R. W.

**Chilton:**
Goggins, J. W.
Knauf, N. J.
Minahan, J. J.

**Chippewa Falls:**
Daly, F. P.
Field, Merton
Hatleberg, C. N. B.
Kelly, J. A.
McCarty, E. O.
McHugh, F. T.
Picotte, L. W.
Rodgers, R. S.
Sazama, F. B.
Somers, A. J.
Williams, S. E.

**Clayton:**
Campbell, L. A., Jr.

**Clear Lake:**
Campbell, L. A.
Nelson, A. N.

**Cleveland:**
Reinert, E. N.

**Clinton:**
Thomas, W. O.

**Clintonville:**
Auld, Irving
Finney, W. H.
Miller, E. A.
Murphy, J. H.
Topp, C. A.

**Cochrane:**
Meili, E. A.

**Colby:**
Christofferson, H. H.
Schemmer, A. L.

**Coleman:**
Graner, L. H.

**Colfax:**
Cooper, C. A.
Felland, O. M.

**Columbus:**
Caldwell, H. M.
Cheli, C. F.
Frederick, A. J.
Mudroch, J. A.
Poser, E. M.

**Cornell:**
J. H. Foster

**Crandon:**
Ison, G. W.
Marsh, H. C.

**Cross Plains:**
Froggatt, W. E. L.

**Cuba City:**
Bair, F. M.
Fillbach, H. E.

**Cudahy:**
Ackerman, E. J.
Fine, J. M.
Kash, S. H.
Krueger, B.
Lawler, E. M.
Partridge, C. D.
Smith, H. S.

**Cumberland:**
Lund, S. O.
Thompson, R. C.

**Darien:**
Levin, H. M.

**Darlington:**
McConnell, E. D.
McGreane, N. A.
Shockley, H. O.

* As of December 3.

**Deerfield:**
Ingwell, C. L.

**De Forest:**
Carlton, E. P.

**Delafield:**
Barnes, H. T.
Olsen, L. C. J.

**Delavan:**
Bachelle, C. V.
Crowe, N. F.
Doughty, J. W.
Jacobson, T. L.
Kenney, H. J.
O'Keefe, F. L.
Wright, C. A.

**Denmark:**
Hager, F. J.
Michna, C. T.
Schilling, H. J.
Vosburgh, W. H.

**De Pere:**
Kersten, N. M.
Lenfestey, J. P.
Waldkirch, R. M.

**De Soto:**
Bolstad, H. A.
Gorenstein, L. M.

**Dodgeville:**
Buckner, H. M.
Hagerup, T. A.
Hamilton, W. P.
Morton, H. H.
Reese, William
Walker, H. M.

**Dorchester:**
Foley, F. P.

**Dresser:**
Kelly, C. A.

**Dousman:**
Notbohm, W. R.

**Durand:**
Bryant, R. J.
Richards, R. R.

**Eagle:**
Fitzgerald, J. J.
Schmidt, F. M.

**Eagle River:**
Lindstrom, C. O.
McMurry, O. R.
Oldfield, R. A. A.

**East Troy:**
Meany, S. G.
O'Leary, T. J.

**Eau Claire:**
Anderson, F. G.
Baird, J. C.
Beebe, G. W.
Buckley, R. A.
Cook, F. S.
Culver, L. G.
Derge, H. F.
Falstad, C. H.
Fuson, H. S.
Haag, A. F.
Hayes, E. P.
Henke, S. L.
Hertzog, A. J.
Hoyme, G.
Huston, H. C.
Ihle, C. M.
Johnson, Fred
Kinsman, F. C.
Kohl, Martha
LaBreck, F. A.
Lowe, J. W.
Manz, W. R.
Mason, E. L.
Midelfart, C. F.
Mldelfart, Peter
Paulson, W. O.
Russell, S. B.
Spelbring, P. G.
Stang, H. M.
Strand, R. C.
Tanner, J. W.
Werner, Nels
Werner, R. F.
Wishart, J. H.
Ziegler, J. E. B.

**Eden:**
Hardgrove, J. H.

**Edgar:**
Schulz, H. A.

**Edgerton:**
Shearer, A. T.
Shearer, F. E.
Sumner, W. C.

**Elcho:**
Dailey, P. J.

**Eldorado:**
Jackson, F. A.

**Elkhart Lake:**
Martineau, J. E.

**Elkhorn:**
Helmbrecht, M. G.
Rawlins, J. A.
Ridgway, E. T.
Sorenson, E. D.
Young, J. H.

**Elm Grove:**
Wheelihan, R. Y.

**Elmwood:**
Breed, A. L.

**Elroy:**
Vogel, C. A.

**Ettrick:**
Rogne, C. O.

**Evansville:**
Gray, R. J.
Guilfoyle, J. P.
Sorkin, S. S.

**Fall Creek:**
Zboralske, F. F.

**Fall River:**
Hunt, F. O.
Rogers, V. S.

**Fennimore:**
Bailey, M. A.
Howell, E. C.
Marsden, T. H.

**Fifield:**
Dalton, R. J.

**Fond du Lac:**
Borsack, K. K.
Calvy, D. W.
Clark, P. J.
Dalrymple, R. R.
Dana, R. L.
Devine, H. A.
Devine, J. C.
Finn, W. C.
Florin, A. C.
Folsom, W. H.
Gardner, L. C.
Gavin, S. E.
Gudex, V. A.
Helz, J. W.
Huebner, J. S.
Hutter, A. M.
Jaeschke, W. H.
Keenan, L. J.
Layton, O. M.
Leonard, C. W.
McCabe, P. G.
Meiklejohn, D. V.
Pawsat, E. H.
Rehorst, J. J.
Sharpe, H. R.
Sharpe, J. J.
Simon, L. J.
Smith, E. V.
Smith, E. V., Jr.
Theisen, S. A.
Trier, P. J.
Twohig, D. J.
Twohig, H. E.
Twohig, J. E.
Waldschmidt, W. J.
Walters, D. N.
Werner, H. C.
Wiley, F. S.
Wojta, W. C.
Yockey, J. C.

**Footville:**
Harvey, J. R.

**Forest Junction:**
Wollershelm, P. J.

**Forestville:**
Hirschboeck, J. G.

**Ft. Atkinson:**
Caswell, H. O.
Gruesen, F. A.
Hanson, O. H.
Harris, J. J.
Venning, J. R.
Young, Will

**Fountain City:**
Skemp, F. C.

**Fox Lake:**
Elliott, E. S.

**Franksville:**
Dockery, G. A.

**Frederic:**
Andrews, W. C.
Arveson, R. G.
Johnson, K. F.

**Fremont:**
Arnoldussen, C. P.

**Friendship:**
Treadwell, G. F.

**Galesville:**
Alvarez, R. L.
Jegi, H. A.
Younker, F. T.

**Gays Mills:**
Ackerman, E. T.
Boyce, S. R.

**Genesee Depot:**
Jones, Griffith

**Gillett:**
Baldwin, L. H.
Berg, W. R.

**Glenbeulah:**
Hansen, John

**Glenwood City:**
McCusker, C. F.

**Gilldden:**
Ansfield, F. J.

**Grafton:**
Balkwill, C. A.
Kalb, C. H.

**Granton:**
Rath, R. R.
Slater, R. H.

**Green Bay:**
Allen, Mary
Atkinson, H. S.
Bartran, W. H.
Brusky, A. H.
Buchanan, R. C.
Burdon, T. S.
Burns, Robert
Carter, R. M.
Charboneau, A. A.
Chloupek, C. J.
Clifford, P. M.
Collgnon, J. C.
Comee, W. C.
Cowles, R. L.
Crikelair, F. L.
Denys, G. F.
Dockry, P. F.
Dupont, A. J.
Ford, J. L.
Ford, W. W.
Fuller, M. H.
Gosin, D. F.
Gosln, F. J.
Grossman, M. A.
Hagerty, W. T.
Halloin, J. E.
Heitzman, H. H.
Hendrickson, H.
Houkom, S. S.
Jordan, E. M.
Kelly, W. W.
Klllins, W. A.
Klspert, R. W.
Leaper, W. E.
Levitas, I. E.
McCarey, A. J.
Milson, Louis
Minahan, P. R.
Nadeau, E. G.
O'Brien, E. J.
Olmsted, A. O.
Quigley, L. D.
Robb, J. J.
Saunders, O. W.
Schmidt, E. S.
Senn, George
Shinners, G. M.
Stauff, G. R.
Stlennon, O. A.
Tippet, W. P.
Troup, R. L.
Troup, W. J.

**Green Lake:**
Baldwin, G. E.
Kelly, J. A.

**Greenleaf:**
Titel, E. A.

**Greenwood:**
Overman, M. V.

**Gresham:**
Litzen, F. L.

**Hales Corners:**
Pierce, D. F.
Wolf, R. C.

**Hammond:**
Olson, C. A.

**Hartford:**
Hoffmann, J. G.
Lehmann, F. W.
Loughlin, T. F.
Monroe, M. E.
Sachse, F. W.

**Hartland:**
Brewer, G. W.
Reddeman, E. A.

**Hawthorne:**
Lookanoff, V. A.

**Hayward:**
Callaghan, D. H.
Dufour, E. H.
Wesche, G. E.

**Hazel Green:**
Strauch, C. B.

**Highland:**
Erickson, M. T.

**Hillsboro:**
Hansberry, P. H.
MacKechnie, R. S.
Rouse, J. J.

**Hixton:**
Petzke, E. A.

**Hollandale:**
Marshall, S. B.

**Holmen:**
Hanson, L. E.

**Horicon:**
Bloom, C. S.
Drescher, G. G.
Karsten, J. H.

**Hortonville:**
Adrians, W. A.
Towne, W. H.

**Howards Grove:**
Kolb, F. K.

**Hudson:**
Livingstone, J. W.
Newton, J. E.

**Hurley:**
Martinetti, D. J.

**Hustisford:**
Panetti, P. A.

**Independence:**
Peterson, C. F.
Peterson, D. R.

**Iola:**
Wilker, W. F.

**Iron Ridge:**
Quackenbush, E. C.

**Iron River:**
Johnson, F. G.

**Jackson:**
Froede, H. E.

**Janesville:**
Bartels, G. W.
Baumgartner, M. M.
Binnewies, F. C.
Clark, W. T.
Cunningham, M. A.
Danforth, H. C.
Farnsworth, F. B.
Farnsworth, R. W.
Frechette, F. M.
Freitag, S. A.
Gilbertsen, C. R.
Hartman, E. C.
Hartman, R. C.
Hatfield, M. E.
Johnson, W. L.
Kelley, J. F.
Klein, T. W.
Koch, V. W.
Kuegle, F. H.
McGuire, W. H.
Metcalf, G. S.
Munn, W. A.
Nuzum, T. O.
Nuzum, T. W.
Overton, O. V.
Pember, A. H.
Snodgrass, T. J.
Thomas, G. L.
VanKirk, F. W.
Waufle, G. C.
Welch, F. B.

**Jefferson:**
Brewer, J. C.
Busse, A. A.
Garding, C. J.
Robinson, A. H.

**Johnson Creek:**
Wendt, F. A.

**Junction City:**
Reis, G. W.

**Juneau:**
Heath, H. J.

**Kaukauna:**
Bachhuber, A. E.
Bachhuber, A. M.
Boyd, C. D.
Boyd, G. L.
Flanagan, G. J.
Hogan, John

**Kenosha:**
Andre, E. F.
Ashley, T. W.
Binnie, Helen A.
Bowing, I. E.
Cleary, J. H.
Creswell, C. M.
Curtiss, F. D.
Davin, C. C.
DeFazio, S. F.
Gephart, C. H.
Graves, J. P.
Hill, B. S.
Kleinpell, W. C.
Lipman, W. H.
Lokvam, L. H.
Mayfield, A. L.
Murphy, S. W.
Pechous, C. E.
Perkins, C. H.
Pifer, P. E.
Pirsch, M. V.
Rauch, A. M.
Rauen, L. M.
Richards, C. G.
Ruffolo, A. F.
Schlapik, A.
Schulte, G. C.
Schwartz, G. J.
Schwartz, H. L.
Sokow, Theodore
Stewart, W. C.
Swarthout, E. F.
Ulrich, C. F.
Windesheim, G.
Wolf, Herman

**Keshena:**
Rivard, R. R.

**Kewaskum:**
Edwards, R. G.
Hausmann, N. E.

**Kewaunee:**
Dana, D. B.
Witcpalek, E. W.
Wochos, F. J.
Wochos, W. M.

**Kiel:**
Knauf, F. P.
Nauth, D. F.
O'Donnell, S. P.

**Kimberly:**
Maes, C. G.

**King:**
Montgomery, R. C.

**Kohler:**
Cottingham, M. D.
Gascoigne, C. C.

**La Crosse:**
Anderson, N. P.
Bannen, W. E.
Bayley, W. E.
Bohn, M. H.
Carlsson, E. S.
Daley, D. M.
Douglas, F. A.
Eagan, R. L.
Egan, G. J.
Eidam, L. W.
Flynn, R. E.
Fox, J. C.
Gallagher, E. E.
Gallagher, F. J.
Garrett-Bangsberg, S.
Gatterdam, P. C.
Gray, R. H.
Gundersen, A. H.
Gundersen, Gunnar
Gundersen, S. B.
Gundersen, T. E.
Harman, J. C.
Heraty, J. E.
Houck, Mary Piper
Johnston, Russell
Jones, W. J.
Lueck, G. W.
Malin, G. F.
Mast, B. W.
McGarty, M. A.
McLoone, J. E.
Reay, G. D.
Reay, G. R.
Rosholt, J. A.
Schneeberger, E. J.
Seedorf, E. E.
Simones, J. J.
Sivertson, M.
Skemp, A. A.
Skemp, G. E.
Smith, D. S.
Swarthout, Edyth C.
Townsend, E. H.
Walters, P. T.
Wolf, F. H.
Wolf, H. E.

**Ladysmith:**
Lundmark, L. M.
O'Connor, W. F.
Smith, Woodruff

**Lake Geneva:**
Brady, C. J.
Donath, L. H.
Hudson, E. D.
Jeffers, Dean
MacDonald, W. H.

**Lake Mills:**
Eck, G. E.
Leicht, Phillip
Peterson, M. G.
Schoenecker, E. A.

**Lancaster:**
Carey, H. W.
Fowler, J. H.
Glynn, J. D.
Godfrey, R. C.
Houghton, E. M.

**Laona:**
Carroll, G. E.
Ovitz, E. G.

**Larsen:**
Henrichsen, J. A.

**LaValle:**
Booher, J. A.

**Lena:**
Rose, J. F.

**Little Chute:**
Curtin, D. W.
Doyle, J. H.
Verbrick, W. C.

**Lodi:**
Irwin, G. H.

**Loganville:**
Jewell, E. L.

**Lone Rock:**
Settlage, H. A.

**Loyal:**
Hable, A. P.

**Madison:**
Aageson, C. W.
Allin, R. N.
Atwood, David
Bell, P. P.
Birge, E. A.
Boner, A. J.
Bowman, F. F.
Briggs, S. J.
Brindley, B. I.
Britton, D. M.
Bryan, A. W.
Burke, C. F.
Burke, Mead
Burke, Myra
Burns, R. E.
Calvert, Charlotte
Cameron, Eugenia S.
Campbell, R. E.
Carns, Marie L.
Carter, H. M.
Chorlog, J. K.
Cole, L. R.
Coluccy, M. J. J.
Cooksey, R. T.
Coon, H. M.
Cooper, G. A.
Curreri, A. R.
Davis, F. A.
Davis, Helen P.
Dean, F. K.
Dean, J. C.
Dean, J. P.
Dimond, W. B.
Dollard, J. E.
Duehr, P. A.
Ellis, I. G.
Evans, J. S.
Ewell, G. H.
Fauerbach, L.
Fosmark, C. A.
Foster, Ruth C.
Gale, J. W.
Gallagher, J. T.
Ganser, W. J.
Geist, F. D.
Gonce, J. E., Jr.
Gordon, E. S.
Grab, J. A. (Selective Service)
Greeley, H. P.
Greene, H. L.
Greiber, M. F.
Grimstad, Frances H.
Grumke, E. H.
Guilford, H. M.
Harper, C. A.
Harper, C. S.
Harris, J. W.
Hill, N. A.
Holmgren, L. E.
Hunt, T. D.
Hunter, Amy Louise
Hurlbut, J. A.
Hyslop, V. B.
Jackson, A. S.
Jackson, J. A.
Jackson, Russell, Jr.
Jackson, R. H.
Jorris, E. H.
Juster, E. M.
Kay, H. M.
Keettel, W. C., Jr.
Krehl, W. H.
Lacke, C. L.
Lappley, W. F.
Lee, J. H.
Lemmer, K. E.
Leonard, T. A.
Lindsay, W. T.
Littig, L. V.
Lorenz, W. F.
MacKenzie, J. G.
Maloof, G. J.
Marbry, G. W.
Marsden, W. H.
Marsh, H. E.
Masten, M. G.
McCarter, J. C.
McCormick, S. A.
McDonald, Dorothy
McDonough, K. B.
McGary, Lester
McIntosh, R. L.
Meanwell, W. E.
Meyer, O. O.
Middleton, W. S.
Mohs, F. E.
Mowry, W. A.
Neff, E. E.
Nesbit, M. E.
Nesbit, W. M.
Neupert, C. N.
Oatway, W. H., Jr.
Oosterhous, G. E.
Paul, L. W.
Pessin, Joseph
Pessin, S. B.
Pohle, E. A.
Puestow, K. L.
Quisling, A. A.
Quisling, R. A.
Quisling, Sverre
Reese, H. H.
Reineking, W. C.
Reznichek, C. G.
Robbins, J. H.
Schmidt, E. R.
Schneiders, E. F.
Schubert, C. K.
Schwittay, Addie M.
Seevers, M. H.
Sevringhaus, E. L.
Shapiro, H. H.
Sinaiko, A. A.
Sisk, I. R.
Sisk, J. N.
Slocum, H. C.
Sprague, J. T.
Sprague, L. V.
Stebbins, G. G.
Stebbins, W. W.
Stehr, A. C.
Stovall, W. D.
Sullivan, A. G.
Sullivan, E. S.
Supernaw, J. S.
Taylor, F. B.
Tenney, H. K.
Thomas, N. G.
Thornton, M. J.
Tormey, A. R.
Tormey, T. W.
Tormey, T. W., Jr.
Trautmann, M.
Vingom, C. O.
Washburne, A. C.
Waters, R. M.
Wear, J. B.
Weiland, H. P.
Welke, E. G.
Wells, May R.
Werrell, W. A.
Weston, F. L.
Wheeler, R. M.
Williams, D. L.
Winn, H. N.
Wirig, M. H.
Wirka, H. W.

**Manawa:**
Irvine, R. K.
Irvine, W. J.

**Manitowoc:**
Andrews, M. P.
Belson, H. J.
Bonner, N. A.
Donohue, W. E.
Erdmann, N. C.
Gregory, L. W.
Hammond, F. W.
Hammond, R. W.
Hoffman, G. M.
MacCollum, C. L.
Meany, J. E.
Portman, R. J.
Rauch, W. A.
Rees, T. H.
Scherping, W. H.
Schneck, Nathan
Sobush, L. D.
Steckbauer, J. W.
Strong, R. G.
Stueck, A. F.
Teitgen, Arthur
Teitgen, T. A.
Turgasen, F. E.
Wall, C. E.
Yost, R. G.

**Marathon:**
Kampine, C. E.

**Maribel:**
May, J. H.

**Marinette:**
Barnes, Haldor
Bird, M. D.
Boren, C. H.
Boren, J. W.
Duer, G. R.
Jorgenson, H. L.
May, J. V.

Nadeau, A. T.
Plnegar, K. G.
Schroeder, H. F.
Shaw, R. W.
Zeratsky, J. D.

**Marion:**
Mulvaney, F. M.
Van Schaick, R. E.

**Markesan:**
Cupery, D. P.
Sinaiko, E. S.

**Marshfield:**
Boeckman, F. A.
Copps, L. A.
Doege, K. H.
Doege, P. F.
Epstein, S. E.
Hipke, Wm.
Mason, R. W.
McCormick, G. L.
McGinn, E. J.
Potter, R. P.
Sexton, W. G.
Vedder, J. B.
Vedder, J. S.
Wickham, J. M.
Wink, R. H.

**Mattoon:**
Partridge, O. F.

**Mauston:**
Hess, J. S.
Kaufman, A. R.
Puttler, O. L.

**Mayville:**
Bachhuber, F. G.
Parish, G. A.

**Mazomanie:**
Schultz, I.

**Medford:**
Elvis, E. B.
Norton, D. M.
Nystrum, L. E.
Nystrum, R. C.

**Mellen:**
Lockhart, C. W.

**Melrose:**
Lavine, I. H.

**Menasha:**
Forkin, G. E.
Hildebrand, W. B.
Jensen, F. G.
Jensen, R. A.
O'Brien, P. T.
Pratt, G. N., Jr.

**Mendota:**
Green, M. K.
Sauthoff, August
Urben, W. J.

**Menomonee Falls:**
Burkhardt, E. W.
Domann, W. G.
Hoyt, G. E.
Schloemer, A. J.

**Menomonie:**
Buckley, C. H.
Butler, F. E.
Grannis, I. V.
Halgren, J. A.
Long, D. T.
Lumsden, Wm.
McMahon, A. E.
Quilling, P. A.
Steves, B. J.
Steves, R. J.

**Mercer:**
Kremers, A.

**Merrill:**
Austria, W. F.
Bayer, L. J.
Bayer, W. H.
Hinckley, H. G.
Kelley, F. H.
Lane, F. C.
Morris, K. A.
Ravn, Bjarne
Ravn, E. O.

**Middleton:**
Stricker, M. F.

**Milltown:**
Nicholson, J. D.

**Milton:**
Crosley, G. E.
Davis, M. D.
Davis, R. R.

**Milton Junction:**
Vogel, T. L.

**Milwaukee:**
Ackerman, J. S.
Ackermann, Wm.
Adamkiewicz, J. J.
Allebach, H. K. B.
Allen, L. L.
Ansfield, D. J.
Ansfield, M. J.
Armbruster, J. L.
Aszman, P. E.
Augur, Alexander
Ausman, D. C.
Ausman, H. R.
Aussendorf, C. F.
Aylward, T. J.
Bach, E. C.
Bach, J. A.
Bach, M. J.
Bach, R. J.
Backus, E. A.
Baer, C. A.
Baker, V. L.
Baranowski, S. A.
Bardenwerper, H. E.
Barnes, J. S.
Barrock, J. J.
Baugh, C. W.
Baum, E. L.
Baumann, A. J.
Baumgart, C. H.
Beckman, Harry
Beffel, J. M., Jr.
Behnke, E. J.
Beiknap, E. L.
Bellehumeur, C. E.
Bensman, L. L.
Benton, R. W.
Bentzien, E. W.
Bercey, J. E.
Bergen, R. D.
Bernhard, L. A.
Bernhart, E. L.
Beyer, C. H.
Bickler, E. P.
Biller, J. H.
Bilier, S. E.
Birk, B. J.
Blair, J. F.
Blanchard, H. H.
Blount, W. P.
Blumenthal, R. W.
Bodden, A. M.
Bolger, J. V.
Borman, M. C.
Bornstein, Max
Bornstein, S. L.
Bourne, N. W.
Brachman, Louis
Brey, P. F.
Brizard, J. L.
Broderick, C. F.
Brook, J. J.
Brown, G. V. I.
Bruins, Dirk
Brunkhorst, R. O.
Bruns, D. H.
Brussock, W. A.
Brzezinski, E. A.
Budny, C. L.
Burbach, T. H.
Burgardt, G. F.
Burnett, C. H.
Busby, W. W.
Bussewitz, M. A.
Byrnes, M. B.
Cahana, Stephen
Callan, P. L.
Cannon, H. J.
Carey, E. J.
Carhart, G. A.
Carl, E. E.
Carson, W. J.
Cash, I. I.
Casper, W. T.
Ceci, G. E.
Champney, R. D.
Charles, J. D.
Churchill, B. P.
Clasen, E. A.
Cleary, E. M.
Cleveland, Davld
Coffey, C. J.
Coffey, S. E.
Colgan, J. J.
Collentine, G. E.
Conroy, C. F.
Conway, J. P.
Cook, E. F.
Cook, H. E.
Corcoran, C. J.
Correli, H. L.
Cowan, I. I.
Cox, J. A.
Cralte, E. J.
Cron, R. S.
Crottler, C. J.
Cunningham, H. A.
Currer, P. M.
Curtin, J. G.
Cushing, Eleänore
Darling, F. E.
Darling, F. E., Jr.
Darling, S. J.
Darling, W. S.
Davidoff, I. Z.
Decker, H. G.
Demeter, N. D.
de Neveu, A. V.
Derse, F. R.
Devitt, J. S.
Deysach, L. J.
Diamond, C. O.
Dieterle, J. O.
Differt, C. C.
Dishmaker, M. C.
Doerr, August
Dorpat, Louis
Drew, F. E.
Drexel, Arnold
Dricken, H. N.
Drozewski, M. F.
Drozniakiewicz, L. J.
Dundon, J. R.
Dunker, G. O.
Dunst, C. G.
Durner, U. J.
Dvorak, H. J.
Eberbach, C. W.
Echols, C. M.
Egan, W. J.
Eisele, P. L. (army)
Eisenberg, E.
Eisenberg, J. J.
Eisenberg, L. A.
Eisenberg, P. J.
Elconin, D. V.
End, E. M.
Enright, J. A.
Enzer, Norbert
Epperson, P. S.
Epstein, Ely
Erdlitz, F. J.
Ernst, G. R.
Evans, C. A.
Evans, E. P.
Evans, S. M.
Everts, E. L.
Fabric, B. L.
Farrell, H. J.
Fechter, F. J.
Federspiel, M. N.
Fein, N. N.
Feld, S. M.
Feldt, R. H.
Fellman, G. H.
Fernan-Nunez, M.
Fetherston, J. P.
Fidler, Charles
Fisher, L. M.
Fitzgerald, G. F.
Fitzgerald, R. E.
Fitzgibbon, Wm.
Foerster, H. R.
Foerster, O. H.
Foley, L. J.
Fons, J. W.
Ford, W. B.
Fortier, C. A. H.
Fox, G. W.
Fox, M. J.
Fox, M. S.
Franklin, E.
Franklin, I.
Franklin, S. N.
Frawley, D. D.
Frey, P. G.
Friedman, G. H.
Frisch, R. A. (army)
Froelich, J. A.
Fromm, A. H.
Furlong, J. J.
Gabor, M. E.
Galasinski, R. E.
Garens, R. W.
Garland, J. G.
Garvey, J. L.
Gebhard, U. E.
Geiger, Sara G.
Gendlin, N. A.
Gertenbach, E. O.
Gilchrist, R. T.
Gilmer, L. T.
Gingrass, R. P.
Gilsch, W. P.
Goldberg, Nathan
Goodman, J. N.
Goodman, J. S.
Goodsitt, A. H.
Gorder, A. C.
Gordon, J. S.
Gramling, E. H.
Gramling, H. J.
Gramling, J. J.
Gramling, J. J., Jr.
Gray, A. W.
Greenberg, A. I.
Greenthal, R. M.
Griffith, J. C.
Grill, John
Grob, A. R. F.
Grosskopf, E. C.
Grossmann, L. L.
Grotjan, W. F.
Grove, W. E.
Guepe, J. W.
Guerin, L. H.
Gumerman, G. J.
Gute, E. B.
Guzzetta, Denis
Guzzetta, V. J.
Habbe, J. E.
Habeck, E. A. W.
Haessler, B. T.
Haessler, F. H.
Hagerman, F. H.
Hake, C. B.
Hall, R. M.
Halser, J. G.
Hankwitz, A. W.
Hansen, A. C.
Hansen, H. T.
Hansen, J. W.
Hansher, Ervin
Hansmann, G. H.
Harder, Henry
Hardgrove, Maurice
Hardy, C. F.
Hargarten, L. J.
Harper, C. W.
Harrington, E. T.
Harrington, T. L.
Haug, J. F.
Haushalter, H. P.
Haushalter, L. E.
Hawkins, H. M.
Heeb, H. J.
Hefke, H. W.
Heidner, F. C.
Heifetz, E. C.
Heil, J. V.
Heipp, E. A.
Heise, H. A.
Heller, T. A.
Henes, Edwin Jr.
Heraty, J. A.
Hermann, A. H.
Herner, W. L.
Hertel, A. J.
Herzog, J. V.
Higgins, S. G.
Hilger, W. A.
Hiller, R. I.
Hiller, S. J.
Hipke, G. A.
Hipke, L. W.
Hipke, M. M.
Hirschboeck, J. S.
Hitz, H. B.
Hitz, J. B.
Hoermann, B. A.
Hofmeister, F. J.
Holbrook, A. A.
Holbrook, A. T.
Hood, A. J.
Horwitz, J. J.
Hough, G. V.
Houghton, W. J.
Howard, T. J.
Huber, H. H.
Huston, John
Huth, E. P.
Imp, J. F.
Irwin, Robert
Jackson, Edward
Jacobson, E. B.
Jefferson, R. A.
Jekel, J. M.
Jenner, J. A.
Jermain, W. M.
Jobse, W. P.
Jochimsen, M. A.
Johnson, A. W.

Johnson, C. G.
Johnson, Frances
Johnson, H. W.
Johnson, J. H.
Johnston, T. L.
Joseph, W. A.
Judge, T. A.
Jurss, C. D.
Kahn, Joseph
Kane, A. M.
Karr, J. K.
Kassowitz, K. E.
Kastner, A. L.
Kaufman, L. W.
Kay, E. M.
Kearns, W. M.
Kelly, G. F.
Kennedy, W. R.
Kettelhut, E. J.
Kilbourne, B. C.
Killan, A. D.
Killkenny, G. S.
Kling, J. J.
Kling, J. M.
Klnsey, J. L.
Klssinger, C. A.
Kissling, A. C.
Klein, J. T.
Kleinboehl, J. W.
Kleis, W. J.
Klumb, M. G.
Knudson, A. H.
Koch, M. J.
Koehler, J. P.
Kohn, S. E.
Kovacs, Arthur
Kozina, F. J.
Kramoris, F. H.
Kretchmar, L. H.
Kretchmar, Morris
Kristjanson, H. T.
Krltter, F. J.
Kriz, G. A.
Kriz-Hettwer, Rose
Krumbiegel, E. R.
Kruszewski, J. L.
Krygier, A. A.
Krygier, W. L.
Krzysko, S. L.
Kuhn, H. J.
Kuhn, M. J.
Kult, A. S.
Kurtz, C. M.
Kurtz, Esther C.
Kustermann, A. F.
Lademan, O. E.
Ladewig, A. W.
Ladewig, H. C.
Lahmann, A. H.
Lambeck, F. J.
Lando, D. H., Jr.
Lang, V. F.
Langjahr, A. R.
LeCron, W. L.
Lee, P. A.
Leitch, G. W.
Lettenberger, J.
Levine, Abram
Lewis, Marian
Lieberman, Benj.
Liefert, W. C.
Light, George
Lillie, O. R.
Lobedan, E. T.
Long, C. W.
Lotz, Oscar
Loughlin, D. M.
Love, I. B.
Ludden, J. B.
Lungmus, B. A.
Macht, A. J.
MacInnis, F. E.
MacKedon, W. L.
MacKenzie, J. A.
Mackoy, F. W.
MacRae, M. F.
Madison, F. W.
Madison, J. D.
Maercklein, O. W.
Malnekoff, B. J.
Malone, J. Y.
Mann, R. W.
Margoles, F. C.
Margoles, Milton
Markson, L. S.
Markson, S. M.
Marlewskl, C. R.
Marquardt, C. R.
Martens, E. W.
Martin, H. G.
Mason, E. W.
McBeath, N. E.
McCabe, John
McCann, Edlth
McCormack, M. T.
McCormick, F. X.
McCormick, T. F.
McDonald, C. F.
McDonald, R. E.
McElligott, J. A.
McKillip, W. J.
McKittrick, N. W.
McMahon, F. B.
McMahon, H. O.
McNary, J. F.
McNaughton, W. T.
Megna, Salvatore
Mehigan, D. D.
Mellencamp, F. J.
Meloy, G. E.
Mendeloff, H.
Mensing, E. H.
Merten, A. N. E.
Merten, P. J.
Messmer, C.
Miller, E. W.
Miller, H. L.
Miner, H. B.
Mitchell, S. R.
Mock, F. C.
Moglowsky, S.
Mollinger, S. M.
Molsberry, J. M.
Monaghan, L. J.
Montgomery, A.
Montgomery, R. P.
Morgan, J. E.
Morgan, S. F.
Morse, L. M.
Morter, C. W.
Morter, R. E.
Morton, S. A.
Muehlhaus, F. R.
Mueller, G. F. C.
Muenzner, R. J.
Mulsow, J. E.
Munkwitz, F. H.
Murphy, F. D.
Murphy, J. A.
Murphy, W. J.
Natenshon, A. L.
Neilson, G. W.
Nelson, J. D.
Nelson, W. V.
Neville, Mary
Newberry, C. L.
Newcomb, C. J.
Nichols, C. H.
Niland, P. J.
Nolte, L. G.
Northey, T. M.
Nugent, A. C.
Oakland, H. G.
Oberbreckling, P. E.
O'Donovan, T. W.
O'Hara, J. J.
O'Leary, E. B.
Olsen, A. H.
Olsen, Maurice
Olson, H. J.
O'Malley, T. S.
O'Malley, W. P.
O'Neill, E. J.
Oswald, Frederick
Owen, J. D.
Ozonoff, J. B.
Pallasch, F. J.
Panetti, E. J.
Panetti, H. E.
Park, C. F.
Patek, A. J.
Paulbeck, T. M.
Pegram, J. W.
Perlson, P. H.
Peterman, M. G.
Peters, B. J.
Peters, L. M.
Peyton, L. T.
Pfeffer, E. N.
Pfeifer, H. A.
Piaskoski, R. G.
Plnk, J. J.
Pleyte, A. A.
Pohle, H. W.
Polacheck, W. S.
Pollack, S. K.
Popp, Albert
Powers, H. W.
Prestl, A. A.
Prudowsky, H. H.
Pugh, G. J.
Purtell, P. J.
Purtell, R. F.
Quick, A. J.
Quick, E. W.
Rabin, Allen
Ragan, W. F.
Randolph, T. G.
Rank, R. T.
Rastetter, J. W.
Raymond, A. J.
Reifenrath, I. B.
Reinke, C. C.
Rettig, E. H.
Rettig, Frank
Reuter, M. J.
Reuter, R. J.
Rheineck, A. F.
Rlcciardl, I. J.
Rice, E. L.
Rice, E. M.
Rich, G. J.
Riehl, F. W.
Rife, C. S.
Rikkers, D. F.
Robbins, J. M.
Roberts, D. W.
Roby, H. S.
Rock, J. N.
Roethke, R. W.
Rogers, E. H.
Rogers, M. F.
Rolfs, T. H.
Rosenberger, A. I.
Rosenthal, S.
Ross, F. A.
Rowan, J. P.
Ruppenthal, A. J.
Ruschhaupt, L. F.
Russell, R. J. M.
Ryan, E. R.
Ryan, W. A.
Sadoff, H. B.
Saketos, T. P.
Salinko, S. S.
Sander, O. A.
Sanfelippo, A. J.
Sargent, J. C.
Sass, L. C.
Savage, G. F.
Savage, G. T.
Schade, R. E.
Schaefer, A. A.
Schelble, E. J.
Schelble, J. P.
Schlaepfer, K.
Schlomovitz, B. H.
Schlomovitz, E. H.
Schlossmann, B.
Schlueter, U. A.
Schmidt, A. C.
Schmidt, H. G.
Schmidt, J. A.
Schmit, Felix
Schmit, Louis
Schmitt, Philip
Schnapp, A. C.
Schneeberger, L. J.
Schneider, C. C.
Schneider, C. R.
Schneider, C. S.
Schodron, R. C.
Schoen, C. M.
Schoenkerman, B. B.
Scholter, E. A. W.
Scholz, G. M.
Schoofs, O. P.
Schowalter, R. P.
Schroeder, J. C.
Schubert, F. J.
Schuler, F. X.
Schulz, Irwin
Schumacher, H. S.
Schumm, H. C.
Schutte, A. G.
Schwartz, A. B.
Schweitzer, G. J.
Schweitzer, W. A.
Seegers, F. W.
Seelman, A. G.
Seelman, J. J.
Selle, F. S.
Senn, Ulrich
Shalken, Joseph
Shaner, G. O.
Shapiro, A. M.
Sherwood, M. W.
Shimpa, J. F.
Shutkin, Michael
Shutter, H. W.
Sickert, H. P.
Silbar, S. J.
Slvyer, A. W.
Slutzky, Nathan
Smith, J. W.
Smith, L. D.
Smuckler, R. H.
Spilberg, S. B.
Spitz, M. M.
Sponner, Robert
Spooner, A. D.
Sproule, R. P.
Squier, T. L.
Stack, S. S.
Stamm, L. P.
Stanley, W. S.
Stark, R. M.
Steele, J. D., Jr.
Stefanez, J. S.
Steiner, C. M.
Steinkopff, E. K.
Stetner, W. L.
Stirn, F. J.
Stockinger, R. E.
Stratton, F. A.
Straus, G. D.
Studley, W. H.
Suhr, A. L.
Sure, J. H.
Sutter, E. H.
Sverdlin, A. A. (army)
Sweemer, W. M.
Sweet, S. J.
Szymarek, J. E.
Tabachnick, H.
Tallmadge, G. K.
Tashkin, E. H.
Taube, E. L.
Taylor, J. G.
Tegtmeyer, G. F.
Teschan, R. A.
Tessier, A. F.
Tharinger, E. L.
Thill, G. E.
Thompson, E. X.
Thompson, F. A.
Thompson, R. D.
Thorstensen, A. H.
Thranow, J. A.
Tillson, E. M.
Tolan, T. L.
Tomkiewicz, N. O.
Torcivia, S. S.
Treskow, F. G.
Troxel, J. C. (army)
Truitt, J. W.
Tufts, Millard
Turner, V. C.
Turney, C. F.
Urdan, B. E.
Usow, J. M.
Uszler, L. B.
Van de Erve, W.
Van Hecke, L. J.
Vander Linde, L. A.
Verch, L. H.
Verdone, A. J.
Wagner, P. C.
Waldeck, E. A.
Waldman, I. J.
Walker, L. J.
Wallschlaeger, G. G.
Walton, W. B.
Warner, R. C.
Warschauer, B.
Washburn, R. G.
Watry, T. D. (army)
Weber, A. J.
Wegmann, G. H.
Wegmann, N. J.
Weingart, W. F.
Weisfeldt, L. A.
Weisfeldt, S. C.
Weller, R. R.
Wendt, W. P.
Wenn, J. F.
Wenstrand, D. E. W.
Werner, D. J.
Werner, J. J. (army)
Westhofen, R. C.
Wetzler, S. H.
Whalen, G. E.
Wieder, L. M.
Wiese, M. E. J.
Wild, J. P.
Wilets, J. B.
Wilets, J. C.
Wilkinson, E. D.
Wilske, C. A.
Wirthwein, Carlton
Witte, D. H.
Witte, W. C. F.
Wolter, S. H.
Wright, H. H.
Wyman, J. F.
Yaffe, Aaron
Yanke, A. E.
Young, A. F.
Zaun, J. J., Jr.
Zawodny, S. E.
Zillmer, Helen J.

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

Zimmermann, C.
Zivnuska, J. F.
Zmyslony, W. P.
Zubatsky, D. J.
Zuercher, J. C.
Zurheide, H. O.

**Mineral Point:**
Ludden, H. D.

**Minocqua:**
Huber, G. W.
Torpy, T. G.

**Mishicot:**
Skwor, C. J.

**Mondovi:**
Gillette, F. J.
Hansen, L. B.
Johnson, B. F.
Sharp, D. S.

**Monroe:**
Baumle, C. E.
Bear, N. E.
Bear, W. G.
Creasy, L. E.
Gnagi, W. B., Jr.
Gnagi, W. B., Sr.
Kindschi, L. G.
Kundert, F. W.
Mauermann, J. F.
Moore, L. A.
Ruehlman, D. D.
Schindler, J. A.

**Montello:**
Inman, R. F.
McNamara, L. V.

**Monticello:**
Ohlsen, M. P.

**Montreal:**
Garry, M. W.
Pierpont, J. M.
Ringo, H. F.

**Mosinee:**
Butler, E. F.
Jackson, J. A.

**Mount Calvary:**
Baasen, J. M.
Miller, J. F.

**Mount Horeb:**
Forman, Judson
Joyner, T. H.
Thompson, A. S.

**Mukwonago:**
Purdy, F. P.
Voellings, W. J.

**Muskego:**
Kelm, G. J.

**Neenah:**
Anderson, G. R.
Baxter, H. L.
Beglinger, H. F.
Broberg, Gail
Brunckhorst, F. O.
Canavan, J. P.
Lowe, R. C.
Moon, R. A.
Ozanne, B. K.
Ozanne, I. E.
Petersen, G. W.
Pitz, M. N.
Quade, R. H.
Rogers, R. B.
Smith, T. D.
Williamson, G. H.

**Neillsville:**
Frank, H. A.
Frank, J. H.
Housley, H. W.
Rosekrans, M. C.

**Nekoosa:**
Backus, O. A.
Pomainville, G. J.
Pomainville, H. G.

**Neopit:**
Richardson, R. C.

**Newburg:**
Weber, H. F.

**New Franken:**
Looze, J. A.

**New Glarus:**
Francois, S. J. A.
Hicks, E. V.
McQuillin, E. D.

**New Holstein:**
Engel, A. C.
Krohn, H. C.

**New Lisbon:**
Starnes, Brand

**New London:**
Dernbach, G. P.
Monsted, J. W.
Pfeifer, F. J.
Schmallenberg, H. C.

**New Richmond:**
Armstrong, J. H.
Drury, E. M.
Epley, O. H.

**North Freedom:**
Buckley, T. J.

**North Lake:**
Donnelly, F. J.

**Norwalk:**
Allen, J. S.

**Oconomowoc:**
Clark, O. C.
Hassall, J. C.
Loughnan, A. J.
Love, G. R.
Morrison, D. A. R.
Nammacher, T. H.
Stemper, I. T.
Theobald, P. B.
Wilkinson, D. C.
Wilkinson, J. D.
Wilkinson, J. F.
Wilkinson, M. R.

**Oconto:**
Kwapy, C. R.
Pankow, H. W.
Slaney, A. F.

**Oconto Falls:**
Goggins, R. J.
Krahn, G. W.
Ohswaldt, H. F.

**Omro:**
Schoenbechler, L. J.
Springer, V. G.

**Ontario:**
Devine, G. C.

**Oostburg:**
Hougen, E. T.

**Oregon:**
Johnson, E. S.

**Orfordville:**
Belting, G. W.
McNair, E. R.

**Osceola:**
Jeronimus, H. J., Jr.
Simenstad, L. O.

**Osbkosh:**
Beatty, S. R.
Clark, Burton
Clark, W. E.
Conley, J. M.
Connell, F. G.
Cummings, E. F.
Danforth, Q. H.
Donkle, M. J.
Ebert, R. O.
Fraser, J. M.
Haines, M. C.
Haubrick, H. J.
Helmes, L. O.
Hogan, J. M.
Hugo, D. G.
Ihrke, I. A.
Kleinschmit, H. W.
Koehler, A. G.
Kronzer, J. J.
Lee, H. J.
Linn, W. N.
Lockhart, J. W.
Lynch, G. V.
Mellicke, C. A.
Meli, J. V.
Mendez, A. A.
Meusel, H. H.
Owen, G. C.
Pfefferkorn, E. B.
Romberg, H. A.
Scheln, J. E.
Smith, L. M.
Steele, G. A.
Steen, M. H.
Stein, J. F.
Wagner, R. F.
Wagner, W. A.
Wheeler, W. P.
Williams, E. B.

**Osseo:**
Knutson, O.
Leasum, R. N.

**Owen:**
Dike, B. H.

**Oxford:**
Ingersoll, R. S.

**Palmyra:**
Bertolaet, E. E.

**Pardeeville:**
Chandler, J.
Gillette, H. E.

**Park Falls:**
Leahy, J. D.
Meyn, A. W.
Murphy, J. L.
Riley, E. A.

**Pepin:**
Belitz, A. E.
Bryant, G. E.

**Peshtigo:**
Bell, J. M.
Haasl, H. W.

**Pewaukee:**
Egloff, L. W.
Hoel, K. P.
Kelly, J. P.

**Phelps:**
Lutz, J. J.

**Phillips:**
Norviel, H. B.
Rens, J. L.
Van Hecke, D. S.

**Pittsville:**
Beyer, Hart
Glenn, E. C.

**Plain:**
Fowler, P. H.

**Plainfield:**
Andrae, R. W.
Ingersoll, B. P.

**Platteville:**
Andrew, C. H.
Cunningham, Wilson
Doeringsfeld, H. L.
Schuldt, C. M.
Soles, F. A.
Wheeler, C. H. E.

**Plum City:**
Anderson, O. H.

**Plymouth:**
Brickbauer, A. J.
Deicher, H. F.
Mueller, J. F.
Radloff, A. C.
Sleker, A. W.
Yoran, C. M.

**Portage:**
Batty, A. J.
Doersch, E. A.
Harkins, J. P.
Henney, C. W.
MacGregor, J. W.
Snyder, K. A.
Taylor, W. A.
Tierney, E. F.

**Port Washington:**
Barr, Arnold
Drissen, W. H.
Kauth, C. P.
Stein, C. C.

**Potosi:**
Kelly, Wm. J.

**Pound:**
Pelkey, R. B.

**Poynette:**
Dryer, R. B.
Focke, W. J.

**Poy Sippi:**
Stimpson, G. C.

**Prairie du Chien:**
Armstrong, C. A.
Dessloch, E. M.
Farrell, T. F.
Kane, J. J.
Kleinpell, H. H.
Lechtenberg, E. H.
Sargeant, G. M.
Satter, O. E.
Shapiro, H. L.

**Prairie du Sac:**
Hudson, R. J.

**Prentice:**
MacKinnon, G. E.

**Prescott:**
Dill, G. M.
Laney, H. J.

**Princeton:**
Mueller, G. G.

**Pulaski:**
Goggins, J. R.
Shippy, V. J.

**Racine:**
Adamski, A. W.
Albino, J. M.
Beeson, H. B.
Boyer, H. N.
Brehm, H. G.
Brehm, H. J.
Browne, C. F.
Buckley, W. E.
Christensen, F. C.
Constantine, C. E.
Docter, J. C.
Faber, S. J.
Fazen, L. E.
Gillett, G. N.
Gosman, J. A.
Hahn, C. K.
Hahn, P. R.
Hanson, W. C.
Hemmingsen, T. C.
Henken, J. F.
Hilker, H. C.
Hogan, J. H.
Howe, H. W.
Jamieson, R. D.
Jones, Beatrice O.
Kehl, K. C.
Keland, H. B.
Kline, C. L.
Konnak, Wm. F.
Kreul, R. W.
Kurten, R. M.
Lifschutz, L. M.
Lindner, A. M.
Marek, F. B.
Meachem, J. G.
Miller, H. C.
Nelson, A. L.
Peterson, R. O.
Pfeffer, T. J.
Pfeifer, E. C.
Pfeiffer, A. S.
Pfeiffer, O. W.
Pope, F. W.
Ritchie, Gorton
Ross, G. L.
Roth, W. C.
Rothenmaier, G. L.
Schacht, E. W.
Schacht, R. J.
Schaefer, C. O.
Schenkenberg, Grace E.
Schneller, E. J.
Schnetz, L. N.
Thackeray, R. C.
Thompson, I. F.
Tucker, I. N.
von Buddenbrock, E.
von Jarchow, B. L.
Wagner, N. B.
Walter, G. W.
Wier, F. A.
Williams, A. J.
Wright, R. S.

**Randolph:**
Federman, E. H.
Jones, A. W.

**Random Lake:**
Malloy, T. E.
Russell, J. A.

**Red Granite:**
Darby, R. C.

**Reedsburg:**
Fike, F. A.
Pawlisch, O. V.
Sporleder, Otto
Stadel, E. V.
Stanton, E. D.

**Reedsville:**
Cary, E. C.
Wilson, N. M.

**Reeseville:**
Bargholtz, W. E.

**Rhinelander:**
Bump, W. S.
Cline, Frances A.
Gager, W. F.
Harter, A. F.
Komasinski, V. W.
Richards, C. A.
Schiek, I. E.
Schiek, I. E., Jr.
Westgate, H. J.
Wright, Marvin

**Rice Lake:**
Dawson, D. L.
Hatleberg, E. J.
Rydell, O. E.
Rydell, W. B.
White, A. S.

**Richfield:**
Kern, T. J.

**Richland Center:**
Benson, G. H.
Coumbe, W. R.
Dull, C. F.
Edwards, W. C.
Housner, R. E.
Parke, George, Jr.
Pippin, B. L.
Sholtes, C. A.

**Rio:**
Maas, W. C.
Pease, W. A.

**Ripon:**
Cole, D. F.
Johnson, J. M.
Leibenson, S. J.
O'Neal, Orvil
Senn, C. U.
Watson, E. L.

**River Falls:**
Cairns, R. U.
Davee, Chalmer
Dawson, C. A.
McJilton, C. E. J.

**Rosendale:**
Scheid, M. M.

**Rosholt:**
Benn, V. A.

**St. Cloud:**
Kief, H. J.

**St. Croix Falls:**
Caldwell, H. C.
Riegel, J. A.

**Sauk City:**
Bachhuber, H. A.
Walsh, T. W.

**Sawyer:**
Konop, E. J.

**Seneca:**
Hammes, G. R.

**Seymour:**
Groendahl, R. C.
Hittner, V. J.
Sieb, L. H.

**Sharon:**
Treat, C. R.
Warrick, J. D.

**Shawano:**
Bauer, Frederick
Cantwell, A. A.
Cantwell, R. C.
Peterson, L. W.
Schroeder, E. L.
Sebesta, A. J.
Stubenvoll, C. E.

**Sheboygan:**
Bock, A. B. C.
Boersma, J. J.
Eigenberger, F.
Fiedler, O. A.
Genter, A. E.
Glaubitz, B. J.
Gruenwald, Ludwig
Gunther, T. J.
Hildebrand, G. J.
Huibregtse, W. G.
Juckem, G. J.
Junck, J. A.
Knauf, A. J.
Knauf, G. E.
Kovacic, J. F.
Kraft, Siegfried
Mason, P. B.
McRoberts, J. W.
Meier, Wm. G.
Nause, F. A., Jr.
Neu, V. F.
Neumann, W. H.
Pauly, L. F.
Scheer, G. H.
Schmitt, A. J.
Schott, E. G.
Simonson, L. M.
Sonnenburg, W. M.
Squire, C. A.
Stannard, G. H.
Tasche, C. T.
Tasche, J. A.
Tasche, L. W.
Van Zanten, Wesley
Van Zanten, Wm.
Weber, C. J.
Zaegel, R. L.

**Sheboygan Falls:**
Hansen, H. J.
Pfeiler, A. G.

**Shell Lake:**
Hering, E. R.
Moen, D. V.

**Shiocton:**
LaCroix, G. M.

**Shullsburg:**
Ennis, S. A. J.
Gratiot, M. P.
Hoesley, H. F.
Nereim, T. J.

**Silver Lake:**
Becker, B. A.

**Siren:**
Sherman, L. F.

**Soldiers Grove:**
Dillman, A. E.
Sannes, W. A.

**South Milwaukee:**
Chojnacki, S. L.
Crigler, R. R.
Dempsey, G. P.
Flaherty, G. S.
Oberfeld, H. H.
Rumph, C. L.
Sickels, W. A.

**Sparta:**
Beebe, D. C.
Beebe, S. D.
Mannis, Harry
Phalen, C. S.
Scantleton, J. M.
Williams, H. H.
Williams, H. H., Jr.

**Spooner:**
Lemmer, G. N.
Muccilli, A. E.

**Spring Green:**
Nee, Frank
Wahl, C. M.

**Spring Valley:**
Conway, H. P.
Conway, J. M.

**Stanley:**
Graber, R. E.
Overgard, A. W.

**Star Prairie:**
Perrin, H. E.

**Statesan:**
Schmidt, R. H.

**Stevens Point:**
Anderson, H. A.
Benn, H. P.
Cowan, W. F.
Crosby, E. P.
Dunn, A. G.
Gramowski, W. A.
Gregory, W. W.
Iber, F. C.
Kidder, E. E.
Krembs, F. R.
Litzow, J. A.
Marrs, F. A.
Miller, S. R.
Rice, M. G.
Rice, R. W.
Sheehan, W. C.
Sowka, P. N.
Stollenwerk, R. J.
von Neupert, C.
Wisiol, Erich

**Stockbridge:**
Knauf, J. A.

**Stoughton:**
Keenan, H. A.
Olson, A. L.
Schoenbeck, R. F.
Smedal, A. T.

**Strum:**
Winter, E. F.

**Sturgeon Bay:**
Dorchester, D. E.
Grota, H. D.
Huff, F. C.
Muehlhauser, J. O.

**Sturtevant:**
Peehn, F. G.

**Sun Prairie:**
Barnstein, N. J.
McCabe, J. M.
Wyant, M. E.

**Superior:**
Averbook, M. S.
Baird, John
Beebe, L. W.
Carpenter, E. E.
Christiansen, C. H.
Christiansen, R. E.
Doyle, T. J.
Droege, C. T.
Ekblad, V. E.
Giesen, Charles W.
Giesen, Conrad W.
Goodfellow, J. R.
Ground, W. E.
Johnson, F. G., Jr.
Kyllo, J. C.
McGill, J. W.
Meyers, J. M.
Myers, E. A.
O'Leary, T. J.
Orchard, H. J.
Perrin, S. H.
Sarazin, F. C.
Schnell, W. H.
Searle, D. R.
Sincock, H. A.
Wall, M. H.
Weisberg, J. H.
Wilcox, A. G.

**Suring:**
Dougherty, J. S.

**Sussex:**
Van Valin, E. C.

**Theresa:**
Langenfeld, P. F.

**Thiensville:**
Carthaus, A. H. C.
Rock, J. W.
Scholz, H. F.

**Thorp:**
Neis, F. P.

**Three Lakes:**
Hypes, F. E.

**Tigerton:**
Gates, A. J.

**Tomah:**
Bell, A. R.
Cremer, V. H.
Scheurich, L. G.
Schmidt, E. A.
Sheehy, T. J.
Winter, A. E.

**Tomahawk:**
Baker, G. R.
Baker, R. G.
McCormick, W. C.

**Turtle Lake:**
Shima, R. T.

**Two Rivers:**
Kozelka, A. W.
Martin, R. E.
Moriarty, L. J.
Zlatnik, A. P.

**Union Grove:**
Atherton, C. C.
McCracken, R. W.
Reinardy, A. L.
Schulz, G. J.

**Valders:**
Huth, E. W.

**Verona:**
Andersen, H. A.

**Vesper:**
Carmichael, C. S.

**Viola:**
Parke, George

**Viroqua:**
Gulbrandsen, H.
Gulbrandsen, L. F.
Hirsch, R. S.
Kuehn, A. E.
Ludden, R. H.
Trowbridge, C. H.
Trowbridge, W. M.

**Wabeno:**
Tenley, O. S.

**Walworth:**
Coon, W. W.
Kroyer, T. J.

**Waterford:**
Dietz, R. J.
Malone, F. A.
Wigod, David

**Waterloo:**
Allen, S. C.
Dennis, J. F.

**Watertown:**
Abelmann, T. C. H.
Becker, W. C.
Bowen, E. W.
Bowen, H. P.
Burzynski, E. E.
Dierker, O. F.
Hahn, A. C.
Kosanke, F. E.
Mallow, H. G. E.
Miller, E. A.
Nickels, A. C.
Nowack, L. H.
Waite, W. S.
Wallner, A.
Zimmermann, F. H.

**Waukesha:**
Campbell, P. E.
Campbell, W. B.
Caples, B. M.
Davies, E. B.
Davies, Gwilym
Davies, R. E.
Edmondson, C. C.
Frick, J. C.
Gantz, H. A.
Hodgson, A. J.
Lando, D. H.
Nicely, W. E.
Noble, J. B.
Oatway, W. H.
Scheele, F. M.
Sydow, H. F.
Tibbitts, U. J.
Werra, M. J.
Williams, A. J.
Woodhead, F. J.
Zietlow, F. G.

**Waunakee:**
Grinde, J. M.
Richter, J. R.
Toenhart, O. E.

**Waupaca:**
Andrews, C. W.
Boudry, M. O.
Patterson, L. G.
Salan, Sam

**Waupun:**
Clark, F. T.
Hebenstreit, A. J.
Klepfer, J. F.
Remley, A. R.
Reslock, C. P.
Schrank, R. E.
Swartz, K. A.

**Wausau:**
Boslough, A. W.
Brick, E. B.
Burek, A. W.
Christensen, H. H.
Christensen, H. W
Eastman, V. E.
Fechtner, H. H.
Fehland, H. R.
Fisher, R. F.
Flannery, J. V.
Flemming, E. E.
Freeman, J. M.
Frenzel, W. C.
Frey, F. H.
Green, D. M.
Jones, D. T.
Jones, M. L.
Juers, R. H.
Macaulay, E. M.
Prehn, F. C.
Reist, P. Z.
Smith, J. F.
Smith, S. M. B.
Stahmer, A. H.
Stevens, G. H.
Trumbo, J. K.
Wilson, O. M.

**Wausaukee:**
Horswell, U. M.

**Wautoma:**
Beck, A. A.
Karnopp, G. L.

**Wauwatosa:**
Altenhofen, A. R.
Banyai, A. L.
Barta, E. F.
Benjamin, H. B.
Cordes, V. J.
Cutler, J. S.
Dallwig, E. L.
Daniels, E. R.
Dettmann, N. F.
Feld, D. D.
Fellows, R. M.
Fifrick, L. L.
Gates, J. F.
Gebert, W. H.
Hershberg, R. A.
Howard, M. Q.
Janney, F. R.
Kasak, Michael
Kehlnhofer, F. H.
Kradwell, W. T.
Osgood, C. W.
Peterson, E. F.
Ramlow, L. W.
Regan, James
Roberts, H. M.
Sargeant, H. W.
Seymer, L. A.
Sleyster, Rock
Wick, Samuel
Wiesen, R. P.
Ziegler, L. H.

**Wauzeka:**
Rauchschwalbe, L. E.

**Webster:**
Maas, David

**West Allis:**
Black, S. B.
Couch, T. T.
Frederick, R. H.
Friedbacher, K.
Fulton, J. W.
Heinan, F. C.
Hermann, W. C.
Hirsh, L. H.
Hoffmann, G. H.
Klopfer, W. P.
Malensek, M. C.
Nimz, F. N.
Nimz, R. A.
Russell, F. H.
Smits, R. H.
Stamm, M. P.
Steckler, Armin
Stern, C. S.
Stranberg, W. L.
Toepfer, R. A.
Van Ells, L. A.
Wilkinson, J. J.
Willett, Thomas

**West Bend:**
Bauer, K. T.
Bernhardt, E. L.
Driessel, S. J.
Frankow, R. O.
Heidner, A. H.
Kauth, P. M.
Lynch, H. M.
Wehle, W. J.

**Westby:**
Strand, C. M.

**West DePere:**
Lenz, R. B.

**Westfield:**
Moss, J. G.

**West Salem:**
Goedecke, R. H.
Wakefield, G. F.

**Weyauwega:**
Corry, L. F.
Weller, E. A.

**Whitehall:**
MacCornack, R. L.
Simons, N. S.

**White Lake:**
Notbohm, D. R.

**Whitewater:**
Mauthe, Walter
Miller, R. H.

**Wild Rose:**
Hadden, S. L.

**Williams Bay:**
Sanders, R. F.
Wiswell, C. Y.

**Winnebago:**
Feasler, C. H.
Hughes, B. J.
Morrison, R. C.

**Wisconsin Dells:**
Houghton, J. H.

**Wisconsin Rapids:**
Barnet, E. G.
Baskerville, E. M.
Bennett, L. J.
Garrison, R. E.
Hougen, Edward
Looze, J. J.
Nelson, Wallace
Pomainville, F. J.
Pomainville, F. X.
Pomainville, L. C.
Smullen, J. J.
Waters, Donald
Wright, P. E.

**Wis. Veterans' Home:**
Breckenridge, H. E.
Hafemeister, E. F.

**Withee:**
Johnson, J. W.

**Wittenberg:**
Crane, M. C.
Evenson, E. E.

**Wood:**
Hughes, C. W.
Rhea, C. W.

**Woodville:**
Blom, Jullus

**Wrightstown:**
Denys, K. J.

### OUT-OF-STATE MEMBERS*

Adams, Sylba ---------- Tacoma, Wash.
Alston, J. A. ---------- Providence, R. I.
Bennett, W. H. ---------- Metairie, La.
Biehn, R. H. ---------- Billings, Mont.
Buerki, R. C. ---------- Philadelphia, Pa.
Case, E. M. ---------- Canton, O.
Christiansen, James ---------- Washta, Ia.
Cox, L. M. ---------- New Orleans, La.
Edelman, Elsa B. ---------- Cleveland, O.
Fetter, Mary ---------- Antigonish, N. S., Canada
Hendrickson, A. O. ---------- Danville, Pa.
Hendrickson, W. O. ---------- Philadelphia, Pa.
Jacobson, F. C. ---------- Chicago, Ill.
Marshall, F. S. ---------- Chicago, Ill.
Morrison, J. T. ---------- New York City
Newman, Ernest ---------- Las Vegas, Nev.
Newman, J. R. ---------- Chicago, Ill.
Paul, Francis ---------- Farnhurst, Del.
Radl, C. J. ---------- Philadelphia, Pa.
Regan, D. M. ---------- Upper Darby, Pa.
Rogers, R. J. ---------- Westchester, Ill.
Schwade, L. J. ---------- Philadelphia, Pa.
Seeger, S. J. ---------- Texarkana, Tex.
Sherman, C. F. ---------- Fayetteville, N. C.
Skibba, J. P. ---------- Philadelphia, Pa.
Slemmons, T. M. ---------- Ancon, Panama Canal Zone
Stewart, J. K. ---------- Clinton, Ia.
Van Riper, H. E. ---------- Silver Spring, Md.
Van Valzah, Robert ---------- Goby, Va.

### HONORARY MEMBERS OF COUNTY AND STATE SOCIETY

Bradley, H. C. ---------- Madison
Chase, Samuel ---------- Madison
Clark, P. F. ---------- Madison
Maurer, A. A. ---------- New York City
Meek, W. J. ---------- Madison
Pusey, W. A. ---------- Chicago, Ill.
Sullivan, W. E. ---------- Madison

* See page 1303 for complete list of men in service.

## AMERICAN MEDICAL ASSOCIATION BROADCASTS

*Doctors at Work*, the dramatized radio program broadcast by the American Medical Association and the National Broadcasting Company went on the air for its second season beginning December 6, 1941, from 5:30 to 6:00 p. m., Eastern Standard time (4:30 to 5:00 p. m., Central Standard time; 3:30 to 4:00 p. m., Mountain Standard time; 2:30 to 3:30 p. m., Pacific Standard time). The program will be broadcast on upwards of seventy-five stations affiliated with the Red Network of the National Broadcasting Company and will be heard from coast to coast.

*Doctors at Work*, a successful, serialized story broadcast last year, dealt with the experiences of a fictitious but typical American boy choosing medicine for his vocation and proceeding to acquire the necessary education and hospital training for the private practice of medicine. Interwoven with the personal story of young Dr. Tom Riggs and his fiancee, Alice Adams, was the romance of modern medicine and how it benefits the doctor's patients.

The new series of broadcasts resumed where last year's story left off, namely, with the marriage of Tom Riggs and Alice Adams, and the subsequent life of a young doctor and his wife in time of national emergency in a typical, medium-sized, American city.

The program is produced under the supervision of the Bureau of Health Education, American Medical Association, W. W. Bauer, M. D., director.

## MEMBERS IN ACTIVE SERVICE

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Baldwin, R. S., Captain | Marshfield | Headquarters, 6th Corps Area, Chicago, Ill. |
| Becker, W. T., Captain | Milwaukee | 135th Medical Regiment, A. P. O. 304, Fort Jackson, S. C. |
| Benson, George B., 1st Lt. | Richland Center | School of Aviation Medicine, Randolph Field, Tex. |
| Bergstrom, L. V., 1st Lt. | Milltown | Co. 538, Camp Minidoka, Rupert, Ida. |
| Bitter, R. H., Captain | Oshkosh | 12th Cavalry, Fort Bliss, Tex. |
| Blankstein, S. S., 1st Lt. | Milwaukee | O'Reilly General Hospital, Springfield, Mo. |
| Bleckwenn, W. J., Colonel | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Bohorfoush, J. G., 1st Lt. | Madison | Air Corps Basic Flying School, San Angelo, Tex. |
| Bolles, C. S., 1st Lt. | De Pere | Station Hospital, Camp Wolters, Tex. |
| Boxer, L. M., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| Bristow, J. H., 1st Lt. | Monroe | 5th Medical Battalion, Fort Custer, Mich. |
| Cary, J. F., 1st Lt. | Sheboygan | First Medical Squadron, Fort Bliss, Tex. |
| Christianson, Herbert, 1st Lt. | Superior | Camp Livingston, La. |
| Dasler, T. W., 1st Lt. | Deer Park | Naval Training Station, Great Lakes, Ill. |
| Dietrich, H. W., Captain | Madison | 7th Cavalry, Fort Bliss, Tex. |
| Dockry, L. E., Commander | Kewaunee | Commandant's Office, Naval Training Station, Great Lakes, Ill. |
| Dorr, R. H., 1st Lt. | Milwaukee | 721 West Woodbine, Kirkwood, Mo. |
| Eisele, P. L., Captain | Statesan | Army Induction Station, Milwaukee |
| Feiman, L. H., 1st Lt. | Milwaukee | 46th Medical Battalion, Pine Camp, N. Y. |
| Filek, A. A., Captain | Green Bay | Armored Forces, Fort Benning, Ga. |
| Foley, M. E., 1st Lt. | St. Nazianz | 5th Division, Fort Custer, Mich. |
| Ford, W. A., Lt. Col. | Sheboygan | Station Hospital, Camp Wolters, Tex. |
| Frackelton, W. H., 1st Lt. | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Frisch, R. A., 1st Lt. | Milwaukee | Army Induction Station, Milwaukee |
| Gearhart, R. S., 1st Lt. | Madison | Station Hospital, Camp Wolters, Tex. |
| Gollin, F. F., 1st Lt. | La Farge | 119th Field Artillery, Fort Leonard Wood, Mo. |
| Goodman, P. P., 1st Lt. | Milwaukee | 53rd Medical Battalion, Camp Claibourne, La. |
| Grab, J. A., Major | Milwaukee | Selective Service Headquarters, Madison |
| Greenstein, Carl, 1st Lt. | Sheboygan | Chanute Field, Rantoul, Ill. |
| Grossmann, E. E. Captain | Milwaukee | Station Hospital, Camp Hulen, Tex. |
| Gueldner, L. H., 1st Lt. | Fort Atkinson | Camp Bowie, Tex. |
| Guzzetta, M. M., 1st Lt. | Milwaukee | Fort Sam Houston, Tex. |
| Hannan, K. D., 1st Lt. | Prairie du Chien | Co. H, 102nd Medical Regiment, 27th Division, Fort McClellan, Ala. |
| Hathaway, G. J., Lt. Col. | Superior | Medical Detachment, 128th Infantry, 32nd Division, Camp Livingston, La. |
| Heiden, H. H., Lt. Col. | Sheboygan | 107th Q. M. Regiment, 32nd Division, Camp Livingston, La. |
| Henske, W. C., Captain | Chippewa Falls | Fort George Meade, Md. |
| Hollenbeck, S. W., Major | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Howe, G. E., 1st Lt. | Francis Creek | Morrison Field Air Base, West Palm Beach, Fla. |
| Huth, M. F., 1st Lt. | Baraboo | Camp Grant, Ill. |
| Icks, K. R., 1st Lt. | Green Bay | U. S. Naval Hospital, Annapolis, Md. |
| James, W. D., 1st Lt. | Oconomowoc | Camp Wolters, Tex. |
| Jerome, Bourne, Captain | Superior | Station Hospital, Fort Sheridan, Ill. |
| Johnson, H. C., Major | Madison | Camp McCoy, Wis. |
| Kaiser, L. F., 1st Lt. | Rhinelander | 5th Medical Supply Depot, Fort Sam Houston, Tex. |
| Keck, E. B., Lt. Commander | Madison | Post Hospital, Marine Barracks, Quantico, Va. |
| Kingsbury, C. H., 1st Lt. | Goodman | Station Hospital, Fort Bliss, Tex. |
| Kocovsky, E. C., Captain | Milwaukee | Reception Center, Camp Grant, Ill. |
| Kretlow, F. A., 1st Lt. | Milwaukee | 1st Medical Squadron, Fort Bliss, Tex. |
| Krueger, E. R., 1st Lt. | Hayward | 30th Division, Fort Jackson, S. C. |
| Kuehl, F. O., 1st Lt. | Green Bay | Walter Reed General Hospital, Washington, D. C. |
| Lochen, E. L., Major | Waukesha | Station Hospital, Schofield Barracks, Oaku, Honolulu, Hawaii |
| Ludwig, E. P., Captain | Wausau | Company G, 135th Medical Regiment, Camp Shelby, Miss. |
| Lustok, M. J., Captain | Milwaukee | William Beaumont General Hospital, El Paso, Tex. |
| Malec, J. P., 1st Lt. | Madison | 131st Infantry, 3rd Battalion, Camp Robinson, Ark. |
| Martini, H. F., 1st Lt. | Wausau | 5th Division, Fort Custer, Mich. |
| McBain, L. B., Captain | Appleton | 30th Division, Fort Jackson, S. C. |
| McCabe, J. O., Captain | Milwaukee | 135th Medical Regiment, Camp Shelby, Miss. |
| McCormack, E. A., 1st Lt. | Niagara | 123rd Field Artillery, Camp Forrest, Tenn. |
| McCormick, D. W., 1st Lt. | Madison | Station Hospital, Fort Custer, Mich. |
| Millard, A. L., Major | Marshfield | Second Infantry, Fort Custer, Mich. |

## MEMBERS IN ACTIVE SERVICE (Continued)

| *Name* | *Former Address* | *Present Location* |
|---|---|---|
| Mitchell, M. T., 1st Lt. | Eau Claire | Medical Detachment, 38th Infantry, Fort Sam Houston, Tex. |
| Mokrohajsky, S. M., 1st Lt. | Green Bay | Station Hospital, Camp Grant, Ill. |
| Moland, O. G., Captain | Augusta | 64th Medical Regiment, Camp Bowie, Tex. |
| Montgomery, S. A., 1st Lt. | La Crosse | Station Hospital, Fort Sam Houston, Tex. |
| Moran, C. J., Captain | La Crosse | 120th Field Artillery, Camp Beauregard, La. |
| Nebel, Harold, Major | Milwaukee | 121st Field Artillery, 32nd Division, Camp Livingston, La. |
| Nelson, E. R., Lt. (j. g.) | Madison | 16th Naval District, Asiatic Station, % Postmaster, San Francisco, Calif. |
| Niver, E. O., 1st Lt. | Eau Claire | Station Hospital, Fort Custer, Mich. |
| Nowack, L. W., Captain | Watertown | Gulf Coast Air Training Station, Randolph Field, Tex. |
| Olson, W. A., 1st Lt. | Greenwood | 128th Infantry, 32nd Division, Camp Livingston, La. |
| Ovitt, D. W. | Milwaukee | Billings General Hospital, Fort Benjamin Harrison, Ind. |
| Pagel, H. F., 1st Lt. | Ladysmith | 14th Medical Regiment, Camp Bowie, Tex. |
| Perssion, L. B., 1st Lt. | Winnebago | 135th Medical Regiment, Camp Shelby, Miss. |
| Peterson, L. W., Lt. Col. | Sun Prairie | 135th Medical Regiment, Camp Shelby, Miss. |
| Peterson, S. C., 1st Lt. | Luck | Randolph Field, Tex. |
| Pomeroy, R. K., Lt., V-(S) | Port Washington | Naval Hospital, Great Lakes, Ill. |
| Quisling, G. D., 1st Lt. | Madison | Station Hospital, Camp Stewart, Ga. |
| Raine, Forrester, Major | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Rechlitz, E. T., 1st Lt. | Milltown | School of Aviation Medicine, Randolph Field, Tex. |
| Rogers, A. F., 1st Lt. | Milwaukee | Carlisle Barracks, Carlisle, Pa. |
| Roth, J. A., Captain | Carlinville, Ill. | Camp Grant, Ill. |
| Sarfatty, I. J., Captain | West Allis | Hdqs. Sqd., 2nd A. F., Fort George Wright, Wash. |
| Schramel, A. J., Captain | Milwaukee | 126th Field Artillery, Medical Detachment, Camp Livingston, La. |
| Schwade, E. D., Captain | Milwaukee | Station Hospital, Camp Grant, Ill. |
| Schwartz, S. F., 1st Lt. | Milwaukee | Corsicana, Tex. |
| Shabart, E. J., 1st Lt. | Milwaukee | Assistant Commander, Station Hospital, Camp Wheeler, Ga. |
| Shemanski, L. S., 1st Lt. | Menasha | Fort George Meade, Md. |
| Simenson, R. S., 1st Lt. | Valders | Medical Replacement Center, Camp Grant, Ill. |
| Stern, Louis, Captain | Milwaukee | Fort Bliss, Tex. |
| Stone, G. C., 1st Lt. | Berlin | Reception Center, Camp Grant, Ill. |
| Sullivan, J. M., 1st Lt. | Milwaukee | Station Hospital, Fort Sam Houston, Tex. |
| Sverdlin, A. A., Captain | Milwaukee | 4108 North Richards Street, Milwaukee |
| Talbot, J. R., 1st Lt. | Marshfield | Fort Riley, Kan. |
| Temkin, M. M., 1st Lt. | Beaver Dam | 108th Medical Regiment, Co. B, A. P. O. 33, Camp Forrest, Tenn. |
| Tousignant, A. N., Major | Oconto | % Supt. A. T. S., Manila, P. I. |
| Troxel, J. C., 1st Lt. | Appleton | Marine Recruiting Station, Federal Building, Milwaukee. |
| Vedder, C. A., 1st Lt. | Marshfield | Station Hospital, Fort Brady, Mich. |
| Vetter, E. W., Captain | Randolph | Company E, 135th Medical Regiment, Camp Shelby, Miss. |
| Waffle, R. L., Captain | Fond du Lac | Station Hospital, Fort Sheridan, Ill. |
| Wagner, A. J., 1st Lt. | Brillion | Scott Field, Belleville, Ill. |
| Walske, B. R. | Independence | Station Hospital, Camp Grant, Ill. |
| Watry, T. D., 1st Lt. | Milwaukee | 428 Federal Building, Milwaukee |
| Weaver, D. F., 1st Lt. | Green Bay | Fort Sam Houston, Tex. |
| Weinshel, L. R., 1st Lt. | Milwaukee | Fort George Meade, Md. |
| Weissmiller, L. L., Captain | Madison | 135th Medical Regiment, Camp Shelby, Miss. |
| Welsh, S. M., Captain | Prairie du Chien | Station Hospital, Camp Shelby, Miss. |
| Werner, J. J., 1st Lt. | Milwaukee | U. S. Induction Station, Milwaukee |
| Wier, J. S., Major | Fond du Lac | 48th Medical Battalion, 2nd Armored Division, Fort Benning, Ga. |
| Williamson, C. S., Major | Green Bay | Station Hospital, Ponce, Porto Rico |
| Winkler, R. J., 1st Lt. | Hilbert | 75th Medical Battalion, 5th Armored Division, Fort Knox, Ky. |
| Wood, C. A., Major | Waukesha | Station Hospital, Fort Leavenworth, Kan. |
| Wyatt, T. E., Captain | Marshfield | 128th Infantry, 32nd Division, Station Hospital, Camp Livingston, La. |
| Young, J. J., 1st Lt. | Appleton | Station Hospital, Camp Grant, Ill. |
| Zintek, S. S., Lt. Col. | Milwaukee | Division Surgeon's Office, 32nd Division, Camp Livingston, La. |

# Transactions, 1941 Sessions, House of Delegates, State Medical Society of Wisconsin

## TUESDAY SESSION

The first session of the House of Delegates was called to order by the speaker, Dr. R. M. Kurten, Racine, in the Play Circle of the Memorial Union on the University of Wisconsin Campus, Madison, at 6:30 p. m., Tuesday, September 9, 1941.

Dr. P. R. Minahan, Green Bay, presented the report of the Committee on Credentials, and upon his motion, seconded by Dr. D. J. Twohig, Fond du Lac, the report was adopted and a quorum declared present. Dr. Minahan presented a supplementary report of the Committee on Credentials relating to the application for seating of certain additional delegates, and upon motion of Dr. A. G. Hough, Beaver Dam, seconded by Dr. W. M. Trowbridge, Viroqua, that report was accepted.

It was suggested, as a recommendation of the Council of the Society, that all sessions of the House be executive sessions to permit freedom of expression and, there being no objection, the speaker so ordered, such status to maintain until adjournment sine die on Thursday, September 11.

The speaker introduced the following guests to the members of the House and others present: Dr. H. Z. Giffin, president-elect, and Dr. B. J. Branton, president, Minnesota State Medical Association; Dr. C. J. Baumann, president, Wisconsin State Dental Society; and Dr. C. H. Phifer, president, Illinois State Medical Society.

After addressing the House of Delegates on the subject of medical statesmanship and changing aspects of medical history, the speaker announced the appointment of the following reference committees of the House of Delegates: *Credentials*—Dr. P. R. Minahan, Green Bay, chairman; Dr. A. G. Hough, Beaver Dam; and Dr. W. M. Trowbridge, Viroqua. *Reports of Officers and Standing Committees*—Dr. W. A. Munn, Janesville, chairman; Dr. D. F. Pierce, Hales Corners; Dr. R. L. MacCornack, Whitehall; Dr. J. D. Leahy, Park Falls. *Resolutions and Amendments to Constitution and By-Laws*—Dr. K. H. Doege, Marshfield, chairman; Dr. C. D. Beebe, Sparta; Dr. D. J. Twohig, Fond du Lac; Dr. Charles Fidler, Milwaukee; Dr. G. C. Schulte, Kenosha.

### Presentation of Award to Dr. C. A. Armstrong

At this point in the proceedings, the speaker called Dr. C. A. Armstrong, Prairie du Chien, to the rostrum and presented him with a gold watchfob in the form of the caduceus as a token of the esteem in which he is held by the members of the House.

After acknowledgment of the citation (printed in full in the October, 1941, *Wisconsin Medical Journal*) by Dr. Armstrong, the speaker asked for a motion for approval of the minutes of the 1940 session of the House of Delegates as published in *The Wisconsin Medical Journal* in December, 1940. Upon motion by Dr. D. F. Pierce, Hales Corners, seconded by Dr. R. L. MacCornack, Whitehall, the minutes were unanimously approved.

### Presentation of Award to Dr. J. Newton Sisk

The speaker then requested Dr. J. Newton Sisk, Madison, to come forward, and presented him with a gavel, symbolic of the office he had held in the House and as an expression of appreciation and esteem.

### Supplementary Reports

Reports of officers and committees supplementary to those published in the August, 1941, issue of *The Wisconsin Medical Journal* were then given.

Dr. S. E. Gavin, Fond du Lac, as chairman of the Council, supplemented the printed reports and clarified matters of Society administration and the current operating status of the secretary's office.

A supplementary report of the Council given by Dr. H. H. Christofferson, Colby, called attention to the principle enunciated by the House of Delegates in 1938, in which it was recognized that the privileges of physicians in general hospitals should be determined on the basis of their individual abilities where their practices were otherwise consistent with public health interest. The report offered by Dr. Christofferson was referred to the proper reference committee and received favorable consideration at the Wednesday session of the House (see page 1314).

### Council Resolutions

Mr. C. H. Crownhart then presented two resolutions which were submitted at the request of the Council, as follows:

1. *Resolved*, That the Constitution of the State Medical Society of Wisconsin be amended by striking from Article II the phrase reading: "to guard and foster the material interests of its members and to protect them against imposition," and
2. *Resolved*, That the House of Delegates authorize the abolishment of the medical defense fund as one separate and distinct from the general reserve fund, and that the two be merged as the Society's reserve fund.

After referral of the above resolutions to the proper committee, the speaker called upon the outgoing president, Dr. R. P. Sproule, Milwaukee, to address the House.

### Excerpts From Address of President

Gentlemen, I made my formal address last year, and therefore at this time I will confine my remarks to thoughts arising from my experiences during my year of presidency.

I extend the official thanks of the Society, as well as my personal thanks, to the committees of the Dane County Medical Society for their fine work in promoting this Centennial. Two weeks ago I attended a meeting at Madison at which were twenty-five enthusiastic men working hard on this project. They have achieved a great result, and I am sure that during the next three or four days you will appreciate their outstanding effort.

I have enjoyed my travel throughout the state for the last two years. Many of my experiences have been pleasant in every way. I have gone to the heart of the profession in the state to understand its problems and to obtain new ideas and assistance. I recognize that some of the problems of the practice of medicine in the State of Wisconsin as a whole differ in many respects from those in metropolitan Milwaukee. Out of the thoughts and experiences of members of the State Medical Society, the president serves to assist in the development of an organization truly representative and of inestimable value to its members.

I think, as Dr. Gavin has stated, that Charlie Crownhart and George Larson have done a wonderful piece of work during the last two months. As a matter of fact, I do not see how they did it. A great deal of work had to be undertaken very quickly because, after all, this is our Centennial Meeting. It involved unusual preparations, and just two months before the meeting there could not be an important break in continuity. Charlie and George worked day and night, and they deserve the greatest commendation from this group.

Probably the Committee on Public Policy under Dr. Dawson as chairman and George and Charlie Crownhart did the finest piece of legislative work in the history of the Society. Everything went in the way it should from the viewpoint of the public welfare. The men who are conducting the affairs of the State Medical Society, in their deliberations with the public, earn respect and attention. So with that point of view and with the way matters were handled before the legislature, I think Dr. Dawson deserves great commendation.

In my opinion, all councilors should receive invitations to all district meetings. Obviously, not all can attend, but it is worth while and will give men from other districts a chance to know the problems of other councilor districts. If each of you, as councilors, will extend invitations to all other councilors during the year, it would be a valuable experience for all of them.

I presented before the Council the thought that the past-president, instead of being councilor as a courtesy for one year, ought to be there for three years, a full councilor term. The objection to this is that our Council, with a membership of sixteen, is already large. The additional two councilors would mean an increase of about 12.5 per cent. Quoting from my experience with the Medical Society of Milwaukee County,—if you will pardon my feeling a little proud of our Milwaukee Society,—we are essentially, as a board of directors, all past-presidents. Five past-presidents are the directors of the Milwaukee Society. I feel, as Dr. Arveson told me when he retired last year, that there is a lack of continuity of service after a physician has served as president. He goes out "through the top," more or less, at the end of the year, whereas his services might be of use for perhaps another two or three years to great advantage to the Society.

I have but one or two more thoughts to offer you. I suggest the continued study of the problem of insurance, that the members of the medical profession in Wisconsin may secure satisfactory coverage and assistance in event of the unanticipated. In the field of law, there are many problems, not the least important of which has been the trend toward developing some form of statutory regulation of the expert witness. We in the medical profession know any such regulation possesses public health implications as well as legal implications. The proposal in Wisconsin arises out of a group of attorneys serving the Supreme Court in a purely voluntary effort to clarify procedural questions in our courts. The Society is appearing before the Court at its hearing on the subject this week to urge delay that all implications of the proposal may be studied thoroughly. These and many other problems arise currently and continuously to confront your officers, committees and secretarial staff. They are doing you and the public a real and often unrecognized service in their attention to these matters. My thanks are due to all of them, and I wish to discharge that obligation at this moment, in this all too inadequate a manner.

I have enjoyed my work and my office in the State Medical Society. It is an honor which I have appreciated, and a field of endeavor in which I have had great pleasure. Now that it is terminated during this annual meeting, I offer you my thanks and my good wishes for a continuance of your good efforts.

The speaker then called upon the president-elect, Dr. Gunnar Gundersen, La Crosse.

## Excerpts From Address of President-Elect

I wish first to express again to this House of Delegates my gratitude for the honor and privilege of serving you and the State Medical Society of Wisconsin as its incoming president. I wish especially to acknowledge my indebtedness to you for your forbearance toward my shortcomings.

Serving as the presiding officer of a Society which is entering upon the second century of its existence is indeed a challenge to any man. In accordance with the constitution, among a multiplicity of other duties—"he shall be the real head of the profession of the state during his term of office."

As members of the organized profession of medicine and as duly elected delegates from your respective districts, you are the custodians of a trusteeship. This trusteeship is the relationship of the

organized profession of medicine to the science and the art of medicine. In your trusteeship you will do well to guard with diligence and fidelity matters of great value for the benefit of others. At this Centennial Meeting we pay tribute and homage to the memory of the leaders in our profession who had vision to organize this Society and to carry on its work through the early days of its existence and during the first century of its activity. To those leaders in early Wisconsin medicine possessed with high ideals of service and the optimism and fearlessness of the pioneer, I shall have occasion to refer later at this meeting.

*J. George Crownhart.*—Near the close of the American Medical Association convention in Cleveland on June 5, the citizens of our state in general and the physicians in particular were shocked by the sudden and tragic news that George Crownhart was no longer with us.

As your incoming president it was to be my privilege to have the opportunity of working more closely with him. To this opportunity I was anxiously looking forward with keen anticipation. I had often remarked facetiously that we in Wisconsin "suffered" from too efficient organization; that we had a secretary who saw to it that the officers of the Society as well as the general membership really were kept busy.

During the eighteen years George so faithfully served our membership he had grown in stature. He inaugurated his service in the Society with the motto, "Let George do it." Of late years this was still the keynote of his service, but it was no longer emphasized. It was not necessary. We had come to expect it. We had learned to lean on George. In fact, we did "let George do it."

In his official relationship to the public and the profession, George Crownhart's creed was "The interests of public health are identical to those of medicine. Whatever will promote the public welfare, whatever will protect the advances already made—these are medicine's only objectives."

The loss the profession of our state has sustained in George's passing will not be felt immediately nor in the early months or years to follow. It was characteristic of the man that he planned well and as he planned he built. The fact that the office with its very efficient staff under the conscientious direction of the assistant secretary, now acting secretary, has been able to function smoothly without any apparent break in continuity of service is eloquent tribute to the solid foundation of our Society created under George's leadership.

I can do no better in concluding than reiterate one of the numerous masterly tributes which appeared at the time of his passing: "If one could paint a portrait of simplicity, greatness, loyalty, perserverance, generosity, and a great soul, that portrait of necessity would be of George Crownhart."

During the last year I have worked diligently to make an appraisal of the needs of the organized profession in Wisconsin. Under the enthusiastic and workmanlike leadership of our late secretary, it was possible to undertake projects in study and research of problems affecting the profession and public alike. These projects were initiated by forward-looking leaders of our Society and carried through to successful conclusions by the self-sacrifice of our members under the drive and the guiding genius of George.

Now it appears that much of this would necessarily come to an end or at least it has brought us to a point where we might well stop for a moment, get our bearings, and make a thorough appraisal of our position. At what point has medicine arrived? Where is medicine going? What is medicine's relationship to the body politic? What is medicine's position in the present preparedness program? These are just a few of the innumerable questions which present themselves.

For the next brief moments I would ask you to consider with me some of the problems which have entered my mind during the last few months.

*Reregistration.*—In 1897, our Society was actively interested in a medical bill introduced in a previous session of the legislature covering appointment of a Board of Medical Examiners—"that all persons thereafter commencing the practice of medicine or surgery in this state shall apply to said board for license," setting forth fees and other things necessary for eligibility, etc.

Since that time the relationship between the Board of Examiners and our Society has had its ups and downs. That there should be the most active continuing cooperation between the two goes without saying. The duty of enforcement of the medical practice act from time to time has passed back and forth between the Board of Medical Examiners and the State Board of Health, and at the last session of the legislature the duties of enforcement were again placed in the hands of the Board of Medical Examiners (effective July 1, 1941).

In order to secure enforcement of the act, funds are essential for which suitable investigation can be carried out so that in turn prosecution can be instituted when and if necessary. Funds are ordinarily obtained as a result of legislative appropriation and the amount so obtained varies from one administration to the next. Very often a would-be thrifty legislature finds it convenient to pare down appropriations which leave those charged with enforcement financially embarrassed. The amount appropriated for enforcement by the legislature has varied from one biennium to the next so that it has been well nigh impossible for a Board to make plans for a long-time program of enforcement. Dr. R. G. Arveson, in his recommendations to this body a year ago, called attention to the advantages to be obtained by a reregistration law. He stated that almost any physician could come into the state, locate in any city or village without taking examinations and continue to practice for years without being disturbed. The same condition obtains in re-

spect to osteopaths and chiropractors. Dr. Arveson and I have had opportunity to examine at close range the operation of the medical practice laws in our neighbor state of Minnesota where the act was amended in 1927 to provide for annual reregistration.

During the last year I have been privileged to sit in on meetings of the Minnesota Board and have been assured by the members of that body to a man that enforcement in Minnesota was not satisfactory or effective until the act provided for annual reregistration. Likewise, I have conferred with members of our own Board, which has recently gone on record as favoring some measure which would strengthen enforcement of the act.

It is my considered judgment that sufficient importance is attached to this question that a special committee of this Society should be appointed for the purpose of studying the matter thoroughly during the next year with the view of bringing recommendations to this body at its 1942 annual meeting so that proper steps may be taken to make necessary provisions for the amendment of the medical practice act at the next regular session of the legislature in 1943. This study should go further in respect to reappraising all aspects of the act as well as composition of the Board of Examiners itself.

*Budget—Dues.*—I want now to discuss with you briefly the question of dues. This is a question which has become of increasing importance in recent years, more so since we have experienced a sharp increase in amount paid and especially among that element of our membership which is not particularly active or interested or informed on the numerous and important functions of our Society.

Without giving thought to the question, it is frequently asked, "Where does all the money go? Why maintain such an elaborate office? Why pay such high salaries, etc.?" Many of our members who have spent time and thought on this problem are of the opinion the dues are not high enough. If the investment the physicians of Wisconsin have made in their profession can be figured on the basis of dollars and cents (and I am not at all sure in my own mind that a monetary evaluation can be placed upon a man who has completed a course of medical training) then there is invested by conservative estimate at least $50,000,000. Surely it must be worth a substantial amount annually to safeguard or insure such an investment against disaster of one sort or another.

A few years ago, due to the unprecedented program of activity which the Society launched upon, a surplus, built up over a period of years through frugal and prudent management, was rapidly being depleted. In order to meet the cost of the ambitious and searching program of study which the House of Delegates felt important to carry out in order to meet the needs of the times, an extra levy upon the membership in the form of a "special assessment" was adopted. Even with the "special assessment" the impact upon our surplus was so great as to reduce to a seriously low figure our ever-dwindling reserve for a rainy day.

It is this "special assessment" which I wish to discuss for a moment. Whatever is done at this session of the House of Delegates in respect to dues, I feel it important to discontinue the "special assessment." Maintaining the appendage requires no end amount per capita to run the affairs of this Society as well as the county secretaries. Whether the amount per capita to run the affairs of this Society for one year be $15 or $30 such amount should be called by its proper name "dues" not by the unholy alliance of dues plus a joker in the form of a "special assessment."

In fixing the amount of dues for 1942, there are several important factors to be kept in mind:

1. Since the last annual meeting an ever-increasing number of members have responded to the call in the national defense program. Depending upon future developments, we may expect to see as many as 800 or roughly one third of our membership serving the nation for indefinite periods of time. Through action of the Council no dues are exacted from the members during their actual period of service.

2. With no increase in dues, it is obvious that there will be an inevitable decrease in revenue. This would necessarily result in a decrease in Society activity and an associated drastic reduction in expenses. During the past year certain unforeseen events have created a change in the budget picture. A few years ago the former comfortable surplus had become depleted to a dangerous point. As a result of a few "windfalls" in the form of monies from the discontinued medical defense fund, which monies will revert to the general fund, and insurance money paid upon the life of our late secretary, the Society again appears to be headed for easier times as far as its reserve is concerned. Just how much surplus should be maintained as a cushion against exigencies of one sort or another might well be made the subject of a study by the Executive Committee of the Council or some other suitable committee to the end that a satisfactory precedent in this regard can be established.

During the period of the national emergency it would seem prudent to subordinate extra or unusual activities in order to concentrate our forces in the patriotic duties of assisting the national and state administrations in their efforts in the interest of national defense. Whereas in normal times it would seem to be in the best interest of our Society to make a determined effort to pare the dues down to a lower level than the present, due to the peculiarity and the unsettled nature of present conditions, it is the considered judgment of your incoming president that no radical revision either upward or downward be made at the present time.

*Nursing Problems.*—Since time immemorial it has been axiomatic that anything which concerns the care of the sick is the direct concern of the medical profession. It is in pursuance of this fact that the

profession of medicine is directly concerned with matters involving the care of the sick from a nursing point of view. That there is a problem, and a real one, was recognized by this body a year ago when it passed a resolution sponsored by Dr. W. A. Munn which resulted in the creation of a committee headed by him which was charged with making a study of "nursing education."

Year after year has seen higher educational requirements for entrance into training schools. Many of these requirements are not essential for the nursing care of patients, regardless of their desirability as a cultural background. The amount of education increases the cost of nursing for patients and the increased cost works a great hardship on many, and, in fact, very often deprives the less well-to-do of the services of a nurse.

Recognized hospitals employ only nurses having the educational requirements specified by the American Association for Registered Nurses. As physicians we know that there is a great need for nurses whose training has emphasized the vocational rather than the more cultural phase of their education. No one would argue seriously in favor of lowering standards of nursing education, particularly where nursing care involving a highly specialized form of service is required.

If we accept as a fundamental premise that the function of a nurse is to take care of the sick, then we have relatively few women left in the registered nursing class who are available for this task. I see numerous physicians in the rural areas in Wisconsin and adjoining states who no longer are able to avail themselves of registered nurses for care of sick in private homes. As a matter of common knowledge in many instances, if a highly trained nurse were available, the family concerned would often prefer to have a less highly trained, educated and specialized practical nurse. The comment is often heard, "No doctor, don't send us a nurse. If we get a nurse we will have to get a maid to wait on the nurse."

By imposing higher and higher educational requirements, the Bureau of Nursing Education has succeeded wittingly or unwittingly in liquidating a large number of schools of nursing in this state. Many of the schools which for years had seriously and conscientiously dedicated themselves to the task of educating nurses for the care of the sick and were doing a very acceptable job in vocational training, by what would seem to be purely arbitrary rules and regulations imposed by the Bureau of Nursing Education, were forced to discontinue a service which had become a matter of considerable, if not great, pride with them.

We have now arrived at the paradoxical position where on the one hand we have highly educated, scholarly, and trained registered nurses in insufficient number often unwilling to do the routine duties of bedside care but meeting the requirements of licensing boards, and on the other, a steadily increasing number of self-educated, untrained practical nurses over whom no control can possibly be exercised and who are doing a large share of the duties of caring for the sick which formerly was carried out by the nurse who was trained with emphasis on the vocational phase of training rather than the scholastic (cultural). To the outsider it appears that leaders of those who would follow in the footsteps of Florence Nightingale have somehow or other lost sight of the fundamental purpose to which they are dedicating their lives.

In any event the committee which last year was appointed to study this problem has not as yet been able completely to finish its assignment. The untimely death of our secretary caused a temporary dislocation. A progress report has been submitted which indicates that a course of procedure has been charted and a start made. In order to allow the committee adequate time to pursue and finish this very important task, it is my opinion the committee should be continued with the same personnel with whatever additions seem indicated to the end that some definite conclusions may be arrived at and specific recommendations for reform made.

*Committees.*—From time to time specific problems arise which demand and result in the creation of special committees. After the purpose for which the committee in question was created has been served, it is quite easy to continue the committee to supervise the project until the project has become an accomplished fact. Such committees very often after a period of time cease to serve the purpose for which they were originally created and became after a fashion "barnacles." In the best interest of the Society they might well be sloughed off in order to keep our organization streamlined for smoother and more expeditious functioning. In scrutinizing the various committees one often hesitates and wonders just what the function of a certain one may be and wonders whether the work done is great enough or of sufficient importance to justify its existence.

Some five years ago your speaker was appointed to the Committee on Syphilis, which was created to collaborate with the State Board of Health and the federal authorities in coordinating the newly rejuvenated crusade against syphilis inaugurated by the surgeon general and the federal administration. Later, the name was somehow or other changed to the more polite, Committee on Venereal Disease. After one or two organization meetings the committee ceased functioning except on paper, as far as I know, and there has never since its inception been any real work for it. It seems now that it is being carried on as a useless and unnecessary appendage on an already burdened Society. During the last year there has been little activity on the part of the Committee on Goiter which has not had a meeting during the past twelve months. Just how important or necessary some of the other special committees created originally for a lofty purpose have continued to be, I do not know from firsthand knowledge. That some careful survey of the committee structure by the Council is desirable, I have no doubt.

*Medical Economics.*—It is with great reluctance I now find it necessary to impose on your time a discussion of the subject of medical economics. During the last ten years or more a not inconsiderable portion of our time has been spent on this subject which unfortunately has consumed more and more time and attention of the profession which in the interest of the sick could more profitably be spent in furthering its scientific knowledge.

During the presidency of Dr. Otho A. Fiedler, a committee was established charged with the duty "to investigate the whole matter of the economics of modern medical service, and report back to the next session of the State Medical Society its findings with recommendations which would incorporate our views on this subject, and which might be used as a guide to legislation should we have to face this problem in the State of Wisconsin," the problem here referred to being that classified generally under the loose term of social medicine. A large appropriation was made and spent and many data accumulated which were considered of inestimable value. The report of the Special Committee on Distribution of Medical Services in Wisconsin was the first of its kind which attempted to form a foundation for recommendations based on a searching study of facts. The report formed the foundation for much of the basic information which it was possible to furnish to the law-making body of our state when questions arose relative to proposals affecting medical practice. The investigation and report complemented in Wisconsin the larger study made by the National Committee on the Cost of Medical Care and became for Wisconsin a compendium of information for our membership as well as for the citizens at large.

Nothing was done to continue the work of the committee nor to make it permanent so that a continuing up-to-the-minute record could be had for use from year to year. After six years, President J. C. Sargent, among other important recommendations, suggested, and there was created, a special committee "to undertake a thorough state-wide survey of all phases of sickness care." Whereas the two committees did not set out to study exactly the same subjects, still the problems involved were of the same general nature.

Rather than appoint special committees at irregular intervals for sporadic studies, it impresses me forcibly that these functions relative largely to the general field of medical economics are properly the duties of the Society's regular standing Committee on Medical Economics. The whole question, in my judgment, is of sufficient importance that this committee be furnished with sufficient help from the secretary's office and sufficient funds from the general fund that an annual up-to-the-minute record can be made available for the use of the membership. Our annual *Medical Blue Book* is devoted in a large measure to these questions and I believe this addition to our *Journal* is of the greatest value to the men in the field, serving them as a daily reference book throughout the year. I am of the opinion that in the future as a further service to the membership this valuable storehouse of information should also contain a group of subjects which would fall under the general heading of "Distribution of Medical Services in Wisconsin." This addition could with profit be patterned after the subjects covered in the study of 1931 and 1932 if already they are not covered by our *Blue Book.* Some of them are included in which event duplication would not be necessary.

*Industrial Health.*—One of the most significant activities of the Society in recent years has been the work of the Committee on Industrial Health. Under the inspired and able leadership of Dr. S. J. Seeger, the committee has carried out its greatly expanded program of activity; namely, that of preemployment and periodic health examinations in industry under the plan of free choice of physicians from panels prepared by the Society.

Everyone concerned, labor, employer, the officials of the Industrial Commission, and the physicians through their state organization, has entered wholeheartedly into this subject, and its success to date has been a result of the enthusiastic cooperation shown by the parties concerned. Increasingly it has been found that the health of the worker is of paramount importance to his employer, and the result of examinations, followed by careful and proper placement of employes, is without question producing gratifying results.

Continuation of the committee, charging it with the duty of carrying on its program so well launched, and furnishing it liberally with funds with which to function, I believe, is one of the most important duties of our Society in the years just ahead.

The committee should continue to serve as a policy making board further to guide the project, and heavy demands should not be made on its chairman and members for purely routine administrative work.

*Safety.*—The profession of medicine during the last half century has taken justifiable pride in the part it has played in health achievements and we in Wisconsin particularly are proud of our record. Only four deaths from diphtheria in 1939 as compared to 509 per year thirty years ago; seven deaths from typhoid fever compared to 661 per year in 1910; one third the number of children under the age of one year die annually as did a generation ago. Records such as these partially explain the fact that life has been lengthened 19.3 years since 1910.

It is a complacency born out of this apparent success which continues to lull us to sleep or into indifference relative to one of the most gruesome conditions which has been permitted to develop and grow upon our present generation? I speak specifically of safety on public highways and of safety generally. For years we have known the terrifying facts. Over 35,000 people were killed on the highways last year, and 33,000 people were killed in

home accidents. Industry, where one would expect the most accidents, had only 17,000 deaths. There were 150,000 deaths due to accidents on the farms, people falling off ladders, roofs, etc. Over 100 are killed daily as a result of automobile accidents with no evidence of improvement resulting from educational campaigns. The toll is ever increasing, despite present methods of control. More than 600 citizens lost their lives over the recent Fourth of July holiday week end through accidents of one sort or another. We read and listen with horror of the hundreds and thousands killed or injured among the innocent civilians of war-torn Europe, victims of modern inventions of destruction carried through the air, on land, and sea, and fail even to be mildly interested in a daily casualty list, which, as far as this country is concerned, over a period of years far exceeds losses of all our wars combined. It is my inescapable conclusion that educational campaigns, valuable as they are, are not even faintly beginning to dent this problem.

I believe it the bounden duty of the organized profession to take a more vigorous hold of this problem with the view of making recommendations to the legislature respecting: (1) speed on highways, (2) uniform standardized tests for drunkenness, (3) periodic physical examinations to prove competency as a driver before a driver's license is granted.

It is my sincere hope and wish that this House of Delegates will endorse such a program and that the Committee on Safety on Public Highways will increase the scope of its activity so as to embrace this enlarged program to the end that the profession of medicine in the State of Wisconsin can be looked upon, as it properly should be, as the leader of a crusade for which future generations will ever be grateful.

Thus end my specific recommendations. I trust those committees upon which no specific comment has been made will not feel slighted. From my vantage point such apparent neglect is due to the fact that the work of the committee in question is going ahead on an even keel and the duties are being carried out to the complete satisfaction of everyone concerned. If I have seemed unduly critical, I assure you there has been nothing personal about it and that I have endeavored to make my criticism constructive to the end that it will be helpful and useful for the best interest of our Society for which we all labor and which we all love.

## Miscellaneous

Upon motion of Dr. Eben J. Carey, Milwaukee, seconded by Dr. J. C. Griffith, Milwaukee, the matter of committee appointments was made a special order of business for the Wednesday's session.

The speaker introduced to the House, Mr. R. R. Rosell, executive secretary of the Minnesota State Medical Association, and Mr. Manley Brist, attorney for the Association and for the Minnesota State Board of Medical Examiners.

The speaker called upon Mr. Crownhart to supplement the report of the secretary's office appearing in the August, 1941, issue of *The Wisconsin Medical Journal*. After commenting upon the mimeographed report submitted to all delegates prior to the meeting of the House, Mr. Crownhart reported the enrollment of 2,323 members of the Society, of which thirty-three pay part or no dues because of military service. Following the report of the death of Dr. W. J. Hewson, Alma Center, the House stood in tribute to the memory of the deceased physicians of the state.

## Report of the Treasurer

Dr. Ira R. Sisk, Madison, gave his report as treasurer of the State Medical Society of Wisconsin, as follows:

**(For the period January 1 to August 31, 1941)**

| *General and Medical Defense Funds* | General Fund | Medical Defense Fund | Combined Funds |
|---|---|---|---|
| Cash on Deposit: Treasurer's Account at the First National Bank of Madison | $28,626.57 | $ 762.59 | $29,389.16 |
| Investment Securities Owned—Face Value | 15,000.00 | 11,000.00 | 26,000.00 |
| Proceeds of Insurance Policy on the Life of J. George Crownhart on Deposit with Aetna Life Insurance Company | 10,000.00 | | 10,000.00 |
| Cash on Deposit: Secretary's Petty Cash account at the American Exchange Bank of Madison | 300.00 | | 300.00 |
| Cash on Deposit: Secretary's Dues Account at the American Exchange Bank of Madison | 104.20 | | 104.20 |
| Total Funds | $54,030.77 | $11,762.59 | $65,793.36 |

**Cash Receipts and Disbursements**

| | General Fund | Medical Defense Fund | Combined Funds |
|---|---|---|---|
| Cash in Bank, January 1, 1941 | $ 5,602.35 | $ 2,947.84 | $ 8,550.19 |
| *Receipts* | | | |
| Membership Dues | $34,873.20 | $ | $34,873.20 |
| Special Assessments | 22,979.62 | | 22,979.62 |
| Interest on Investments | 316.25 | 218.75 | 535.00 |
| Exhibit Space Rentals | 2,685.50 | | 2,685.50 |
| Graduate Center Fees | 2,177.00 | | 2,177.00 |

| | General Fund | Medical Defense Fund | Combined Funds |
|---|---|---|---|
| Miscellaneous Receipts and Refunds | 449.80 | | 449.80 |
| Total Receipts | $63,481.37 | $ 218.75 | $63,700.12 |
| Total to be accounted for | $69,083.72 | $ 3,166.59 | $72,250.31 |
| *Disbursements* | | | |
| President's Travel | $ 500.00 | $ | $ 500.00 |
| Council and Committees | 1,897.09 | | 1,897.09 |
| Books and Periodicals | 280.01 | | 280.01 |
| Delegates to A. M. A. | 255.60 | | 255.60 |
| Auxiliary | 100.00 | | 100.00 |
| Secretary's Salary | 5,020.00 | | 5,020.00 |
| Secretary's Travel Expense | 547.57 | | 547.57 |
| Salaries of Staff | 6,510.90 | | 6,510.90 |
| Assistant Secretary, Normal Travel | 215.66 | | 215.66 |
| Accounting and Insurance | 534.67 | | 534.67 |
| Social Security Taxes | 268.79 | | 268.79 |
| Insurance on Secretary | 244.50 | | 244.50 |
| Rent | 1,200.00 | | 1,200.00 |
| Telephone and Telegraph | 585.42 | | 585.42 |
| Supplies and Light | 381.89 | | 381.89 |
| Postage and Printing | 1,750.48 | | 1,750.48 |
| Fixtures and Upkeep | 347.97 | | 347.97 |
| Miscellaneous | 767.05 | | 767.05 |
| Legal | 1,119.93 | | 1,119.93 |
| Special Bulletins to Members | 124.19 | | 124.19 |
| Annual Meeting | 804.37 | | 804.37 |
| Graduate Centers | 2,818.58 | | 2,818.58 |
| Wisconsin Medical Journal | 1,200.00 | | 1,200.00 |
| Industrial Health | 3,895.80 | | 3,895.80 |
| Hygeia | 286.71 | | 286.71 |
| Press | 286.90 | | 286.90 |
| Lay Publications | 1,152.88 | | 1,152.88 |
| Bulletins to Members | 965.21 | | 965.21 |
| Special Reports in the Journal | 463.41 | | 463.41 |
| Telephone and Telegraph | 438.11 | | 438.11 |
| Services, General Counsel | 1,090.88 | | 1,090.88 |
| Voluntary Sickness Insurance Trials | 650.92 | | 650.92 |
| Dues and Assessments Refunded | 538.10 | | 538.10 |
| Investment Securities Purchased | 3,213.56 | 2,000.00 | 5,213.56 |
| Medical Defense | | 404.00 | 404.00 |
| Total Disbursements | $40,457.15 | $ 2,404.00 | $42,861.15 |
| Cash in Bank, August 31, 1941 | $28,626.57 | $ 762.59 | $29,389.16 |

| *General Fund Securities* | Interest Rate | Maturity | Face Value |
|---|---|---|---|
| Dominion of Canada, 25 year bond | 3½% | 1–15–61 | $ 2,000.00 |
| Dominion of Canada, 10 year bond | 2½% | 8–15–45 | 2,000.00 |
| Pacific Telephone and Telegraph Company | 3¼% | 12– 1–66 | 1,000.00 |
| Milwaukee Gas Light Company | 4½% | 3– 1–67 | 2,000.00 |
| Canadian National Railway Company | 5% | 10– 1–69 | 2,000.00 |
| Dayton Power and Light Company | 3% | 1– 1–70 | 3,000.00 |
| Wisconsin Power and Light Company | 3¼% | 8– 1–71 | 3,000.00 |
| Total General Fund Securities | | | $15,000.00 |
| *Medical Defense Fund Securities* | | | |
| United States Treasury Bonds | 3¼% | 4–15–46 | $ 2,000.00 |
| Pennsylvania Power and Light Company | 3½% | 8– 1–69 | 2,000.00 |
| Southern California Edison Co., Ltd. | 3% | 9– 1–65 | 2,000.00 |
| Wisconsin Gas and Electric Company | 3½% | 4– 1–66 | 1,000.00 |
| Pacific Telephone and Telegraph Company | 3¼% | 12– 1–66 | 1,000.00 |
| Milwaukee County, Wis. Metropolitan Sewerage Bond of 1925 | 4½% | 3–18–44 | 1,000.00 |
| United States Savings Bond—Defense Series G | 2½% | 6– 1–53 | 2,000.00 |
| Total Medical Defense Fund Securities | | | $11,000.00 |
| Securities on Hand, August 31, 1941 | | | $26,000.00 |

## Committee on Public Policy and Council on Scientific Work

The speaker called for supplementary reports by Dr. C. A. Dawson, River Falls, chairman of the Committee on Public Policy, and by Dr. Eben J. Carey, Milwaukee, chairman of the Council on Scientific Work. Dr. Dawson summarized activities of the Society in the field of public health legislation and urged continuance of its educational program in health problems. Dr. Carey told of the work of the Council on Scientific Work and of its efforts in developing the spring clinics and the scientific program.

## Hospital Relations

Dr. J. E. Habbe, Milwaukee, offered the report of the Special Committee on Hospital Relations, together with a recommendation that the committee be established as a standing committee of the Society. The report of the committee stressed the importance of friendly intercourse with hospitals as

institutions affording the facilities for the treatment of the non-ambulatory patient. The report commended work already done in this field and urged the study of hospital relations in the field of medical economics, as well as the further development of the essential facilities of the hospital in their relationship to the practice of medicine.

## Voluntary Plans

A detailed report of the Committee on Voluntary Sickness Insurance was supplemented by discussion presented by Dr. C. D. Neidhold, outlining the demand found for proposals of this character, and difficulties encountered by the committee in its work. Dr. Neidhold reported the recommendation that the committee be continued, that plans developed elsewhere may be studied intensively, and the value of these plans in relation to the promotion of public health be ascertained periodically and reported to the Society.

## Delegates to the American Medical Association

The report of delegates to the American Medical Association was offered by Dr. Joseph F. Smith, Wausau; Dr. James C. Sargent, Milwaukee; and Dr. S. E. Gavin, Fond du Lac. Dr. Sargent submitted the following resolution with the request that it be formally introduced by the Wisconsin delegates at the forthcoming session of the American Medical Association and that they be instructed to support it:

WHEREAS, The business of the House of Delegates of the American Medical Association, except that placed before it by the Board of Trustees and the several Sections, consists almost entirely of resolutions introduced by delegates upon instruction of their constituent state societies; and

WHEREAS, These resolutions commonly are drawn up and adopted by the constituent state societies months in advance of the annual session of the House of Delegates; and

WHEREAS, It would be of great help to each delegate in determining his attitude on all proposed business if he were apprised in advance of the nature of that business and thus given the opportunity of sounding out the will of the membership that he is elected to represent; be it hereby

*Resolved,* That in the future all new business to be brought before the House of Delegates of the American Medical Association, except it be business introduced by the Board of Trustees or by Sections of the Association then in session, shall be filed with the Secretary and by him in turn forwarded to all state secretaries and to all delegates well in advance of each session; and be it further

*Resolved,* That to implement this the By-Laws of the American Medical Association shall be changed in Chapter II, Section 3, to read:

Chapter II, Section 3. Limit of Time for Introduction of New Business. Unanimous consent shall be required for the introduction of new business *not filed in proper form with the Secretary of the Association sixty days before the annual session of the House of Delegates, except when presented by the Board of Trustees, the officers of the Sections, or the Sections. All new business so presented shall require three-fourths affirmative vote for adoption.

The speaker referred all supplementary reports to the proper committees and announced the time and place of committee meetings.

## Committee on Nominations

The next order of business as announced by the speaker was the selection of a Committee on Nominations. Following a recess for caucuses of councilor districts, and upon motion by Dr. J. C. Griffith, Milwaukee, seconded by Dr. T. C. Hemmingsen, Racine, the following personnel of the committee was approved:

| *District* | *Nominee* |
|---|---|
| First | Dr. A. G. Hough, Beaver Dam |
| Second | Dr. T. C. Hemmingsen, Racine |
| Third | Dr. A. R. Tormey, Madison |
| Fourth | Dr. C. A. Armstrong, Prairie du Chien |
| Fifth | Dr. O. J. Hurth, Cedarburg |
| Sixth | Dr. A. G. Koehler, Oshkosh |
| Seventh | Dr. R. L. MacCornack, Whitehall |
| Eighth | Dr. A. A. Cantwell, Shawano |
| Ninth | Dr. M. C. Rosekrans, Neillsville |
| Tenth | Dr. S. L. Henke, Eau Claire |
| Eleventh | Dr. T. J. O'Leary, Superior |
| Twelfth | Dr. Irwin Schulz, Milwaukee |
| Thirteenth | Dr. C. E. Zellmer, Antigo |

## Amendment Relative to Section Representation

The speaker asked Mr. Crownhart to read the proposed amendment to the Constitution permitting delegate representation from the approved sections of the Society. Having laid upon the table for the required period of time, this amendment now came before the House for action.

Amend Article V of the Constitution entitled "House of Delegates" by inserting after the word "societies" the following:

"and one delegate representing each Section of the Society organized under the By-Laws."

After brief discussion and announcement that a two-thirds vote was required to secure adoption, the roll was called. The amendment was adopted with no dissenting votes.

## Resolution Relative to Special Membership Classification

The speaker then announced that the resolution introduced in the 1940 session by Dr. L. W. Peterson, Sun Prairie, now awaited action.

Amend the Constitution by numbering the present contents of Article X as Section 1 and creating Section 2 of Article X to read:

The House of Delegates, by adoption of a By-law, may provide for a special classification of members at per capita reduced dues where such classification may be applied generally throughout the state, and has no special application to individual members or to individual societies.

There was discussion by Dr. R. L. MacCornack, Whitehall; Dr. A. R. Tormey, Madison; and officers of the Society. The amendment was adopted unanimously.

* The underscored words represent the proposed change and are intended to replace the words "at the last meeting of."

## Medical Practice Act

Upon call by the speaker for the presentation of new business to come before the House, Dr. R. G. Arveson, Frederic, discussed possibilities for the amendment of the medical practice act to eliminate certain obsolete provisions, and to implement the Board of Medical Examiners in its enforcement of the law against the unlicensed practitioner. A resolution was offered by Dr. Arveson calling upon the president to appoint a special committee to consider this subject.

## Amendment to By-Laws Relative to Hospital Practices

WHEREAS, The Special Committee to Study the Distribution of Health Services and Sickness Care in Wisconsin, in its report to the State Medical Society in 1938, adopted by the House of Delegates, said:

"The committee recommends that the extent of privileges of physicians in general hospitals, assuming that their practices are not such as contravene the public interest, be determined on the basis of their individual abilities . . . "

WHEREAS, This recommendation can be followed only by amendment of the By-Laws of the State Medical Society; now, therefore, be it

*Resolved*, That Chapter XI be amended by renumbering Sections 8, 9 and 10, to be Sections 9, 10 and 11, respectively, and a new Section 8 be inserted in Chapter XI, to read as follows:

"Hospitals are recognized as institutions in which medicine is practiced, and not as institutions which practice medicine. Any hospital organized as an eleemosynary institution which is the only available institution within a given area should erect no barrier against, and, on the contrary, should extend associate staff privileges for a period of not less than one year to those licensed to practice medicine and surgery on the basis of their individual abilities assuming that their individual practices are not such as contravene the public interest. The staffs of such hospitals shall assist their hospitals in every way possible to determine the qualifications for membership on the permanent staff. Each county society shall have the responsibility to, and at the direction of the Council, shall, accomplish the purpose and effect of this By-law."

The speaker referred the above to the Committee on Resolutions.

## Committee on Grievances

Dr. W. A. Ryan, Milwaukee, then addressed the House as chairman of the Committee on Grievances, on the subject of expert witnesses and a proposal for adoption of the Uniform Expert Testimony Act in Wisconsin by the Supreme Court of this state under its rule-making powers, which have the full effect of law. At the conclusion, the speaker referred the statement to the Committee on Resolutions for further action.

## Resolution Relative to a General Practitioner Section of the American Medical Association

WHEREAS, The House of Delegates of the American Medical Association, in session at the 1941 Cleveland meeting, decided to create temporarily a General Practitioners Section which would have equal standing with all other sections; and

WHEREAS, The permanency of this Section will depend upon the attendance at and interest in its sessions; and

WHEREAS, The Trempealeau–Jackson–Buffalo County Medical Society considers the establishment of such a Section to be in the best interests of the American Medical Association and worthy of the support of the Wisconsin State Medical Society; therefore, be it

*Resolved*, That the House of Delegates of the Wisconsin State Medical Society hereby endorses the creation of such General Practitioners Section and instructs the Council to urge a large attendance of general practitioners among our membership at its trial session at the next annual meeting of the American Medical Association.

## Resolution Relative to a Committee to Study the Subject of Life Membership

The following resolution was then presented by Dr. T. C. Hemmingsen, Racine:

*Resolved*, That the Speaker of the House of Delegates appoint a special committee to report to the 1942 session on the subject of life membership, and the considerations and circumstances under which the same should be granted, it being the sense of this House that the subject is involved and the custom not well established. It is the further sense of this House that proper enunciation of the policy of the Society in this respect will secure harmonious and understanding relations with the members.

## Resolution Relative to Appointment of a Committee to Study the Constitution and By-Laws

Dr. Eben J. Carey, Milwaukee, discussed and presented the following resolution:

*Resolved*, Whereas it is our opinion that the House of Delegates be the governing body of the State Medical Society of Wisconsin, and there are now in the Constitution and By-Laws of the State Medical Society of Wisconsin some ambiguities and some lack of clearness as to the respective rights and duties of the House of Delegates and of the Council; be it

*Resolved*, That the President of the State Medical Society be and he hereby is authorized to appoint a committee of five members of the House of Delegates to be known as the Special Committee on Constitution and By-Laws. This committee shall make a careful study of the Constitution and By-Laws of the Society, employ such counsel as may to them be desirable, and make such recommendations for revision of the Constitution and By-Laws as, in their judgment, seem proper and make their report to the House of Delegates of this Society at the next annual session of the House of Delegates.

After announcements by the secretary's office, the meeting adjourned at 11:35 p. m. until 2:20 the following afternoon.

# WEDNESDAY SESSION

The House of Delegates was called to order by the speaker at 2:40 p. m., Wednesday, September 10, this constituting the second session of the House. The report of the Committee on Credentials was heard and a quorum was declared present. Follow-

ing announcements by the speaker, Dr. Nathan B. Van Etten, New York City, past-president of the American Medical Association and guest speaker at the Centennial Dinner, was introduced to the assemblage, and delivered an address of interest.

Dr. Rock Sleyster, Wauwatosa, also a past-president of the American Medical Association, was called upon for a statement and addressed the House.

The special order of business carried over from the Tuesday evening session, that of committee appointments, was called for. The complete personnel of the Society's committees for 1942 appears on page 1290. Upon motion by Dr. C. D. Neidhold, Appleton, seconded by Dr. J. F. Smith, Wausau, the appointments were confirmed by the House.

## Report of Committee on Reports of Officers and Standing Committees

Dr. W. A. Munn, Janesville, chairman of the Committee on Reports of Officers and Standing Committees, presented the committee's recommendation that the following reports be accepted as published in the August issue of *The Wisconsin Medical Journal*, as supplemented in the report to the delegates issued from the secretary's office, and as orally supplemented on Tuesday evening: Committee on Cancer, Committee on Care of Crippled Children, Committee on Health and Public Instruction, Committee on Industrial Health, Committee on Maternal and Child Welfare, Committee on Mental Hygiene and Institutional Care, Council on Scientific Work, Committee on Tuberculosis and Chest Diseases, Advisory Committee on Visual and Hearing Defects, Committee on Safety on Public Highways, M-Day Committee, treasurer's report and secretary's report. Upon Dr. Munn's motion, seconded by Dr. C. J. Weber, Sheboygan, these reports were accepted.

Upon motion of Dr. Munn, for the committee, seconded by Dr. George Parke, Viola, the reports of the Council and of President-Elect Gundersen were adopted.

Upon motion of Dr. Munn, for the committee, seconded by Dr. J. C. Griffith, Milwaukee, the report of the Special Committee on Voluntary Sickness Insurance was adopted.

Upon motion of Dr. Munn, for the committee, seconded by Dr. Charles Fidler, Milwaukee, the report of Dr. J. C. Sargent, Milwaukee, as a delegate to the American Medical Association, was adopted, with the recommendation that suggestions contained in his report be adopted.

## Amendment to the By-Laws Relative to Introduction of New Business

Dr. Munn, for the committee, presented the following resolution, based upon the action taken last above:

Chapter III, Section 9. Unanimous consent shall be required for the introduction of any business not filed in proper form with the secretarial office of the Society twenty days before the first session of the succeeding annual session of the House of Delegates. This section shall not apply to new business presented by the Councilors, the constitutional officers or officers of the House of Delegates.

Since this amendment pertained to the business of the State Medical Society of Wisconsin, the order was laid over until the following day's session, in accordance with Chapter XIII, Section 1, of the By-Laws of the Society.

Upon motion of Dr. Munn, for the committee, seconded by Dr. O. J. Hurth, Cedarburg, the supplementary report of the Committee on Grievances as presented by Dr. W. A. Ryan, was adopted.

Upon motion of Dr. Munn, for the committee, seconded by Dr. C. D. Neidhold, Appleton, the reports of the Conference Committee on Open Panels, the Conference Committee on Wisconsin Hospitals and Medical Payments Plan and the Special Committee on Nursing Education were adopted.

Upon motion of Dr. Munn, for the committee, seconded by Dr. C. J. Weber, Sheboygan, the report of the Committee on Reports of Officers and Standing Committees was adopted in its entirety.

## Report of Committee on Resolutions

Dr. K. H. Doege, Marshfield, as chairman of the Committee on Resolutions and Amendments to the Constitution and By-Laws, made motions for the adoption of the following amendments and resolutions:

1. Resolution by Dr. R. L. MacCornack relating to creation of a general practitioner section of the American Medical Association (seconded by Dr. R. E. Galasinski, Milwaukee; carried).

2. Resolution by Dr. T. C. Hemmingsen, Racine, relating to appointment by the speaker of the House of Delegates of a special committee to study the subject of life membership (seconded by Dr. T. C. Hemmingsen, Racine; carried).

3. Resolution by Dr. J. E. Habbe, Milwaukee, representing the Committee on Hospital Relations, relating to the creation of this committee as a standing committee of the Society (seconded by Dr. J. D. Leahy, Park Falls; carried).

4. Resolution by Dr. Eben J. Carey, Milwaukee, relating to appointment by the president of a committee to be known as the Special Committee on Constitution and By-Laws (seconded by Dr. J. C. Griffith, Milwaukee; carried).

5. The supplementary report of the Council, offered by Dr. H. H. Christofferson, Colby, and relating to hospital staff privileges, was recommended by the committee for acceptance, and the amendment to the By-Laws offered by Dr. Rosekrans, Neillsville, was recommended for rejection. The motion by Dr. Doege on behalf of the Committee on Resolutions was seconded by Dr. Louis Fauerbach, Madison, and was carried.

6. Resolution by the Council providing for merging of the old medical defense fund and the gen-

eral reserve fund of the Society (seconded by Dr. George Parke, Viola; carried).

7. Council amendment to the By-Laws to carry out the constitutional provision adopted on Tuesday to permit approved scientific sections to be represented in the House of Delegates by one delegate and one alternate delegate (seconded by Dr. F. A. Douglas, La Crosse; carried).

8. Amendment to the By-Laws by Dr. L. W. Peterson, Sun Prairie, supporting amendment to the Constitution permitting the creation of a special classification of members on a reduced dues basis. It was recommended that this proposal be referred to the Council of the Society for study during the ensuing year, particularly with reference to the now existing Milwaukee County provision for a special membership classification, and with instructions that the Council report to the 1942 session of the House of Delegates (seconded by Dr. A. S. White, Rice Lake; carried).

9. Resolution offered by Dr. R. G. Arveson, Frederic, relative to the appointment by the president of a committee to study the medical practice act (seconded by Dr. L. O. Simenstad, Osceola; carried).

10. Resolution introduced by Dr. Eben J. Carey, Milwaukee, relating to validity of medical research, as follows:

WHEREAS, It is fitting and proper that the State Medical Society of Wisconsin, now celebrating its Centennial Anniversary, should pay tribute and express its appreciation in behalf of the medical profession to those in the field of scientific research who have contributed to the steady advance of the public health record of the State of Wisconsin; and

WHEREAS, The medical departments at the University of Wisconsin and Marquette University have brought honor to their state and credit to the medical profession for their effective and scientific research in the promotion of the public health through further knowledge, and in that endeavor have given unstintingly of their energy and effort for their selfless purposes; and

WHEREAS, The validity of medical research has universal recognition among those public-minded individuals who put the welfare of the public ahead of fanaticism and sentimentalism; now, therefore, be it

*Resolved*, That the House of Delegates of the State Medical Society of Wisconsin express its cordial greetings and good will to the research departments at the University of Wisconsin and Marquette University, and express to the personnel of those organizations its fervent hope that they may be blessed with further accomplishments in their chosen work during the years to come (seconded by Dr. C. J. Weber, Sheboygan; carried).

11. Resolution introduced by the Committee on Resolutions, establishing the dues of the Society for the year 1942:

*Resolved*, That the distinction between dues and assessments be now abolished by the House of Delegates; and be it further

*Resolved*, That the dues for the ensuing year be fixed at the sum of $25.

There was discussion by Dr. A. G. Hough, Beaver Dam; Dr. J. W. Prentice, Ashland; Dr. A. E. McMahon, Menomonie; Dr. A. E. Rector, Appleton; Dr. J. F. Smith, Wausau; Dr. K. H. Doege, Marshfield; Speaker R. M. Kurten, Racine; Dr. H. H. Christofferson, Colby, speaking unofficially for the Auditing Committee; Dr C. J. Weber, Sheboygan; Dr. A. G. Koehler, Oshkosh; Dr. W. M. Trowbridge, Viroqua; Dr. Louis Fauerbach, Madison; Dr. F. A. Douglas, La Crosse; Dr. J. A. Booher, La Valle; Dr. R. L. MacCornack, Whitehall; and Dr. O. A. Stiennon, Green Bay. The motion, previously made, carried.

12. Council amendment to the Constitution relating to striking the provision concerning "material interests of the members." This amendment will lie over for action until the 1942 session of the House of Delegates.

Dr. Doege moved, for the committee, seconded by Dr. C. D. Neidhold, Appleton, that the report of the Committee on Resolutions, as acted upon section by section, now be accepted as a whole. Carried.

Upon motion by Dr. C. J. Weber, Sheboygan, seconded by Dr. Louis Fauerbach, Madison, certain resolutions adopted by the House were authorized released to the press, following which the session adjourned at 4:10 p. m.

## THURSDAY SESSION

The third session of the House of Delegates was called to order at 8:30 a. m., Thursday morning, September 11. The report of the Committee on Credentials was heard, and a quorum was declared present.

### Election of Officers

Dr. T. J. O'Leary, Superior, as chairman of the Committee on Nominations, presented its report and moved its acceptance:

President-Elect, Dr. F. E. Butler, Menomonie; seconded by Dr. C. A. Armstrong, Prairie du Chien; carried.

Speaker of the House, Dr. R. M. Kurten, Racine, to succeed himself; seconded; carried.

Vice-Speaker, Dr. Charles Fidler, Milwaukee, to succeed himself; seconded by Dr. O. J. Hurth, Cedarburg; carried.

Delegate to the American Medical Association, Dr. Joseph F. Smith, Wausau, to succeed himself; seconded by Dr. F. C. Lane, Merrill; carried.

Alternate delegate to the American Medical Association, Dr. Charles W. Giesen, Superior, to succeed himself; seconded by Dr. C. A. Armstrong, Prairie du Chien; carried.

The secretary was instructed to cast the unanimous ballot of the House for these officers.

### 1942 Meeting in Milwaukee

Upon motion of Dr. O'Leary, for the Committee on Nominations, seconded by Dr. Eben J. Carey, Milwaukee, the place of the One Hundred First Anniversary Meeting of the Society was chosen as Milwaukee.

## Election of Councilors

Upon motion of Dr. R. L. MacCornack, Whitehall, seconded by Dr. W. M. Trowbridge, Viroqua, Dr. H. A. Jegi, Galesville, was elected to succeed himself as councilor from the seventh district.

Upon motion by Dr. A. A. Cantwell, Shawano, properly seconded, Dr. G. W. Krahn was elected to succeed himself as councilor from the eighth district.

Upon motion by Dr. E. E. Kidder, Portage, seconded by Dr. O. A. Stiennon, Green Bay, Dr. H. H. Christofferson, Colby, was elected to succeed himself as councilor from the ninth district.

Upon motion by Dr. S. L. Henke, Eau Claire, seconded by Dr. A. E. McMahon, Menomonie, Dr. R. G. Arveson, Frederic, was elected as councilor from the tenth district to succeed Dr. F. E. Butler, Menomonie, who was chosen as president-elect.

Upon motion of Dr. C. E. Zellmer, Antigo, seconded by Dr. W. S. Bump, Rhinelander, Dr. J. W. Lambert, Antigo, was elected councilor from the thirteenth district to succeed himself.

## Amendment Requiring Advance Notification of Official Business

The speaker announced that the amendment to the By-Laws, submitted the previous day by Dr. Munn for the Committee on Reports of Officers and Standing Committees, having laid on the table for one day, was now ready for action. This related to twenty days' notice of business to be presented at the succeeding annual session of the House of Delegates. Upon motion by Dr. H. H. Christofferson, Colby, seconded by Dr. C. J. Weber, Sheboygan, this amendment was referred to the newly created Committee on Constitution and By-Laws for study and recommendation.

## Amendment Relative to Time of Reporting Membership For Delegate Purposes

The resolution introduced on Wednesday pertaining to certain provisions of county society delegate representation, having laid on the table for one day, was ready for action. Upon motion of Dr. P. R. Minahan, Green Bay, seconded by Dr. W. M. Trowbridge, Viroqua, the entire subject matter was referred to the Committee on Constitution and By-Laws. Announcement was made, based upon interpretation of the Constitution and By-Laws, that the secretarial office of the Society must be advised as to delegate representation by the component county medical societies thirty days in advance of the annual meeting.

## Introduction of President-Elect Butler

Dr. F. E. Butler, Menomonie, was escorted to the chair, and addressed the House briefly.

## Adjournment

There being no further business, upon motion of Dr. C. A. Armstrong, Prairie du Chien, seconded by Dr. O. J. Hurth, Cedarburg, the House of Delegates of the Centennial Meeting adjourned sine die at 9:25 a. m.

# Attendance at House of Delegates, Madison, 1941

| *Society* | *Delegate* | *Sessions* 1 | 2 | 3 |
|---|---|---|---|---|
| Ashland–Bayfield–Iron | J. W. Prentice, Ashland | a | x | x |
| | A. H. Lamal, Ashland* | a | a | a |
| Barron–Washburn–Sawyer–Burnett | A. S. White, Rice Lake | x | x | x |
| | R. W. Adams, Chetek* | x | a | a |
| Brown–Kewaunee–Door | P. R. Minahan, Green Bay | x | x | x |
| | W. W. Kelly, Green Bay* | a | a | a |
| | O. A. Stiennon, Green Bay | x | x | x |
| | W. E. Leaper, Green Bay* | a | a | a |
| Calumet | F. P. Knauf, Kiel | a | a | a |
| | N. J. Knauf, Chilton* | a | a | a |
| Chippewa | C. N. B. Hatleberg, Chippewa Falls | x | x | x |
| | A. J. Somers, Chippewa Falls* | a | a | a |
| Clark | M. C. Rosekrans, Neillsville | x | x | a |
| | H. H. Christofferson, Colby* | x | x | x |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | a | x | a |
| | L. V. McNamara, Montello* | a | a | a |
| Crawford | C. A. Armstrong, Prairie du Chien | x | x | x |
| | G. M. Sargeant, Prairie du Chien* | a | a | a |
| Dane | A. R. Tormey, Madison | x | a | x |
| | S. A. McCormick, Madison* | a | x | a |
| | H. E. Marsh, Madison | x | x | x |
| | A. J. Boner, Madison* | x | x | x |
| | L. W. Peterson, Sun Prairie | a | a | a |
| | A. T. Smedal, Stoughton* | a | x | x |
| | Louis Fauerbach, Madison | x | x | x |
| | N. A. Hill, Madison* | x | a | a |
| Dodge | A. G. Hough, Beaver Dam | x | x | x |
| | A. A. Hoyer, Beaver Dam* | a | a | a |
| Douglas | T. J. O'Leary, Superior | x | x | x |
| | Charles W. Giesen, Superior* | a | a | a |
| Eau Claire–Dunn–Pepin | S. L. Henke, Eau Claire | x | x | x |
| | B. F. Johnson, Mondovi* | a | a | a |
| Fond du Lac | D. J. Twohig, Fond du Lac | x | x | a |
| | J. C. Devine, Fond du Lac* | x | a | a |
| Forest | G. E. Carroll, Laona | a | x | x |
| | O. S. Tenley, Wabeno* | a | a | a |
| Grant | J. D. Glynn, Lancaster | x | a | x |
| | E. H. Spiegelberg, Boscobel* | x | x | x |

*—Alternate delegate. x—Present. a—Absent.

| Society | Delegate | Sessions 1 | 2 | 3 |
|---|---|---|---|---|
| Green | N. E. Bear, Monroe | x | x | x |
| | L. E. Creasy, Monroe* | a | a | a |
| Green Lake–Waushara | A. A. Beck, Wautoma | x | x | x |
| | L. J. Seward, Berlin* | a | a | x |
| Iowa | S. B. Marshall, Hollandale | x | a | a |
| | H. M. Walker, Dodgeville* | a | a | a |
| Jefferson | G. E. Eck, Lake Mills | x | x | x |
| | O. F. Dierker, Watertown* | x | x | x |
| Juneau | C. A. Vogel, Elroy | x | x | x |
| | A. R. Kaufman, Mauston* | a | a | a |
| Kenosha | G. C. Schulte, Kenosha | a | x | x |
| | W. C. Stewart, Kenosha* | a | a | a |
| La Crosse | F. A. Douglas, La Crosse | a | x | x |
| | A. H. Gundersen, La Crosse* | x | a | a |
| Lafayette | W. B. Williams, Argyle | a | a | a |
| Langlade | C. E. Zellmer, Antigo | x | x | x |
| | W. P. Curran, Antigo* | a | x | a |
| Lincoln | F. C. Lane, Merrill | x | a | x |
| | R. G. Baker, Tomahawk* | a | a | a |
| Manitowoc | E. C. Cary, Reedsville | a | a | x |
| | T. H. Rees, Manitowoc* | a | a | a |
| Marathon | J. F. Smith, Wausau | x | x | x |
| | E. E. Flemming, Wausau* | a | a | a |
| Marinette–Florence | A. T. Nadeau, Marinette | a | a | a |
| | J. W. Boren, Marinette* | a | a | a |
| Milwaukee | J. O. Dieterle, Milwaukee | x | x | a |
| | B. J. Birk, Milwaukee* | x | x | x |
| | C. W. Eberbach, Milwaukee | x | x | a |
| | E. A. Brzezinski, Milwaukee* | a | x | a |
| | Charles Fidler, Milwaukee | x | x | x |
| | S. J. Darling, Milwaukee* | a | a | a |
| | R. E. Galasinski, Milwaukee | x | x | a |
| | G. S. Flaherty, South Milwaukee* | a | a | a |
| | J. L. Garvey, Milwaukee | x | x | a |
| | P. J. Niland, Milwaukee* | x | a | x |
| | L. W. Hipke, Milwaukee | a | a | a |
| | P. E. Oberbreckling, Milwaukee* | a | x | x |
| | Irwin Schulz, Milwaukee | x | x | x |
| | R. F. Purtell, Milwaukee* | x | x | x |
| | E. J. Carey, Milwaukee | x | x | x |
| | L. J. Van Hecke, Milwaukee* | x | x | x |
| | J. W. Smith, Milwaukee | x | a | x |
| | H. J. Farrell, Milwaukee* | x | x | a |
| | R. A. Toepfer, West Allis | a | a | a |
| | J. P. Conway, Milwaukee* | a | x | x |
| | D. F. Pierce, Hales Corners | x | x | x |
| | J. J. Pink, Milwaukee* | x | x | a |
| | S. M. Markson, Milwaukee | x | x | x |
| | Aaron Yaffe, Milwaukee* | x | x | x |
| | J. C. Griffith, Milwaukee | x | x | x |
| | J. R. Regan, Milwaukee* | x | a | a |
| Monroe | C. D. Beebe, Sparta | x | x | a |
| | C. S. Phalen, Sparta* | a | a | a |
| Oconto | A. F. Slaney, Oconto | a | a | a |
| | C. R. Kwapy, Oconto* | a | a | a |
| Oneida–Vilas | W. S. Bump, Rhinelander | x | x | x |
| | I. E. Schiek, Rhinelander* | a | a | a |
| Outagamie | C. D. Neidhold, Appleton | x | x | x |
| | D. W. Curtin, Little Chute* | x | a | a |
| Pierce–St. Croix | A. E. McMahon, Menomonie | x | x | x |
| | O. H. Anderson, Plum City* | a | a | a |
| Polk | L. O. Simenstad, Osceola | x | x | x |
| | K. F. Johnson, Frederic* | x | x | a |
| Portage | E. E. Kidder, Stevens Point | x | x | x |
| | R. J. Stollenwerk, Stevens Point | a | a | a |
| Price–Taylor | J. D. Leahy, Park Falls | x | x | x |
| | H. B. Norviel, Phillips* | a | a | a |
| Racine | T. C. Hemmingsen, Racine | x | x | a |
| | E. J. Schneller, Racine* | a | x | x |
| | E. C. Pfeifer, Racine* | a | a | a |
| Richland | George Parke, Sr., Viola | x | x | x |
| | W. C. Edwards, Richland Center* | a | a | a |
| Rock | H. E. Kasten, Beloit | x | x | x |
| | H. A. Raube, Beloit* | a | x | a |
| | W. A. Munn, Janesville | x | x | a |
| | W. T. Clark, Janesville* | x | x | x |
| Rusk | L. M. Lundmark, Ladysmith | a | a | a |
| | W. F. O'Connor, Ladysmith | a | a | a |
| Sauk | J. A. Booher, La Valle | x | x | a |
| | O. V. Pawlisch, Reedsburg* | x | a | a |
| Shawano | F. L. Litzen, Gresham | a | a | a |
| | A. A. Cantwell, Shawano* | x | x | x |
| Sheboygan | C. J. Weber, Sheboygan | x | x | x |
| | A. C. Radloff, Plymouth* | x | a | a |
| Trempealeau–Jackson–Buffalo | R. L. MacCornack, Whitehall | x | x | x |
| | Robert Krohn, Black River Falls* | a | a | a |
| Vernon | W. M. Trowbridge, Viroqua | x | x | x |
| | W. H. Remer, Chaseburg* | a | a | a |
| Walworth | C. J. Brady, Lake Geneva | x | x | x |
| | E. M. Case, Delavan* | a | a | a |
| Washington–Ozaukee | O. J. Hurth, Cedarburg | x | x | x |
| | C. H. Kalb, Grafton* | a | a | a |
| Waukesha | J. C. Hassall, Oconomowoc | a | a | a |
| | R. E. Davies, Waukesha* | x | x | x |
| Waupaca | J. H. Murphy, Clintonville | x | x | x |
| | R. K. Irvine, Manawa* | a | a | a |
| Winnebago | A. G. Koehler, Oshkosh | x | x | x |
| | J. P. Canavan, Neenah* | a | a | a |
| Wood | K. H. Doege, Marshfield | x | x | a |
| | F. X. Pomainville, Wisconsin Rapids | a | a | a |

# THE JOURNAL BOOKSHELF

## BOOK REVIEWS

**Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.**

**Abdominal Surgery of Infancy and Childhood.** By William E. Ladd, M. D., F. A. C. S., professor of child surgery at Harvard Medical School; chief of surgical service, The Children's Hospital, Boston; and Robert E. Gross, M. D., associate in surgery, the Harvard Medical School; associate visiting surgeon, The Children's Hospital; associate in surgery, The Peter Bent Brigham Hospital, Boston. Cloth. Price, $10. Pp. 455, with 268 illustrations. Philadelphia: W. B. Saunders Company, 1941.

This volume is the best of its kind that this reviewer has ever read. It considers thoroughly all of the usual and most of the unusual surgical conditions which occur during infancy and childhood. Both authors have had unlimited experience in this field and the book is immeasurably enriched by their numerous experiences.

Especially good are the chapters on malrotation of the colon, appendicitis, and the diseases of the bile ducts. The many other chapters are also well written, clearly illustrated, and the suggested lines of treatment are corroborated by accurate follow-ups with recurrence and mortality statistics.

This book is a *must* for anyone doing general or abdominal surgery, even though he only infrequently operates on children. K. E. L.

**Diseases of the Blood and Atlas of Hematology. With Clinical and Hematologic Descriptions of the Blood Diseases Including a Section on Technic and Terminology.** By Roy R. Kracke, M. D., professor of bacteriology, pathology and laboratory diagnosis, Emory University School of Medicine; pathologist to the Emory University Hospital; consultant in hematology to the Grady Hospital and Eggleston Hospital for Children, Atlanta, Georgia; formerly director of the Hematological Registry, American Society of Clinical Pathologists. Second edition, thoroughly revised, reset, and enlarged. Cloth. Price, $15. Pp. 692, with 100 illustrations, including 54 color plates. Philadelphia: J. B. Lippincott Company, 1941.

This large book which includes both the clinical and laboratory phases of diseases of the blood has been improved and brought up-to-date in this second edition. There are new chapters on hemolytic anemias, hemoglobinuria, hemoglobin and porphyrin compounds, on vitamin K; and other additions including new color plates and other illustrations. Dr. Lloyd Craver, a new contributor, has written the chapter on the treatment of leukemia. Dr. R. P. Custer's chapter on the bone marrow is also excellent.

This work contains a wealth of material relating to hematology in nearly all its aspects. It is readable, well written and well printed. The color plates are superb. There are certain statements to which the reviewer would take exception as for example on page 406, "The treatment, course, prognosis and termination of aleukemic leukemia is essentially the same as that in acute leukemias." There are very many exceptions to this statement. However, statements of this type are few and, although perhaps unfortunate, are not of major importance and do not vitiate the general excellence of this volume, nor make one hesitate to recommend it highly to the medical practitioner and student as valuable work for reference. The author and publishers are to be commended. O. O. M.

**The 1941 Year Book of Public Health.** Edited by J. C. Geiger, M. D., Dr. P. H., director of public health, City and County of San Francisco; clinical professor of epidemiology, University of California; clinical professor of preventive medicine and public health, Stanford University School of Medicine; lecturer in preventive medicine and public health, University of Southern California Medical School. Cloth. Price, $3. Pp. 544, with 14 illustrations. Chicago: The Year Book Publishers, Inc., 1941.

Medical literature has become so voluminous that it is impossible to keep informed on the new material which appears each year. To meet the demand of those who wish to be informed it has been common practice for a number of years to publish year books for the various specialties in medicine. The first "Year Book of Public Health" appeared last year. This is the second of the public health year books, and an examination of its contents is proof of its importance not only for those working in the field of public health but also for physicians in general. In the days when public health practice was largely in the field of engineering the medical profession was not concerned with the technics used. However, for many years public health administrators have been finding the technics used in clinical medicine more and more applicable in the field of disease control and prevention. This volume is found to contain much material of interest to medical practitioners and surgeons. The industrial physician and surgeon will find articles on physical fitness. The necessity for the clarification of the concept of physical fitness is discussed and the importance of this clarification to the functioning of workmen's compensation legislation and the use of pre-employment and periodic physical examinations in the maintenance of physical fitness in industrial workers is pointed out. The volume also contains brief reviews of important articles on virus diseases, influenza, equine encephalitis and many others, which will be found nowhere else. A review of the year's advances in the study of typhus fever, and Rocky Mountain spotted fever is briefly given. There are reviews of reports by several investigators on the use of whooping cough vaccine. The reference to the original articles is

given with each review, thus offering an opportunity to make a more critical study by those who are interested.

The book contains ready reference material from all fields of public health, laboratory, administration, public health nursing, epidemiology, etc. The material on tuberculosis will be found particularly interesting to those who have not been following the literature as closely as the specialists in that field. There is a review of thirty-nine articles on this subject.

For those who are interested in following the trend of public health development the "Year Book" is indispensable; for professional workers in the field of public health it offers a convenient means to keep informed; for the medical profession it will be found to contain many references to the most recent development of new clinical technics and to new applications of old ones.

The editor has done an excellent job of epitomizing the year's literature on public health practice and his notes which follow many of the extracts are informative. W. D. S.

**The 1941 Year Book of General Medicine.** Edited by George F. Dick, M. D., professor of medicine, University of Chicago, attending physician, Billings Memorial Hospital; J. Burns Amberson, Jr., M. D., professor of medicine, College of Physicians and Surgeons, Columbia University; George R. Minot, M. D., S. D., F. R. C. P., professor of medicine, Harvard University, director, Thorndike Memorial Laboratory, visiting physician, Boston City Hospital; William B. Castle, M. D., S. M., M. D. (Hon.) Utrecht, professor of medicine, Harvard University, associate director, Thorndike Memorial Laboratory, junior visiting physician, Boston City Hospital; William D. Stroud, M. D., professor of cardiology, Graduate School of Medicine, University of Pennsylvania; and George B. Eusterman, M. D., professor of medicine, University of Minnesota (Mayo Foundation), head of Section in Medicine and chief of Gastro–Enterologic Clinic, Mayo Clinic. Cloth. Price $3. Pp. 848, with 177 illustrations. Chicago: The Year Book Publishers, Inc., 1941.

In reviewing such a volume as the Year Book of General Medicine, it seems hardly worth while to attempt to choose subjects of particular interest to the reviewer, as the range of subjects is so very extensive. However, with the present prominence of military medicine, a few of the articles dealing with subjects having a definite practical bearing in this field will probably be of general interest.

There are several very good studies on the so-called effort syndrome. Most of the recent investigations have been carried out in England, although one interesting article is contributed by Reinmann from Jefferson. Stroud comments editorially that the diagnosis of this syndrome in those attempting to enter the services is probably the most important of all from a cardiovascular standpoint. This should indicate the importance of the recognition of this condition and the limitations of individuals of this type during military service.

The use of beef albumin solution as a plasma substitute for transfusions is reported by Janeway and Beeson. Results to date indicate that this material can be administered safely to man and is retained in the blood stream satisfactorily. Also the suggestion, by Taylor and Waters, for the use of fish gelatin or isinglass as a plasma substitute is of importance if subsequent work shows it to be as innocuous in man as experimental work in animals indicates. In the last war gum acacia solutions were used, but with difficulties and danger. The advantages of a cheap, nonantigenic plasma substitute can hardly be overemphasized.

In addition to the value of the Year Books in helping to keep the busy practitioner up to date, a continuous series provides a cumulative reference source. Necessarily, valuable details of numerous articles are not included in the abstracts, but the length of the original article may be estimated, as inclusive page numbers are given in the bibliographic references, and the original source consulted whenever desirable. M. L. C.

**Body Mechanics in Health and Disease.** By Joel E. Goldthwait, M. D., F. A. C. S., Ll. D.; and Lloyd T. Brown, M. D., F. A. C. S.; and Loring T. Swaim, M. D.; and John G. Kuhns, M. D., F. A. C. S. With a chapter on the Heart and Circulation as Related to Body Mechanics. By William J. Kerr, M. D., F. A. C. P. Ed. 3, completely revised and reset. Price, $5. Pp. 316, 121 illustrations. Philadelphia: J. B. Lippincott Company, 1941.

Since the first edition of this book the authors have added a chapter on "Developmental Deformities" because, as they say, most of the chronic diseases are associated with the wrong use of the body which must have begun in childhood or early adult life. Also a chapter has been contributed by Wm. J. Kerr of California on "Angina Pectoris and Postural Emphysema Related to Obesity."

The chapters on "Body Mechanics" and "Arthritis" have much to offer as has the one on "Backache." The chapter on "The Foot" is too short for such an important mechanical member of the body.

The book has much in it that is sound and of value to the general practitioner. There is much in it that can be challenged and the product of the author's enthusiasm for the subject.

Body mechanics are overlooked by many physicians and there is need for continuing the crusade for better recognition of faulty mechanics and its relation to disease. H. W. W.

**Functional Pathology:** By Leopold Lichtwitz, M. D., chief of the Medical Division of the Montefiore Hospital; clinical professor of medicine, Columbia University, New York. Cloth. Price $8.75. Pp. 570, with 198 illustrations, charts and tables. New York: Grune & Stratton, Inc., 1941.

The author defines his title of "Functional Pathology" as the science of pathological manifestations during life. The reviewer is impressed chiefly with how frequently the opinions expressed do not correlate with the current widely accepted or orthodox opinions on various subjects. As an interesting example, the discussion of the "Angiospastic constitution" might be cited. The characteristics of this

*(Continued on page 1322)*

*The ethical relationship which exists among physicians has its counterpart in the Lilly policy of close co-operation with the doctor. Distribution of information concerning Lilly Products is restricted to the medical and allied professions.*

## LIVER EXTRACTS

### Crude or Purified

### For Intramuscular Injection

Solution Liver Extract Crude, Lilly

2 injectable U.S.P. units per cc.
1 injectable U.S.P. unit per cc.

Solution Liver Extract Purified, Lilly

15 injectable U.S.P. units per cc.
10 injectable U.S.P. units per cc.
5 injectable U.S.P. units per cc.

# *Eli Lilly and Company*

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.
Prescribe Journal-advertised products and you prescribe the best.

## BOOK REVIEWS—Continued

type of constitution, as well as the reaction of this type of individual to various environmental difficulties, are well presented. The author stresses the necessity of recognizing this type as a clinical entity and feels that it needs a label not only for the records but also for the patient, both for his own understanding and to safeguard his position in the family from the suspicion of hysteria and exaggeration. His conclusion is that "the sympathetic recognition by medical science of this condition as an honorable ailmentt is sorely needed." However, when he further states that migraine is among the well recognized sequelae of vascular spasticity and that individuals afflicted with migraine have a predisposition to arterial hypertension, he is at least in a highly controversial field. He also heads one section with the title of "Nephritis caused by constitutional angiopasticity." In discussing this subject he states that the mechanism of allergy may account for a great number of cases of glomerulonephritis in man and that its development, chronic from the very beginning, can be observed especially well in individuals with the angiopastic diathesis. Such opinions are at least thought-provoking and may well stimulate fruitful discussions. M. L. C.

**Shock Treatment in Psychiatry: A Manual.** By Lucie Jessner, M. D., Ph. D., resident psychiatrist, Baldpate, Georgetown, Massachusetts; graduate assistant in psychiatry, Massachusetts General Hospital; assistant in psychiatry, Beth Israel Hospital, Boston, and V. Gerard Ryan, M. D., associate psychiatrist, Elmcrest Manor, Portland, Connecticut; assistant in psychiatry, Harvard Medical School. Introduction by Harry C. Solomon, M. D., clinical professor of psychiatry, Harvard Medical School; chief of therapeutic research, Boston Psychopathic Hospital. Cloth. Price $3.50. Pp. 155. New York: Grune & Stratton, Inc., 1941.

This manual gives a detailed description of the so-called "shock therapy" now widely used in psychiatry for the treatment of schizophrenics, the manic depressive psychoses and the involutional melancholias. It deals with the insulin shock, the metrazol convulsion treatment and a modification of the latter in which convulsions of grand mal type are produced by an alternate electric current. The authors give a historical introduction to these three forms of treatment and review the literature. A thorough discussion of the procedure of application follows. Indications, contraindications, and dangers to guard against are discussed. In a critical manner the results achieved so far are evaluated. A bibliography containing 353 references is added.

Not only the neuropsychiatrist will find this little book useful but also the general practitioner who has to advise his patients and wants to inform himself on these new forms of treatment. F. K.

**Essentials of General Surgery.** By Wallace P. Ritchie, M. D., clinical assistant professor, department of surgery, University of Minnesota Medical School. Cloth. Price, $8.50. Pp. 813, with 237 illustrations. St. Louis: The C. V. Mosby Company, 1941.

In a subject as extensive as surgery, one could not hope to cover it thoroughly in one volume. The author, Dr. W. P. Ritchie, does not try to make a general surgeon out of its reader, and as a result it was not written as a "shortcut to the knowledge of surgery." However, it does cover the essential points which must be mastered by the student, whether beginning or advanced. To get a complete discussion on symptoms, diagnosis, and treatment, one must obtain his material elsewhere. The whole field of surgery, except gynecologic surgery, is covered in brevity. Chapters on the head, brain and meninges, the spinal cord, the abdominal wall and herniae, and on the gastrointestinal tract, are exceptionally well written. The chapters on orthopedic surgery and on fractures are not as good, perhaps because these subjects of themselves are so extensive. Other weak chapters in the book are on inflammation and infection, the lymphatic system, and the skin. The important subjects of pathology and physiology are practically not considered. However, as its name implies, this book does cover the essentials of general surgery in a nicely written fashion. O. V. H.

**The Premature Infant; Its Medical and Nursing Care.** By Julius H. Hess, M. D. professor and head of the Department of Pediatrics, University of Illinois College of Medicine; attending pediatrician, Illinois Research and Educational Hospital, Cook County and Michael Reese Hospitals; and Evelyn C. Lundeen, R. N. supervisor, Premature Infant Station, Sarah Morris Hospital, Chicago. Cloth. Price, $3.50. Pp. 350, with 74 illustrations. Philadelphia: J. B. Lippincott Company, 1941.

This medium sized book is concerned with the many practical aspects of the medical and nursing care of the premature infant. Nursing technique is described in minute detail with respect to both materials used and methods of procedure under all possible conditions in the home, during transportation and in the hospital. The medical aspects of the premature, including growth and development, feeding and manifestations and treatment of all of the disorders and diseases to which the premature is commonly and uncommonly subject, are

DEPENDABLE PRODUCTS for PHYSICIANS
Zemmer
Prescribe or Dispense Zemmer
Pharmaceuticals, Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled.
*Write for general price list.*
THE ZEMMER COMPANY
Oakland Station
PITTSBURGH, PA.
When writing advertisers please mention the Journal.

discussed at moderate length. In the material on feeding special emphasis is placed on the advantages of low caloric intake (80 calories per kilogram or less) during the first month of the premature infant's life.

Physicians and nurses interested in obstetrics and pediatrics will find this book to be of great value in brushing up on the most effective measures applicable to the care of the premature infant. J. E. G., Jr.

**Handbook of Communicable Diseases.** By Franklin H. Top, A. B., M. D., M. P. H., director, division of communicable diseases and epidemiology, Herman Kiefer Hospital and Detroit Department of Health; associate professor of preventive medicine and public health, Wayne University, College of Medicine; special lecturer in communicable diseases and epidemiology, University of Michigan; Major, Medical Reserve Corps, United States Army; and collaborators. Cloth. Price, $7.50. Pp. 682, with 73 text illustrations and 10 color plates. St. Louis: The C. V. Mosby Company, 1941.

This excellent text is designed as a handbook and for a book of this type, is well organized and very complete. Specialists in various fields, such as tuberculosis, syphilis, and the nursing care of contagious diseases, have collaborated in writing the chapters on these subjects. The text is well illustrated by photographs in natural color and in black and white.

Section I of the book is devoted to general considerations such as epidemiology, specific preventive measures, and the management of communicable diseases in the home. In Section II the communicable diseases are classified and discussed according to the portal of entry of the offending organisms. Section III, the appendix and glossary, contains interesting and useful tables revealing the incidence and complications of the more common contagious diseases admitted to the active services of the Herman Kiefer Hospital.

This book is highly recommended to anyone who is called upon to diagnose and treat communicable diseases. K. B. McD.

**The Treatment of Infantile Paralysis in the Acute Stage.** By Elizabeth Kenny. Cloth. Price, $3.50. Pp. 285, with 63 illustrations. St. Paul and Minneapolis: Bruce Publishing Company, 1941.

This is no book review in the ordinary sense. The reason is that the book presents a preachment on the author's ideas on the proper treatment of infantile paralysis in the acute stage.

Her ideas are iconoclastic so far as the present conception of infantile paralysis is concerned. It is thought that her use of warm packs during the stage of muscle tenderness is good. While she decries the present conception of muscle action in infantile paralysis, she does not take into account the condition in the spinal cord.

*(Continued on page 1324)*

*For the local Treatment of Acute Anterior* **Urethritis**
(DUE TO NEISSERIA GONORRHEAE)

SILVER PICRATE*
*Wyeth*

*A complete technique of treatment and literature will be sent upon request*

*Silver Picrate is a definite crystalline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

Silver Picrate, Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by Neisseria gonorrheae.[1] An aqueous solution (0.5 percent) of silver picrate or water-soluble jelly (0.5 percent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," Am. J. Syph., Gon. & Ven. Dis., 23, 201 (March), 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA

Prescribe Journal-advertised products and you prescribe the best.

## BOOK REVIEWS—Continued

In spite of this it is thought that the use of hot packs during the acute stage leaves the patient more comfortable and circulation in the limb better, should function be destined to return.

It is a fact, however, that anterior poliomyelitis does cause a lesion in the anterior horn cell and if such occurs, a muscle will not respond to any method of physiotherapy.

We as physicians should read her book before expressing an opinion regarding the method. R. E. B.

**Sulfanilamide and Related Compounds in General Practice.** By Wesley W. Spink, M. D., associate professor of medicine, University of Minnesota Medical School. Cloth. Price, $3. Pp. 256. Chicago: The Year Book Publishers, Inc., 1941.

The author of this interesting volume is even more courageous than most individuals undertaking medical publications. No field of medical development is so alive and so actively changing as is sulfonamide therapy. The author gives some clue to the prospect of a rapid change in the treatment of bacterial infections in his preface when he cites the advent of gramicidin, an entirely new departure.

The historical background of the sulfonamides is one of the most fascinating chapters of recent medical history. The chapter on the subject is entirely too sketchy to satisfy the curious minded; yet it may meet with the practical indications of such a volume. Although the text gives ample evidence of the overlapping indications and applications of the several drugs of this series, on page 31 there is a statement of a "considerable degree of specificity in their antibacterial action against various species of microorganisms." From a practical standpoint the listing of preferences is distinctly helpful and the clinician is recurrently cautioned against the empirical use of these drugs. An air of conservatism attends all doubtful and controversial applications of these new agents. In no relation does this position stand out more clearly than in the consideration of subacute bacterial endocarditis.

As evidence of the kaleidoscopic developments in this field sulfadiazine has recently shown evidence of more efficacious action in meningococcus meningitis than any of the sulfonamides previously recommended. Sulfapyrazine now bids fair to displace the previously preferred sulfonamides in the treatment of pneumococcus pneumonia. In other words, the developments in this field are so rapid and so revolutionary that more than ordinary courage is required to produce a text that before the ink dries must become incorrect or obsolete in certain of its details. The author is to be congratulated upon his careful and judicial analysis of the available therapy, thereby affording the clinician an authoritative source at the date of printing. Revisions may be expected in rapid succession and publishers can avoid a distracting detail if attention be paid to the interspersion of figures and charts in a type more distinctive from the text. W. S. M.

Fanciest—Selected—Cured
SWISS and CHEDDAR
NATURAL CHEESE
Certified by Wisconsin Department of Agriculture

One Pound size pieces cut from the Heart of Big Wheels. Double Pliofilm wrapped.
No Rind—No Waste.

FOR CHRISTMAS GIFT OR YEAR AROUND USE

Two-piece Mailing Package complete, about two pounds (**one piece** SWISS—**one piece** CHEDDAR)

DELIVERED ANYWHERE IN THE U. S. A., $1.35

CHEESE PRODUCERS' MARKETING ASSOCIATION, INC.
(Co-operative)
MONROE, WISCONSIN

To Keep Abreast of Medical Literature

To Aid in Preparing Medical Talks, Papers

USE THE

MEDICAL LIBRARY SERVICE
Service Memorial Institutes Building
MADISON

All books reviewed in The Journal as well as current issues of medical periodicals are available for loan. References on any selected subject will be sent on request for a two weeks' period. Service for Members at the Cost of Postage.

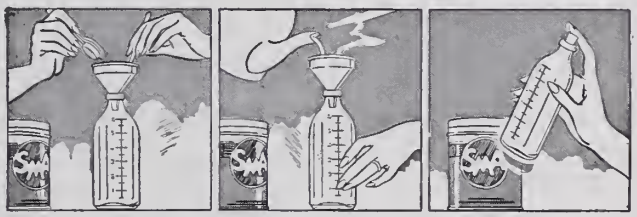
When writing advertisers please mention the Journal.

# The answer
## To Your Infant Feeding Problem!

**THIS IS WHAT S-M-A IS . .**

A scientifically prepared formula for infants deprived of breast milk.

**THIS IS HOW IT IS PREPARED . . . . . .**



**1.** Empty one tightly packed measuring cup of S-M-A Powder into bottle.

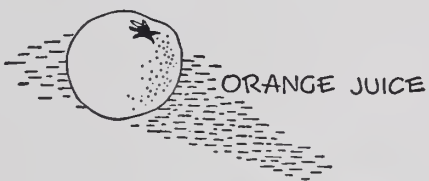
**2.** Add enough warm, previously boiled water to make one ounce.

**3.** Cap bottle and shake into solution. Feed at body temperature.

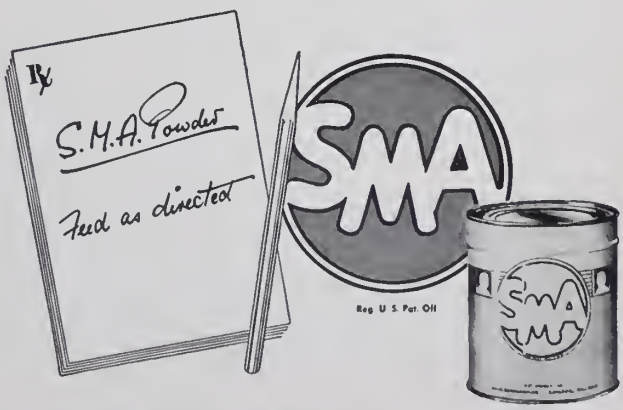
**THIS IS THE WAY IT IS FED**

The quantity and number of feedings in 24 hours should be the same as that taken by the normal breast-fed infant.

**THIS IS THE ONLY SUPPLEMENT REQUIRED . .**




**AND** THIS (in a nutshell) is the Easy, Economical Way used by an ever-increasing number of physicians to insure excellent nutritional results.




**S.M.A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS**

Prescribe Journal-advertised products and you prescribe the best.

*HAVE YOU*

# THESE FACTS ON

Recent U. S. government reports indicate a considerable increase in cigarette smoking. As physicians realize, this is a natural development during times of public tension.

This situation, and the advent of recent and very significant research, have greatly increased the interest of the profession in the subject of cigarette smoking.

Naturally, situations arise in which a physician may find it desirable to modify his patients' smoking hygiene. But in any case, the physician is concerned about the smoke itself, the principal carrier of physiologically reactive substances.

Scientific authorities in general agree that the constituent of cigarette smoke with the greatest physiologic significance is nicotine. Any reduction of this substance in a patient's smoking is considered desirable by most physicians.

When the modification of a patient's smoking is indicated, here are facts which should be of interest to you:

The makers of Camel cigarettes arranged for independent tests on 5 of the largest-selling brands of cigarettes. The rate of burning

# *CONSIDERED*
# CIGARETTE SMOKING?

and the nicotine content of the smoke of Camels were compared to the averages of the other brands tested.

The results paralleled the findings of prominent medical–scientific authorities.* Here is the most important conclusion:

## THE SLOWER-BURNING CIGARETTE PRODUCES LESS NICOTINE IN THE SMOKE

This research also suggests that by advising patients to smoke slower-burning Camels, it is possible to reduce the nicotine content of cigarette smoke *without sacrifice of smoking pleasure.* Thus, the patient's cooperation is assured.

A RECENT ARTICLE by a well-known physician in a leading national medical journal** presents new and important information on this subject, together with other data on the significance of the burning rate of cigarettes. There is a comprehensive bibliography. Let us send you this impressive article for your own inspection. Write to Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.

*J.A.M.A., Vol. 93, No. 15, p. 1110, Oct. 12, 1929
Bruckner, Die Biochemie des Tabaks, 1936
**The Military Surgeon, Vol. 89, No. 1, p. 7, July, 1941

To our many friends everywhere we extend our best wishes for a Merry Christmas, and Health, Happiness and Prosperity for the New Year.

**N. P. BENSON OPTICAL COMPANY, Inc.**

**Established 1913**

Main Office: MINNEAPOLIS

Aberdeen - Duluth - Eau Claire - Winona
Bismarck - La Crosse - Wausau - Rapid City
Stevens Point - Albert Lea

**The SUMMIT HOSPITAL**

OCONOMOWOC, WIS.

Here, in a cordial and homelike environment, we operate a hospital and sanatorium with facilities and personnel adequate to manage your

CHRONIC,
NERVOUS and
MENTAL
CASES

*For further information write or phone*

**G. R. Love, M.D.**
*Physician in Charge*
**The Summit Hospital**
**Oconomowoc, Wis.**

**Chicago Office:**
**Loren W. Avery, M.D.**
*Consulting Neuropsychiatrist*
**122 So. Michigan Ave.**

**A natural Beauty Spot — Fireproof, Modern buildings. Moderate rates.**

**KREMERS-URBAN CO.**
141 West Vine St.
MILWAUKEE, WIS.

**Offers Preparations For Parenteral Medication**

Liver Solution U. S. P.

Bismuth Subsalicylate N. F.

Dextrose 50% N. F.

Post Pituitary Solution U. S. P.

Ephedrine Sulfate N. F.

Procaine Hcl. N. F.

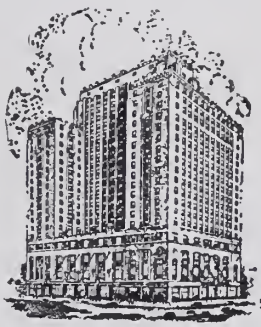
**BURDICK**

*Physical Therapy Equipment*
(complete line)

PICTURED is the SWD-52-CD SHORT WAVE UNIT. Cable Pad, Cuff, Drum, Electrosurgery — all available in this unit. Select the application best suited to the case.

**HURLEY X-RAY CO.**

SALES - SERVICE - RENTALS
2511 W. Vliet St. WEst 3243
Milwaukee



**Your Visit to Milwaukee**
Is Made More Enjoyable by
Stopping at the SCHROEDER

*Metropolitan atmosphere*
*Cocktail Lounge*
*Coffee Shop with popular prices*

•

The Beautiful EMPIRE Dining Room
Music and Dancing—At Lunch, Dinner, After Theatre
Music By America's Leading Bands
Air Conditioned

**HOTEL SCHROEDER**
MILWAUKEE
WALTER SCHROEDER, President

# RADIUM

**RENTED**
for the individual case at lowest rates. Instruments loaned.

**LEASED**
in any quantity of 50 milligrams or more, on a yearly basis. Continuous possession. No investment.

**SOLD**
in any quantity in latest platinum containers.

RADON in all-gold Implants at $2.50 per millicurie.

*For details, address*

RADIUM AND RADON CORP.
Marshall Field Annex • Randolph 8855
CHICAGO

**Established 1865**

**ARTIFICIAL LIMBS**
**ORTHOPEDIC APPARATUS**
**TRUSSES—SUPPORTERS**
**ELASTIC STOCKINGS**

**Superior custom work.**
**Woman Attendant for Women.**

# DOERFLINGER'S

**770 North Water St. Phone Daly 1461**
**MILWAUKEE, WIS.**

## NORMANDALE SANITARIUM

Madison, Wisconsin

Normandale is a sanitarium for the care and treatment of nervous and mental disorders, inclusive of addictions. All of the modern methods of neuropsychiatric therapy are available. Special accommodations and rates are offered for the care of chronic cases.

Normandale is located on the outskirts of Madison, Wisconsin. This location affords the conveniences of the city and the restful environment of a rural setting.

Inquiries are invited. Telephone:
Fairchild 2486
Medical Director,
M. F. Greiber, M. D.

# PROFESSIONAL PROTECTION

SINCE 1899 SPECIALIZED SERVICE

A DOCTOR SAYS:

*"Believe me when I say this was a nice Christmas present and lifted quite a worry off my mind. It was certainly a hard, long case to fight. The whole profession here feels that it was a victory for all."*

THE
MEDICAL PROTECTIVE COMPANY
OF
FORT WAYNE, INDIANA

# Cook County Graduate School of Medicine

**(IN AFFILIATION WITH COOK COUNTY HOSPITAL)**
**Incorporated not for profit**

*Announces Continuous Courses*

SURGERY—Two Weeks Intensive Course in Surgical Technique with practice on living tissue, starting every two weeks. General Courses One, Two, Three and Six Months; Clinical Courses; Special Courses. Rectal Surgery every week.

MEDICINE—Two Weeks Intensive Course in Internal Medicine, and Two Weeks Course in Gastro-Enterology will be offered twice during the year 1942, dates to be announced. One Month Course in Electrocardiography and Heart Disease every month, except December.

FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course will be offered four times during the year 1942, dates to be announced. Informal Course available every week.

GYNECOLOGY—Two Weeks Intensive Course will be offered four times during the year 1942, dates to be announced. Clinical and Diagnostic Courses every week.

OBSTETRICS—Two Weeks Intensive Course will be offered twice during the year 1942, dates to be announced. Informal Course every week.

OTOLARYNGOLOGY—Two Weeks Intensive Course will be offered twice during the year 1942, dates to be announced. Clinical and Special Courses starting every week.

OPHTHALMOLOGY—Two Weeks Intensive Course will be offered twice during the year 1942, dates to be announced. Informal Course every week.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

Teaching Faculty—Attending Staff of Cook County Hospital

**Address: Registrar, 427 South Honore Street, Chicago, Illinois**

*Judge a product by its*
*Quality and Construction,*
*Performance, and Reputation.*

*Uhlemann Physicians'*
*Quality Glasses welcome*
*such scrutiny and will uphold*
*your judgment.*

**UHLEMANN OPTICAL COMPANY**
ESTABLISHED 1907
*Exclusive Opticians for Eye Physicians*
**PITTSFIELD BUILDING • CHICAGO, ILLINOIS**
*OFFICES:* CHICAGO • DETROIT • TOLEDO • SPRINGFIELD
DAYTON • PORT HURON • APPLETON • OAK PARK • EVANSTON

# THESE FIRMS ARE CURRENTLY MAKING POSSIBLE THE ISSUANCE OF YOUR WISCONSIN MEDICAL JOURNAL

## You Will Render a Distinct Service to Your Society if You Always Will Give Them First Consideration

### Ambulance and Auto Service
Auto Service Co., Madison, Wis.
Central Garage, Madison, Wis.

### Can Manufacturers
American Can Co., New York City

### Cigarettes
Camels (R. J. Reynolds Tobacco Co.), Winston Salem, N. C.
Philip Morris & Co., New York City

### Dairy
Cheese Producers Marketing Assn, Monroe, Wis.
Kennedy–Mansfield Dairy Co., Madison, Wis.

### Flowers
Rentschler Floral Co., Madison, Wis.

### Food Beverage
Cocomalt (R. B. Davis Co.), Hoboken, N. J.

### Funeral Home
Frautschi Funeral Home, Madison, Wis.

### Gum
National Assn. Chewing Gum Manufacturers, Staten Island, N. Y.

### Hearing Aids
Audiphone Distributors, Milwaukee, Wis.

### Hotels
Hotel Loraine, Madison, Wis.
Hotel Schroeder, Milwaukee, Wis.

### Infant Food Manufacturers
Borden Co., New York City
Corn Products Sales Co., New York City
Mead Johnson & Co., Evansville, Ind.
Nestle's Milk Products, Inc., New York City
S. M. A. Corporation, Chicago, Ill.

### Insurance
Massachusetts Protective Assn., Worcester, Mass.
Physicians Casualty Assn., and Physicians Health Assn., Omaha, Neb.

### Malpractice Insurance
The Medical Protective Co., Fort Wayne, Ind.

### Optical Manufacturers
American Optical Co., Southbridge, Mass.
N. P. Benson Optical Co., Inc., Minneapolis, Minn.
The Milwaukee Optical Mfg. Co., Milwaukee, Wis.
Riggs Optical Co., Minneapolis, Minn.
Uhlemann Optical Co., Chicago, Ill.

### Orthopedic Supply Houses
Bidwell Better Limbs, Milwaukee, Wis.
Doerflinger's, Milwaukee, Wis.
Orthopedic Appliance Co., Milwaukee, Wis.

### Pharmaceutical Manufacturers
Abbott Laboratories, North Chicago, Ill.
Hynson, Westcott & Dunning, Inc., Baltimore, Md.
Kremers–Urban Co., Milwaukee, Wis.
Lakeside Laboratories, Milwaukee, Wis.
Lederle Laboratories, Inc., New York City
Eli Lilly & Co., Indianapolis, Ind.
Merck & Co., Rathway, N. J.
Parke, Davis & Co., Detroit, Mich.
Petrolagar Laboratories, Chicago, Ill.
Schering Corp., Bloomfield, N. J.
Smith–Dorsey Co., Lincoln, Neb.
Smith, Kline & French Laboratories, Philadelphia, Pa.
E. R. Squibb & Sons, New York City
Frederick Stearns & Co., Detroit, Mich.
Upjohn Co., Kalamazoo, Mich.
Winthrop Chemical Co., Inc., New York City
Wyeth & Brother, Inc., Philadelphia, Pa.
Zemmer Co., Pittsburgh, Pa.

### Physician–Hospital Supplies and Drugs
Belling's Drug Store, Appleton, Wis.
Bock Drug Co., Inc., Sheboygan, Wis.
Chilson Drug Co., Beloit, Wis.
First Central Dispensary, Madison, Wis.
Mather's Pharmacy, Superior, Wis.
Mayer Drug, Kenosha, Wis.
Prescription Pharmacy, Madison, Wis.
Red Cross Drug Co., Racine, Wis.
Rennebohm Drug Stores, Madison, Wis.
Roemer Drug Co., Milwaukee, Wis.

### Postgraduate Courses
Cook County Graduate School of Medicine, Chicago, Ill.
The New York Polyclinic, New York City

### Printers & Stationers
Blied's, Inc., Madison, Wis.

### Radium
Physicians' Radium Assn., Chicago, Ill.
Radium & Radon Corp., Chicago, Ill.

### Radium—Hospital
Radiation Therapy Institute (Charles T. Miller Hospital), St. Paul, Minn.

### Sanitariums
*Nervous and Mental*
Milwaukee Sanitarium, Wauwatosa, Wis.
Normandale, Madison, Wis.
Rogers Memorial Sanitarium, Oconomowoc, Wis.
Sacred Heart Sanitarium, Milwaukee, Wis.
St. Croixdale, Prescott, Wis.
Shorewood Hospital–Sanitarium, Shorewood, Milwaukee, Wis.
The Summit Hospital, Oconomowoc, Wis.
Waukesha Springs Sanitarium, Waukesha, Wis.

### Schools—Medical
Marquette School of Medicine, Milwaukee, Wis.
Mary E. Pogue School, Wheaton, Ill.

### Soft Drinks
Coca-Cola Co., Atlanta, Ga.

### Support Manufacturers
S. H. Camp & Co., Jackson, Mich.

### X-Ray Manufacturers—Distributors
Barr X-ray Co., Milwaukee, Wis.
General Electric X-Ray Corp., Chicago, Ill.
Hurley X-ray Co., Milwaukee, Wis.
Westinghouse Electric & Manufacturing Co., Long Island City, N. Y.

**It pays to advertise our Journal to its advertisers. Tell them, "I saw it advertised in the Wisconsin Medical Journal."**

The Health Magazine of the American Medical Association

# HYGEIA

DECEMBER • 1941 • 25c

## THERE *IS* A SANTA CLAUS!

see page 967

# *DOCTOR, Giving HYGEIA for Christmas Is Something Worth Singing About!*

**Because HYGEIA, *The Health Magazine*, is the *PERFECT* professional way to remember your *SPECIAL* friends and patients!**

- ***It's appreciated throughout the year***
- ***It's easy to order—no inconvenience to you***
- ***It's inexpensive—See Gift Rates below***

Decide right now, Doctor, to give HYGEIA to your *Special* friends or patients. It's the kind of remembrance they will appreciate throughout the year as they receive each monthly issue. And it is appropriate because it's editorially designed to educate the public to a sensible attitude about health. HYGEIA points out the dangers of self-medication, at the same time acquainting the layman with advancements in medical science, and it "cracks down" on quackery and flagrant claims.

HYGEIA, above all, promotes good will and understanding between physician and layman and thus encourages greater cooperation between the two. Have you some very Special friends and patients you want to get the benefits of HYGEIA? Then send them gift subscriptions now! The order blank below makes your Christmas shopping simple. Just fill it in, tear it off, and mail it. We'll do the rest.

## GIFT RATES

One year or one subscription.....$2.50

Two subscriptions or one two-year subscription ..... 4.00

Each additional subscription..... 2.00

*(For Canadian subscriptions add 50c a year)*

**HYGEIA, *The Health Magazine***
**535 N. Dearborn Street**
**Chicago, Illinois**

Please send HYGEIA to the persons whose names I have listed below. I understand they will receive an attractive Holiday gift card bearing my name, along with the first issue of HYGEIA in a special Christmas wrapper.

***Send Gift Subscriptions to:***

Name .....
Address .....
City..... State.....
☐ One Year Two Years ☐

Name .....
Address .....
City..... State.....
☐ One Year Two Years ☐

Name .....
Address .....
City..... State.....
☐ One Year Two Years ☐

Name .....
Address .....
City..... State.....
☐ One Year Two Years ☐

☐ *Also* enter my own subscription at the special rate. If I am already a subscriber, please extend my present subscription.

☐ I enclose $..... ☐ Bill me later for $.....

My name is.....

Address .....

City..... State.....

WMJ

# Wisconsin Pharmacists

We are prepared to meet the unusual pharmaceutical emergencies that develop. If you do not think it can be had—Call the pharmacist nearest you. He will probably be able to meet even your most uncommon needs.

Pharmacists, like physicians, know no hours. We are "On Call" to you 24 hours a day—7 days a week.

## BOCK DRUG STORES

*Dependable Druggists Since 1876*

Complete Stock of Biologicals—Ampoules and Vaccines—Mail Orders Promptly Filled

Trusses—Supports—Crutches—Elastic Goods

**Phone 4100** **SHEBOYGAN, WISCONSIN**

## MATHER'S PHARMACY

Prescription Experts

Most complete line of Biologicals and largest prescription store in Northern Wisconsin.

Trusses, Wheel Chairs, Crutches, Electric Pads, etc.

**SUPERIOR, WISCONSIN**

## RED CROSS DRUG CO.

DOCTORS!! *Save on Office and Dispensing Supplies.*

Mail orders filled in all parts of Wisconsin. Many doctors save hundreds of dollars yearly by concentrating their purchases. Let us quote you on your requirements. Orders shipped the same day received. We pay all delivery charges.

**RED CROSS DRUG CO.**
**RACINE, WISCONSIN**

## CHILSON DRUG COMPANY

*Benj. Chilson, Ph. G.*

Specializing in a complete stock of serums, vaccines and medical supplies. Carefully and accurately compounding prescriptions is the main feature of our drug store.

**BELOIT, WISCONSIN**

## BELLING'S DRUG STORE

*The Prescription Drug Store*

**204 E. College Ave.** **Appleton, Wis.**
**Phone 131**

A complete stock of Ampoules, Biologicals, including Rabies Vaccine, always under proper refrigeration.

## MAYER DRUG

Harry F. Mayer, Prop.

*A Complete Prescription Department*

Biologicals and Ampoules

**KENOSHA, WISCONSIN**

Prescribe Journal-advertised products and you prescribe the best.

# Capital City Doctors

## Note These Reliable Madison Firms Which Sell Dependable Products, Services

Prescription Service at

**RENNEBOHM**

Better Drug Stores

is always

100% Dependable

---

Biologicals—Chemicals—Drugs

**FIRST CENTRAL DISPENSARY**

602 First Central Bldg.
Madison, Wis.
Phone: Badger 7929

RELIABLE PRESCRIPTION SERVICE

---

**LORAINE HOTEL**

Fireproof

SCHROEDER HOTELS

*Sleep in Safety*

---

**CENTRAL GARAGE**

15 South Webster St.

Parking and General Service

MODERN — CONVENIENT
ALWAYS DEPENDABLE

---

Ampoules, Biologicals, Chemicals, Bacteriological Stains, Trusses, Camp Surgical Supports, "Leeches."

**THE PRESCRIPTION PHARMACY**

Samuel R. Chechik, Ph.D.

20 S. Carroll St. Phone: Badger 755
"The Park Hotel Building"

---

*For Lovely Flowers*

Phone

**RENTSCHLER'S**

Badger 177

230 State St. Madison

---

Office: Badger 787 Residence: Badger 2308

**AUTO SERVICE COMPANY, Inc.**

Dan Bilsie

"Private Ambulance Service"

750 East Washington Ave. Madison, Wis.

---

**Frautschi Funeral Home**

120 E. Wilson St.

Madison, Wis.

ARTHUR A. FRAUTSCHI, *Director*

Phone Badger 733

---

Phone Badger 5900
for All Kinds of

Office Supplies
and
Equipment

**BLIED PRINTERS AND STATIONERS**

114 E. Washington Ave., Madison

---

# INDEX TO ADVERTISERS IN THIS ISSUE


| | Page |
|---|---|
| Abbott Laboratories | 1141 |
| American Can Co. | 1137 |
| American Optical Co. | 1140 |
| Audiphone | 1337 |
| Auto Service Co., Inc. | 1336 |
| Barr X-ray Co. | 1337 |
| Belling's Drug Store | 1335 |
| N. P. Benson Optical Co., Inc. | 1328 |
| Bidwell Better Limbs | 1338 h |
| Blied Printers & Stationers | 1336 |
| Bock Drug Co. | 1335 |
| Camels (R. J. Reynolds Tobacco Co.) | 1326, 1327 |
| Central Garage | 1336 |
| Cheese Producers' Marketing Assn., Inc. | 1324 |
| Chilson Drug Co. | 1335 |
| Coca Cola Co. | 1138 |
| Cocomalt (R. B. Davis Co.) | 1143 |
| Cook County Graduate School of Medicine | 1330 |
| Doerflinger's | 1330 |
| First Central Dispensary | 1336 |
| Frautschi Funeral Home | 1336 |
| General Electric X-ray Corp. | 1135 |
| Hurley X-ray Co. | 1329 |
| Kennedy–Mansfield Dairy | 1336 |
| Kremers–Urban Co. | 1329 |
| Lakeside Laboratories | 1130 |
| Eli Lilly & Co. | 1321 |
| Loraine Hotel | 1336 |
| Marquette University School of Medicine | 1338 h |
| Massachusetts Protective Assn., Inc. | 1138 |
| Mather's Pharmacy | 1335 |
| Mayer Drug | 1335 |
| Mead Johnson & Co. | 1136 |
| Medical Protective Co. | 1330 |
| Merck & Co. | 1142 |
| Milwaukee Optical Manufacturing Co. | 1144 |
| Milwaukee Sanitarium | 1342 |
| New York Polyclinic | 1338 h |
| Normandale | 1330 |
| Orthopedic Appliance Co. | 1337 |
| Parke, Davis & Co. | 1134 |
| Petrolagar Laboratories, Inc. | 1341 |
| Philip Morris & Co., Ltd. | 1339 |
| Physicians Casualty Assn. | 1140 |
| Physicians Radium Assn. | 1140 |
| Mary E. Pogue School | 1338 h |
| Prescription Pharmacy | 1336 |
| Radiation Therapy Institute | 1133 |
| Radium & Radon Corp. | 1330 |
| Red Cross Drug Co. | 1335 |
| Rennebohm Drug Stores | 1336 |
| Rentschler Floral Co. | 1336 |
| Roemer Drug Co. | 1138 |
| Rogers Memorial Sanitarium | 1342 |
| Sacred Heart Sanitarium | 1132 |
| St. Croixdale Sanitarium | 1133 |
| Schroeder Hotel | 1329 |
| Shorewood Hospital Sanitarium | 1144 |
| SMA Corp | 1325 |
| Summit Hospital | 1328 |
| Uhlemann Optical Co. | 1331 |
| Upjohn Co. | 1131 |
| Waukesha Springs Sanitarium | 1130 |
| Winthrop Chemical Co., Inc. | 1139 |
| Wyeth & Brother, Inc. | 1323 |
| Zemmer Co. | 1322 |



**"Orthopedic Appliances"**

of every description
have been our specialty for 32 years.

*Trained Mechanics and Fitters only*

**Trusses, Elastic Stockings, Abdominal Belts.**

**THE ORTHOPEDIC APPLIANCE CO., Inc.**

123 East Wells St.

Tel. Daly 3021 Milwaukee, Wis.

**Western Electric HEARING AID**

**Air and Bone Conduction**

**There's a Western Electric Audiphone designed by the Bell Telephone Laboratories—embodying new principles, and exclusive features, to meet the individual needs of your patients.**

**Small, Inconspicuous, High Fidelity**

**AUDIOMETERS—ELECTRICAL STETHOSCOPE**

**AUDIPHONE UTILITIES**

**Suite 205 739 N. Broadway Daly 2505**

**MILWAUKEE**

Before you buy X-Ray Equipment

*Investigate* **MATTERN**

A complete line of Shock-Proof X-Ray Equipment, ranging from a 15 MA Portable Unit up to a Combination Unit for Radiography-Fluoroscopy-Therapy with a capacity of 200 MA-140 PKV.

**BARR X-RAY CO.**

Exclusive Wisconsin Distributors
F. Mattern Mfg. Co.

2540 W. Wells St. Milwaukee, Wis.
West 4344

We carry a complete stock of films and accessories.

# PHYSICIANS' EXCHANGE

**Advertisements for this column must be received by the 25th of the month preceding month of issue. A charge is made of $2.00 for the first appearance of copy occupying 1 inch or less of space and $1.00 for each succeeding insertion of the same copy. Kindly accompany copy with remittance to cover number of insertions desired. Advertisements from members of the State Medical Society will be accepted without charge. Such copy will be taken out after its second publication unless otherwise requested. Where numbers follow advertisements replies should be addressed care Wisconsin Medical Journal.**

FOR SALE OR RENT — Excellent, long-established, unopposed practice with modern home and office. Prefer young married man of good habits, Protestant, and not of draft age. Good hospital facilities. Reason for selling: ill health. Address replies to No. 80 in care of Journal.

---

FOR SALE — Excellent, unopposed practice in southwestern Wisconsin. Population of town 900; population of drawing area 2,200. Low overhead. Easy terms for reliable purchaser. Would consider locum tenens. Reason for selling: called to active army service. Address replies to No. 20 in care of Journal.

---

FOR SALE — Wooden McCaskey system office desk, size 34′ by 58′, with separate steel file built into roll-top. Has 10 small and 5 large drawers. Write offer to Dr. M. Stone, Berlin, Wisconsin.

---

FOR SALE—Outstandingly attractive physician's home–office in resort section of southern Wisconsin. Nine-room Spanish type home, 3 tile baths, beautifully done in oak, plate glass casement windows, tile roof, large lot in excellent neighborhood. Ideal place to live, practice, or both. Will sell on easy terms at a sacrifice price. Address replies to No. 31 in care of Journal.

---

FOR SALE—Shore property on east shore of Green Bay, twelve miles from City of Sturgeon Bay. Heavily wooded with large trees, numerous wild flowers, clean beach, sand bars at waist deep water. Dr. H. V. Foshion, Algoma, Wisconsin.

---

FOR SALE—Office equipment, desirable location in prosperous farming community of 1,300. Nine miles from hospital. One other physician in community. Address replies to No. 71 in care of Journal.

---

WANTED—One or two additional specialists to share an excellently equipped and furnished suite in a Milwaukee downtown office building. Secretarial, x-ray, and laboratory facilities provided. Address replies to No. 59 in care of Journal.

---

FOR SALE—Unopposed practice, town of 1,200 on Lake Superior. Ground floor office of five rooms, completely equipped, including 30ma mobile x-ray, G. E. Inductotherm with surgical attachments. Bargain at $1,500—terms. Excellent fishing and hunting of all kinds. M. J. Robertson, M. D., Bayfield, Wisconsin.

---

WANTED—Locum tenens during my stay in army. Large, active, unopposed practice in town in north-central Wisconsin. Excellent income assured from start. Address replies to No. 30 in care of Journal.

---

WANTED—A doctor to locate in small northern Iowa town. Good community, large territory. For details, write Alta Vista Commercial Club, Alta Vista, Iowa.

---

WANTED—Location for general practice in small community. Catholic, married, aged 31. Four years' experience in general and surgical practice as associate. Address replies to No. 70 in care of Journal.

---

WANTED—Young assistant for general and surgical practice in small community in central Wisconsin. Hospital facilities nearby. Salary or percentage basis, leading to partnership for right man. Address replies to No. 86 in care of Journal.

---

WANTED—Position by doctor's well-trained office assistant. Executive training. Seventeen years' experience in all routine work, including basal metabolisms, ether anesthesia, and simple x-ray and laboratory work. Available for personal interview. Address replies to No. 90 in care of Journal.

# Smokers Can't Help Inhaling—but

## *they can help their throats!*

ALL those who smoke inhale — at least sometimes. And *when* they inhale, the danger of irritation increases. Therefore, the importance of this Philip Morris advantage:

**The irritant quality in the smoke of four other leading brands was shown in recognized laboratory tests* to average *more than three times that of the strikingly contrasted Philip Morris.***

**Further—the irritant effect of such cigarettes was observed to last *more than 5 times as long!***

A change to Philip Morris cigarettes will minimize irritation due to smoking.

# PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC. 119 FIFTH AVE., NEW YORK

*Facts from: Proc. Soc. Exp. Biol. & Med., 1934, 32, 241-245; N. Y. State Jrl. of Med. Vol. 35, No. 11,590; Arch. of Otolaryngology, Mar. 1936, Vol. 23, No. 3,306.

Prescribe Journal-advertised products and you prescribe the best.

# THE STATE MEDICAL SOCIETY OF WISCONSIN

## ORGANIZED 1841

GUNNAR GUNDERSEN, La Crosse, President
F. E. BUTLER, Menomonie, President-Elect
R. M. KURTEN, Racine, Speaker
CHARLES FIDLER, Milwaukee, Vice-Speaker
IRA R. SISK, Madison, Treasurer

### Councilors

TERM EXPIRES 1942

First District:
H. P. Bowen——Watertown

Second District:
C. E. Pechous——Kenosha

TERM EXPIRES 1943

Third District:
W. T. Clark——Janesville

Fourth District:
B. I. Pippin——Richland Center

TERM EXPIRES 1943

Fifth District:
A. H. Heidner——West Bend
Sixth District:
S. E. Gavin——Fond du Lac

TERM EXPIRES 1944

Seventh District:
H. A. Jegi——Galesville
Eighth District:
G. W. Krahn——Oconto Falls
Ninth District:
H. H. Christofferson——Colby
Tenth District:
R. G. Arveson——Frederic

TERM EXPIRES 1942

Eleventh District:
F. G. Johnson——Iron River
Twelfth District:
H. J. Gramling——Milwaukee
R. E. Fitzgerald——Milwaukee

TERM EXPIRES 1943

Robert W. Blumenthal——Milwaukee

TERM EXPIRES 1944

Thirteenth District:
J. W. Lambert——Antigo

TERM EXPIRES 1942

R. P. Sproule——Milwaukee
(Past-President)

### Delegates to American Medical Association

Stephen E. Gavin, Fond du Lac, 1942 James C. Sargent, Milwaukee, 1942 Joseph F. Smith, Wausau, 1943

### Alternates

S. J. Seeger, Milwaukee, 1942 F. E. Butler, Menomonie, 1942 C. W. Giesen, Superior, 1943

The Wisconsin Medical Journal, Official Publication
Advertising Representative: Cooperative Medical Advertising Bureau, 535 North Dearborn St., Chicago, Illinois

### List of Executive Officers of County Medical Societies

| County | President | Secretary |
|---|---|---|
| Ashland–Bayfield–Iron | C. A. Grand, Ashland | A. H. Lamal, Ashland. |
| Barron–Washburn–Sawyer–Burnett | H. H. Ainsworth, Birchwood | R. W. Adams, Chetek. |
| Brown–Kewaunee–Door | L. D. Quigley, Green Bay | E. J. O'Brien, Green Bay. |
| Calumet | J. W. Goggins, Chilton | J. A. Knauf, Stockbridge. |
| Chippewa | J. H. Foster, Cornell | C. T. Clauson, Bloomer |
| Clark | J. W. Johnson, Withee | A. P. Hable, Loyal. |
| Columbia–Marquette–Adams | H. M. Caldwell, Columbus | R. B. Dryer, Poynette. |
| Crawford | E. H. Lechtenberg, Prairie du Chien | O. E. Satter, Prairie du Chien. |
| Dane | C. O. Vingom, Madison | G. G. Stebbins, Madison |
| Dodge | E. S. Elliott, Fox Lake | A. G. Hough, Beaver Dam. |
| Douglas | S. H. Perrin, Superior | Fred Johnson, Jr., Superior. |
| Eau Claire–Dunn–Pepin | C. H. Falstad, Eau Claire | R. A. Buckley, Eau Claire |
| Fond du Lac | L. J. Keenan, Fond du Lac | S. A. Theisen, Fond du Lac. |
| Forest | G. W. Ison, Crandon | G. E. Carroll, Laona. |
| Grant | E. M. Houghton, Lancaster | H. L. Doeringsfeld, Platteville. |
| Green | W. G. Bear, Monroe | L. E. Creasy, Monroe. |
| Green Lake–Waushara | J. A. Kelly, Green Lake | L. J. Seward, Berlin. |
| Iowa | T. A. Hagerup, Dodgeville | H. M. Walker, Dodgeville. |
| Jefferson | J. C. Brewer, Jefferson | E. A. Schoenecker, Lake Mills. |
| Juneau | W. T. O'Brien, Mauston | Brand Starnes, New Lisbon. |
| Kenosha | P. E. Pifer, Kenosha | W. C. Kleinpell, Kenosha |
| La Crosse | M. W. Ward, Bangor | J. C. Fox, La Crosse. |
| Lafayette | S. A. J. Ennis, Shullsburg | E. D. McConnell, Darlington. |
| Langlade | R. J. Portman, Antigo | W. P. Curran, Antigo. |
| Lincoln | G. R. Baker, Tomahawk | L. J. Bayer, Merrill. |
| Manitowoc | W. A. Rauch, Manitowoc | W. H. Scherping, Manitowoc. |
| Marathon | M. L. Jones, Wausau | H. H. Fechtner, Wausau. |
| Marinette–Florence | J. V. May, Marinette | K. G. Pinegar, Marinette. |
| Milwaukee | T. J. Howard, Milwaukee | Mr. James O. Kelley, Ex. Sec., Milw. |
| Monroe | D. C. Beebe, Sparta | T. J. Sheehy, Tomah. |
| Oconto | W. R. Berg, Gillett | C. R. Kwapy, Oconto. |
| Oneida–Vilas | C. A. Richards, Rhinelander | H. J. Westgate, Rhinelander (acting) |
| Outagamie | W. H. Towne, Hortonville | D. M. Gallaher, Appleton. |
| Pierce–St. Croix | C. A. Dawson, River Falls | A. E. McMahon, Menomonie. |
| Polk | W. B. Cornwall, Amery | G. B. Noyes, Centuria. |
| Portage | H. P. Benn, Stevens Point | R. J. Stollenwerk, Stevens Point. |
| Price–Taylor | H. B. Norviel, Phillips | J. L. Rens, Phillips. |
| Racine | R. J. Schacht, Racine | Beatrice O. Jones, Racine. |
| Richland | R. E. Housner, Richland Center | G. H. Benson, Richland Center. |
| Rock | J. R. Harvey, Footville | O. V. Overton, Janesville. |
| Rusk | W. F. O'Connor, Ladysmith | M. L. Whalen, Bruce. |
| Sauk | J. F. Moon, Baraboo | C. B. Pope, Baraboo. |
| Shawano | F. L. Litzen, Gresham | E. E. Evenson, Wittenberg. |
| Sheboygan | Anthony Voskuil, Cedar Grove | W. G. Huibregtse, Sheboygan. |
| Trempealeau–Jackson–Buffalo | F. T. Younker, Galesville | R. L. Alvarez, Galesville |
| Vernon | W. H. Remer, Chaseburg | R. S. Hirsch, Viroqua. |
| Walworth | H. J. Kenney, Delavan | L. H. Donath, Lake Geneva. |
| Washington–Ozaukee | F. W. Lehmann, Hartford | R. S. Fisher, Allenton. |
| Waukesha | G. S. Jones, Genesee Depot | J. F. Wilkinson, Oconomowoc. |
| Waupaca | A. M. Christofferson, Waupaca | J. W. Monsted, New London. |
| Winnebago | F. G. Jensen, Menasha | E. F. Cummings, Oshkosh. |
| Wood | L. A. Copps, Marshfield | R. W. Mason, Marshfield. |

# Health Achievements in Wisconsin

Supplement to
Wisconsin Medical Journal
January, 1941

PREPARED BY
THE STATE MEDICAL SOCIETY OF WISCONSIN
*Chartered by*
*The Territorial Legislature of 1841*

With acknowledgments to
The State Board of Health
The Industrial Commission
For their assistance and cooperation

COLLEGE OF PHYS.
LIBRARY
JAN 15 1941

Section 1

Some of Our Health Achievements In Wisconsin . . . . . 1

Section II

Medical Education and Training . . . 15

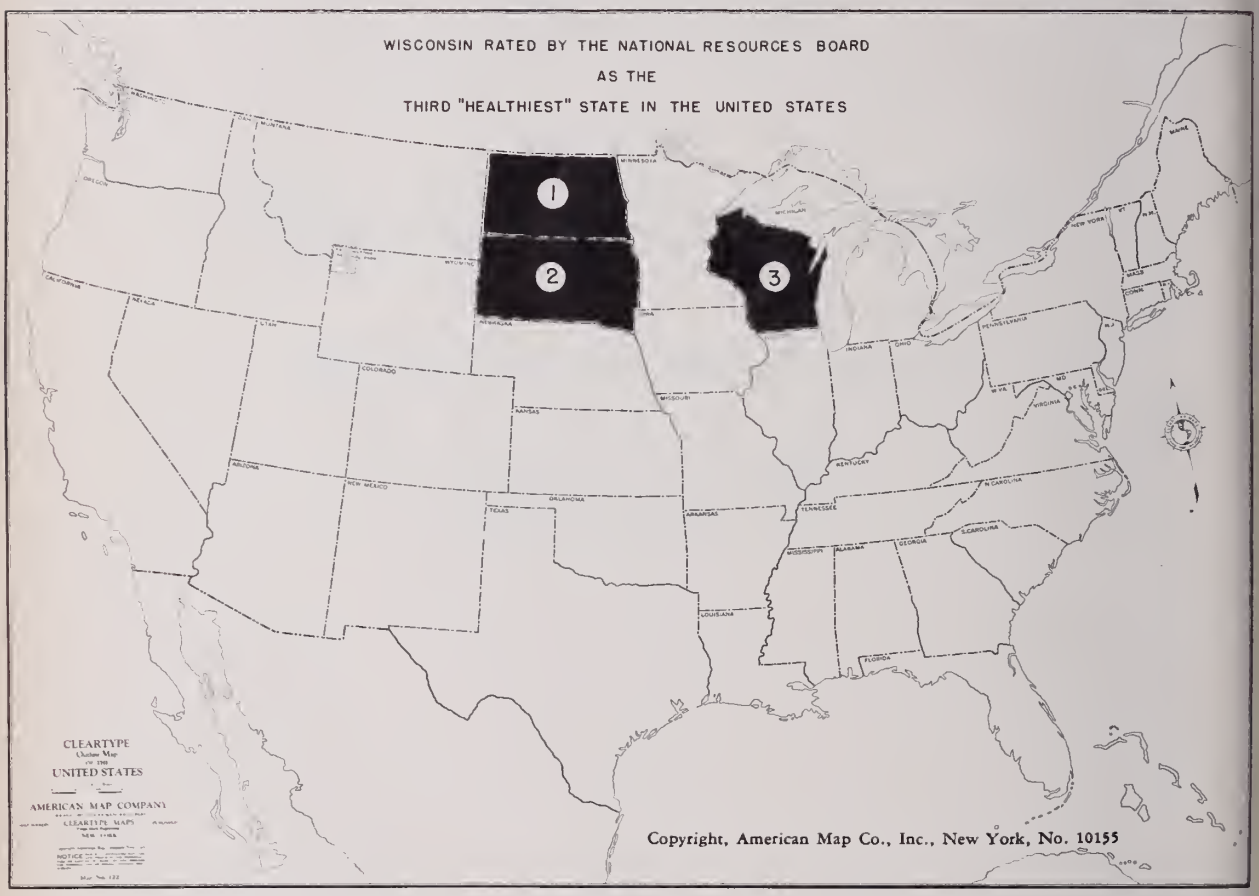
Section III

Some of the Problems on Which Medicine is Now Working . . . . . 21

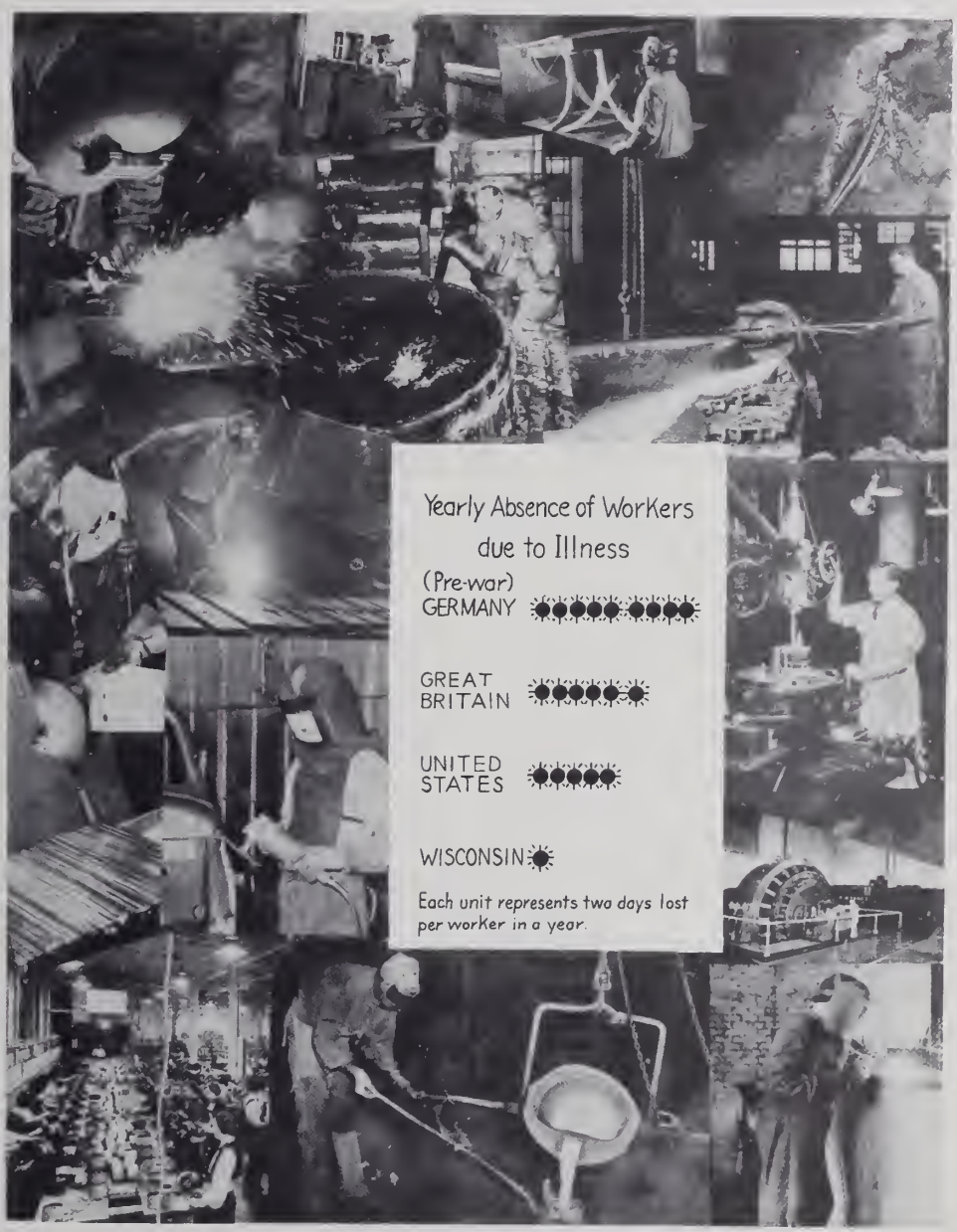
# SECTION I

# *Some of Our Health Achievements in Wisconsin*

# Wisconsin is Accorded the Distinction of Being Rated As the Third Healthiest State in the United States



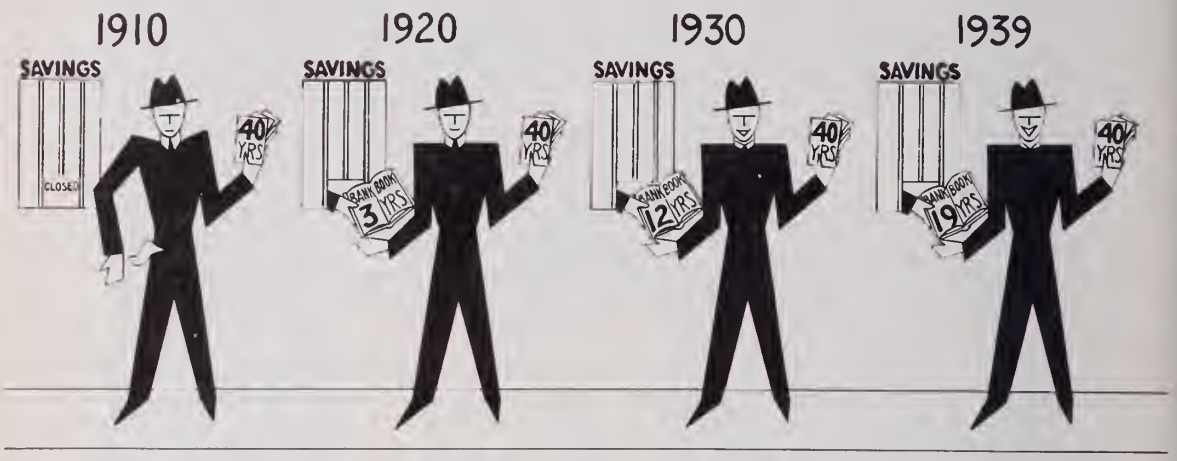
# Wisconsin Workers Lose Fewer Days From Their Jobs as a Result of Sickness or Accident




Wisconsin workers in all classifications lose fewer days from their work as a result of illness and accident than do workers in other countries. This enviable health record, attained jointly through the worker's appreciation of his health, better living conditions, medical care which he receives, and the assistance of industry, has made possible a saving to Wisconsin workers of many millions of dollars.

# *Since 1910*

# Nineteen Years Have Been Added To Our Average Span of Life




Through the advancement of medical science and the rendition of a constantly superior medical service to those in all walks of life, it has been possible since 1910 to extend the average span of life by nineteen years.

Much of this record has been possible of attainment through the saving of the lives of many infants. This, however, does not account for all of these additional years. We are living to be older people. This fact is reflected in our increased deaths from such diseases as cancer, heart disease and other diseases generally characteristic of old age.

**WHAT DOES THIS MEAN?**

1. **No orphan asylums are being built.**
2. **Fewer fatherless and motherless families with children under self-supporting age.**
3. **If the average span of life of 1910 existed today it would cost millions of dollars more a year for aid to dependent children.**
4. **Additional years of earnings for our people.**

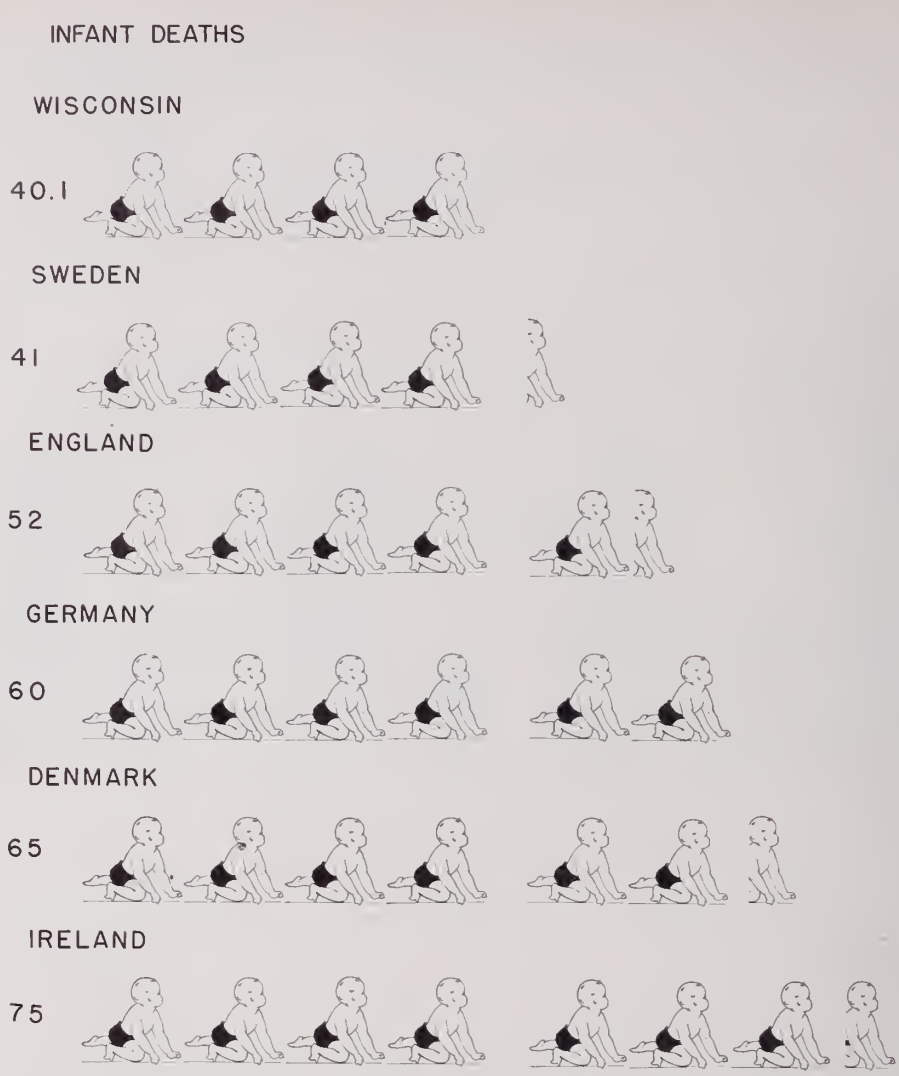
# Over 99 Per Cent of Wisconsin Babies Are Delivered by Physicians

LESS THAN ONE PER CENT OF THE BABIES IN WISCONSIN ARE BORN WHEN A PHYSICIAN IS NOT PRESENT

No more conclusive evidence could be found that Wisconsin people are receiving their medical care that they wish and need than the fact that our Wisconsin mothers, almost without exception, have a physician attend them.

Behind this figure lies the dramatic story of physicians responding at every hour of the day and night that all mothers and babies may have the benefits of modern medical science.

# Childhood Is Safer in Wisconsin




MORE WISCONSIN BABIES LIVE
THAN DO EUROPEAN BABIES

Each Symbol represents 10 infant deaths per 1,000 live births.

Infant deaths in Wisconsin are remarkably low in numbers. We have much to be proud of in our efforts to reduce these deaths. More can and will be accomplished in the years to come.

Over 99 per cent of the mothers in Wisconsin are attended at childbirth by a physician.

We feel proud that our doctors who attend these mothers have attained such an enviable record. The work of Wisconsin physicians to attain greater scientific knowledge and to teach health habits early during pregnancy, and the splendid efforts of the Bureau of Maternal and Child Health of the State Board of Health to teach the public the value of this service have combined to give Wisconsin its enviably fine record.

The above chart is based on the latest available data for each of the countries shown and for Wisconsin. Because of the war, late information is not available for foreign countries.

# Motherhood Is Safer in Wisconsin

MATERNAL DEATHS

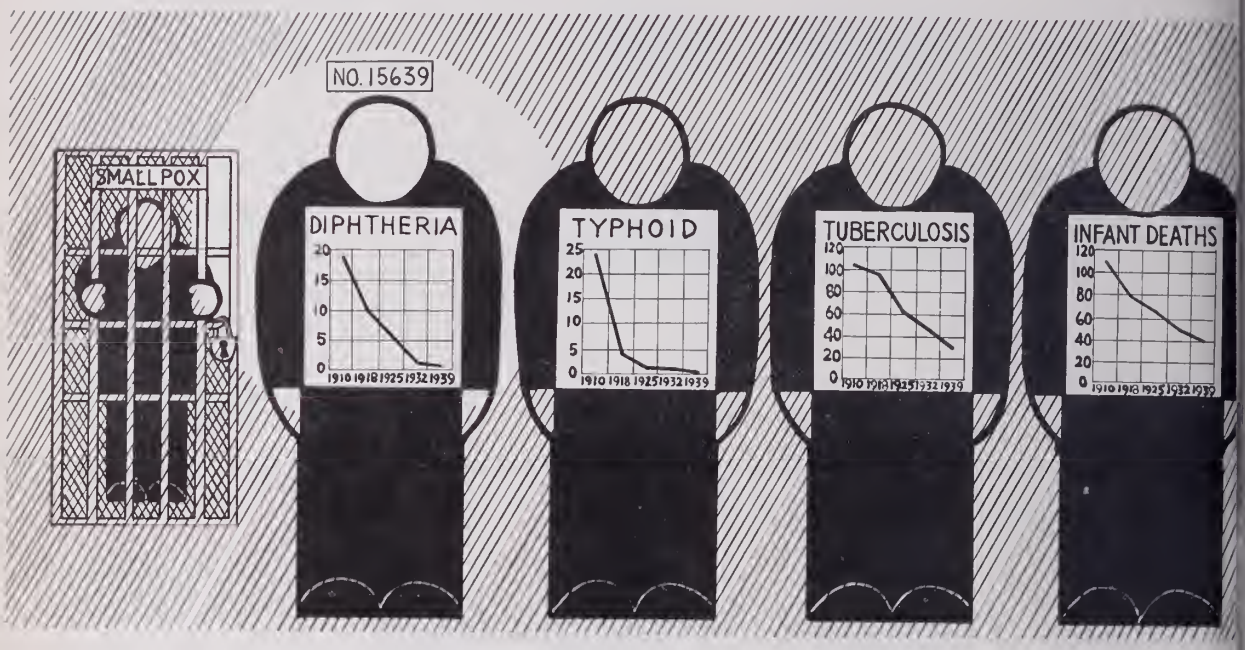
MORE WISCONSIN MOTHERS LIVE TO CARE FOR THEIR BABIES THAN DO EUROPEAN MOTHERS

EACH SYMBOL REPRESENTS 3 MATERNAL DEATHS PER 10 000 LIVE BIRTHS

More Wisconsin expectant mothers live through the childbearing period than do mothers in other countries and many other states. This record, like the outstanding childhood record, has been accomplished first through the many years of effort of the medical profession in Wisconsin and more recently by the addition of the public educational efforts of our State Board of Health.

The above chart is based on the latest available data for each of the countries shown and for Wisconsin. Because of the war, late information is not available for foreign countries.

# Many Communicable Diseases Are On The Decline in Wisconsin




The application of the known preventive health procedures is widespread among our Wisconsin citizenry. The prevention of diseases through the application of serums and vaccines, such as smallpox vaccine, diphtheria antitoxin and similar preparations, has resulted in the saving of a tremendous number of lives in our State. Typhoid is another disease which has been relegated to the position of a medical curiosity. This has been accomplished through our persistent efforts in water and milk sanitation.

The above chart depicts the padlocking of the dangerous disease of smallpox safely behind the bars. It has been placed behind the bars by vaccination. It will stay there so long as vaccination is continued. The other communicable diseases have been reduced dramatically and will suffer the same fate as smallpox if persistent efforts are made by all. Tuberculosis and infant deaths constantly are being reduced. We may look forward to even greater achievements in the field of communicable diseases.

**If the communicable disease rate of 1910 had existed in 1940, the costs of sickness care would have been increased by $26,000,000.**

# Hospitals Are as Available in Wisconsin As in New York

Hospital facilities are within a thirty-mile driving distance of anyone in Wisconsin. To reach a hospital in our State requires, on the average, probably a shorter time than it does to reach a hospital in a congested traffic community such as New York City. Not only are hospital beds within as ready reach as they are in the metropolitan city of New York, but there are relatively as many beds in our State as there are in New York. There are four and a fraction beds for every 1,000 people in Wisconsin and there are four and a fraction beds for every 1,000 people in New York State.

**MEDICINE MARCHES ON—MORE SUFFERING SAVED**

**The average patient stay in hospitals in 1890 was 28 days.**
**Reduced in 1915 to 22 days.**
**NOW it is less than 9 days.**

**All this from newer methods of treatment.**

# There Are Fewer Typhoid Deaths in Wisconsin Than in Any Other State in the United States

## HOW WAS THIS ACCOMPLISHED?

It was accomplished through an agency which was created at the insistance of the State Medical Society. The State Board of Health was created in 1876 after the Society had made repeated requests of previous legislatures for the establishment of a Board of Health. The State Board of Health combined with the efforts of the Society's 2,500 members has made it possible to win such an outstanding national honor.

### SAFE
**Sources of Drinking Water**

Proper installation of municipal water plants which provide safe drinking water for the community have contributed much to reduce the deaths from water borne diseases.

The installation of safe home wells such as the two wells above has also contributed much to this outstanding health accomplishment. Forty per cent of Wisconsin's citizens obtain their water for household purposes from private wells. Information can be secured from the State Board of Health that will enable everyone in Wisconsin to enjoy safe drinking water

## TYPHOID DEATHS
## 1910 - 558
## 1938 - 5

### SOURCE OF WATER SUPPLY IN WISCONSIN

PUBLIC WATER WORKS

PRIVATE WELLS

EACH FIGURE REPRESENTS 10% OF POPULATION

With the advancement of the science of plumbing and the supervision of our water supply by permitting the installation of only safe private wells, the proper health supervision of plumbing installations and constant assistance with local health boards on the planning and installation of municipal water plants we have made tremendous strides in health preservation.

We can justly point with pride that Wisconsin had the lowest typhoid fever death rate in the United States in 1938. Our state plumbing code is a model. It has been accepted, used and modified for use by other states and by the federal government.

### DANGEROUS
**Sources of Drinking Water**

There are today many many homes in Wisconsin which receive their water from such potentially dangerous wells as those pictured above. The State Board of Health is anxious and ready to give assistance to the public to the end that property owners may construct wells that are safe to health

**SAFE PLUMBING INSTALLATIONS SAVE LIVES**

# The Health of the Public is Protected Wherever the Public Goes

Tourist Cabin Inspection.

Resort Kitchen and Dining Room Inspection.

Summer Resort Inspection.

For more than twenty years Wisconsin has protected the public health through the licensing and sanitary regulation of hotels, restaurants, barber shops and beauty parlors. More recently this protection has been extended to summer resort hotels, tourist rooming houses and tourist cabins.

Minimum sanitation requirements enforced in these establishments aid in the state's control of communicable diseases and contribute to the general health and comfort of the public.

By concerted action of industry and government, Wisconsin, through the agency of the State Committee on Water Pollution and the State Bureau of Sanitary Engineering, is steadily restoring to her surface waters a reasonable degree of purity, thus safeguarding aquatic life and the public health, and fostering the state's reputation as a national playground.

# SECTION II

## *Medical Education and Training; Its Importance, Extent and Value*

# The Life of a Medical Student

Medical education requires from seven to ten years for completion, for which there are no short cuts.

Premedical Training: The student must spend two, three or four years at college where he receives his cultural training in the "humanities" and acquires a knowledge of the fundamental natural sciences.

The Basic Sciences: Science is the basic foundation of medicine. The future physician is, therefore, given a thorough course of study in many branches of science before he takes up the so-called clinical subjects.

Clinical Medicine: The medical student must become familiar with the signs and symptoms of disease in all of its manifestations. In addition to bedside teaching, conference and laboratory work, he engages in practical experience in the clinic and in the wards.

Internships and Residencies: Few medical schools award the degree "doctor of medicine" at the end of the last four years, but require an additional year as intern in an approved hospital. This gives the student additional experience under the guidance of older physicians. Very often the internship is extended to two years, and may be followed by a residency in one of the medical specialties.

# Graduate Medical Education Keeps The Physician Up-To-The-Minute

Medical education must continue throughout the life of the physician. In the United States there are unusual advantages for graduate medical education of which physicians are taking advantage in increasing numbers.

There are more than 75,000 medical meetings annually in this country, at which medicine in all its phases is discussed and reviewed.

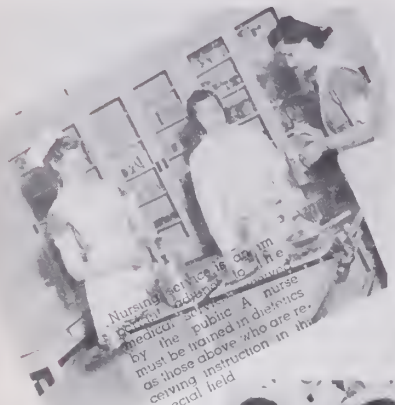
There are printed in the United States over 500 medical magazines (one-third of all such in the world).

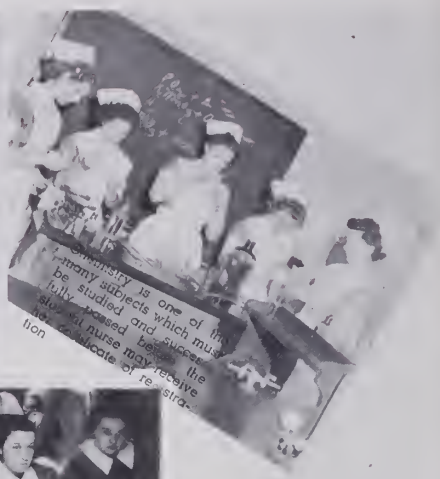
Graduate courses of medical instruction have been organized by many medical schools and state and county medical societies.

Residencies in hospitals are available for physicians to become students again and catch up with advances in medicine that they have missed since graduation.

In Wisconsin, constant effort in the field of graduate medical education is directed by the Council on Scientific Work of the State Medical Society of Wisconsin, which numbers among its members the deans of the two medical schools. This Council directs the editing of the Wisconsin Medical Journal, conducts graduate centers, arranges the annual scientific meetings of the State Medical Society, and supervises the work of a medical library service for physicians that fills over 10,000 requests a year in our own State.

# Nursing Education and Licensing Is a Necessary Health Safeguard






NURSING STANDARDS

Classroom instruction is a regular part of the nurse's training Instructors are obtained from among the physicians who use the hospital's facilities, the hospital superintendent, graduate nurses who have taken special training and others. There are more than 6,500 registered nurses in Wisconsin. They form an important cog in Wisconsin's health forces.

**INSTRUCTING MOTHERS**

One phase of nursing is public health nursing Here the public health nurse discusses with expectant mothers the proper home preparations which should be made by them before they go to the hospital or before the physician attends them at the delivery of the child

**HEALTH CENTER**

Public health nurses participate in the conduct of health educational centers sponsored by the State Board of Health

**A PUBLIC HEALTH NURSE**

The work of the public health nurse takes her into all types of homes and communities, and demands of her a service under all types of circumstances Inclement weather is an obstacle which both the physician and the public health nurse must overcome in serving the sick

# Birth Information Is of the Utmost Importance. The Physician Safeguards Future Rights.

Do not write or stamp anything on face of certificate except in answer to questions asked there.

Reserved for coding

Residence

Queried

Notification

Form No. 103—6-40-75M
Original Certificate of BIRTH

**WISCONSIN STATE BOARD OF HEALTH**
**Bureau of Vital Statistics**

Local Registrar's No. _____

1. PLACE OF BIRTH:
(a) County _____
(b) Township _____ or City or Village _____ (If outside city or village limits give township)
(c) Name of hospital or institution _____

2. USUAL RESIDENCE OF MOTHER:
(a) State _____ (b) County _____
(c) Township _____ or City or Village _____
(d) Street No. _____

3. FULL NAME OF CHILD

4. Date of birth 19

5. Sex | 6. Twin or triplet | If so—born 1st, 2d, or 3d | 7. Number months of pregnancy | 8. Was 1% silver nitrate used to prevent infant blindness?

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 9. Full name | 15. Full maiden name |
| 10. Color or race 11. Age at time of this birth ____yrs | 16. Color or race 17. Age at time of this birth ____yrs. |
| 12. Birthplace (City, town or county) (State or foreign country) | 18. Birthplace (City, town or county) (State or foreign country) |
| 13. Usual occupation | 19. Usual occupation |
| 14. Industry or business | 20. Industry or business |
| 21. Children born to this mother: (a) How many other children of this mother are now living? (b) How many other children were born alive but are now dead? (c) How many other children were born dead? | 22. Mother's mailing address (for registration notice) |

23. IF STILLBORN (a) Cause of stillbirth Before labor _____ During labor _____

24. I hereby certify that I attended the birth of this child who was born alive at the hour of _____m on the date above stated and that the information given was furnished by _____ related to this child as _____

25. Date received by local registrar _____
26. Registrar's own signature _____
27. Date on which given name added _____ by _____ Registrar

Attendant's own signature _____
Address _____
M D., midwife, or other _____ Date signed _____

Only the above information is included in Certified Copies

28. Is mother married? ntry for FATHER OF CHILD)
29. (a) Complications of
(b) Complications of
(c) If premature, cau 's blood tested for syphilis
30. Delivery: (a) spontan
(d) Indications for c
31. Was child asphyxiate nancy
you?
33. Malformations or def

A birth certificate is required by many school authorities before admittance is granted to the school system

Determination of whether or not an individual is subject to the Selective Service Act may require the submission of a birth certificate as evidence of age. Volunteers in the regular army or navy must provide satisfactory evidence of having reached the minimum age for enlistment

WISCONSIN
PHYSICAL EXAMINATION
PROGRAM

The Physical Examination in Industry Program of the State Board of Health and the Industrial Commission is symbolic of modern employment standards. One of the standards of employment today is one of minimum age for employes. To establish age most employers require that age be established by submission of a certified copy of the applicants birth certificate.

Private and governmental pensions are granted on the basis of age. Wills, insurance policy benefits, inheritances and many other vital matters often require that age be authentically established.

Citizenship is established by the birth certificate. Travel, establishment of citizenship rights and privileges may depend on the ability to produce a certified copy of the birth certificate.

# Vital Matters Are Decided Upon Information Contained in the Death Certificate

## Upon Its Scientific Correctness Depends Large Sums of Money

Payment to beneficiaries of life insurance policies is often hinged upon the exact cause of death. Great care and skill must be exercised in order to protect the proper interests of the survivors

Accident and health policies also provide for death payments It is imperative that the precise cause of death be recorded as the death benefit under this type of policy is dependent upon whether death resulted primarily from accidental causes or other causes.

4-40—50M
ificate of DEATH

**WISCONSIN STATE BOARD OF HEALT**
**Bureau of Vital Statistics**

DEATH:

or
City or Village
(c) Name of hospital or institution

2. USUAL RESIDENCE OF I
(a) State
(c) Township
or
City or Village
(d) Street No.
(e) If foreign born, how long in U. S. A.?

Reserved for coding
Residence
Local—Cause of death
State—Cause of death
Age
Acc. Co.
Acc. Place
Queried

(a) Full Name

3 (b) If veteran, name war

3. (c) Social Security No.

4. Sex
5. Color or race
6 (a) Single, widowed, married, divorced
6 (b) Name of husband or wife
6. (c) Age of husband or wife if alive ---years

7. Birth date of decreased (Month) (Day) (Year)

8 AGE Years | Months | Days | If less than one day hr. min.

9 Birthplace (City, town, or county) (State or foreign country)

11. Industry or business

Father
12 Name
13. Birthplace (City, town, or county) (State or foreign country)

Mother
14 Maiden name
15 Birthplace (City, town, or county) (State or foreign country)

MEDICAL CERTIFICATION

20. Date of death. Month Day Year
21. I hereby certify that I attended the deceased from ---- 19---- to ---- 19---; I last saw h--- alive on ---- 19---- and that death occurred on the date stated above at ---M.

Immediate cause of death — Duration
Due to
Other conditions — Include pregnancy within 3 months of death

Name of operation — Date

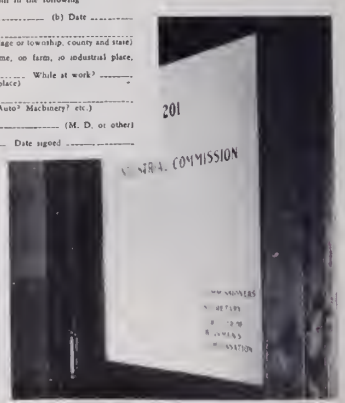
Major findings Of operation
Of autopsy
Physician Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide or homicide (b) Date
(c) Where did injury occur? (City, village or township, county and state)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? ----
(e) Means of injury (Fall? Auto? Machinery? etc.)

25. Signature (M. D. or other)
Address Date signed

---rmant
---ress
---- (b) Date thereof
---tuttal, cremation or other) (Mo.) (Da.) (Yr.)
---e burial or cremation
---nature of funeral director
---ress
---- (b)
---te received local registrar) (Registrar's signature)
---- (d)
---ate received sub-registrar) (Sub registrar's signature)

The entire course of the lives of the widows and children surviving may be changed and altered by the information that appears on the death certificate What was the hour of death? Did the person die before or after midnight? Was the policy in effect when the person died? Does the widow receive single or double indemnity? These and many more questions affecting the will of the deceased depend upon information recorded by one whose training and skill are the result of a recognized university medical degree




In compensation claims the determination of whether the workman died as the result of injuries received in the course of employment or whether death resulted from disease or illness arising outside of employment is an important factor to the workman's widow

# SECTION III

# *Problems On Which Medicine Is Now Working*

# Much Has Been Accomplished— More Will Be Done

## INDUSTRIAL HYGIENE

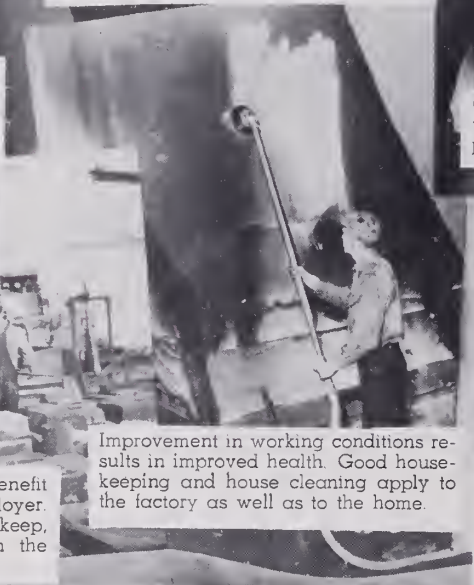
**For the Protection of the Health and Safety of Industrial Workers.**

Workers are required by some employers to wear masks like the one above. Silicosis and other diseases are prevented by their use.

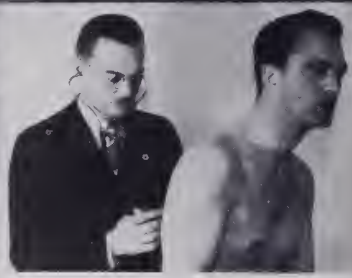
The common cold is one of the main offenders. The control of the spread of this one disease alone is a future problem of great magnitude.

Cleanliness in industry contributes to the welfare of the worker and the public.

Healthful working conditions benefit both the employee and the employer. Even a foundry can have, and keep, clean whitewashed walls as in the above illustration.



Improvement in working conditions results in improved health. Good housekeeping and house cleaning apply to the factory as well as to the home.

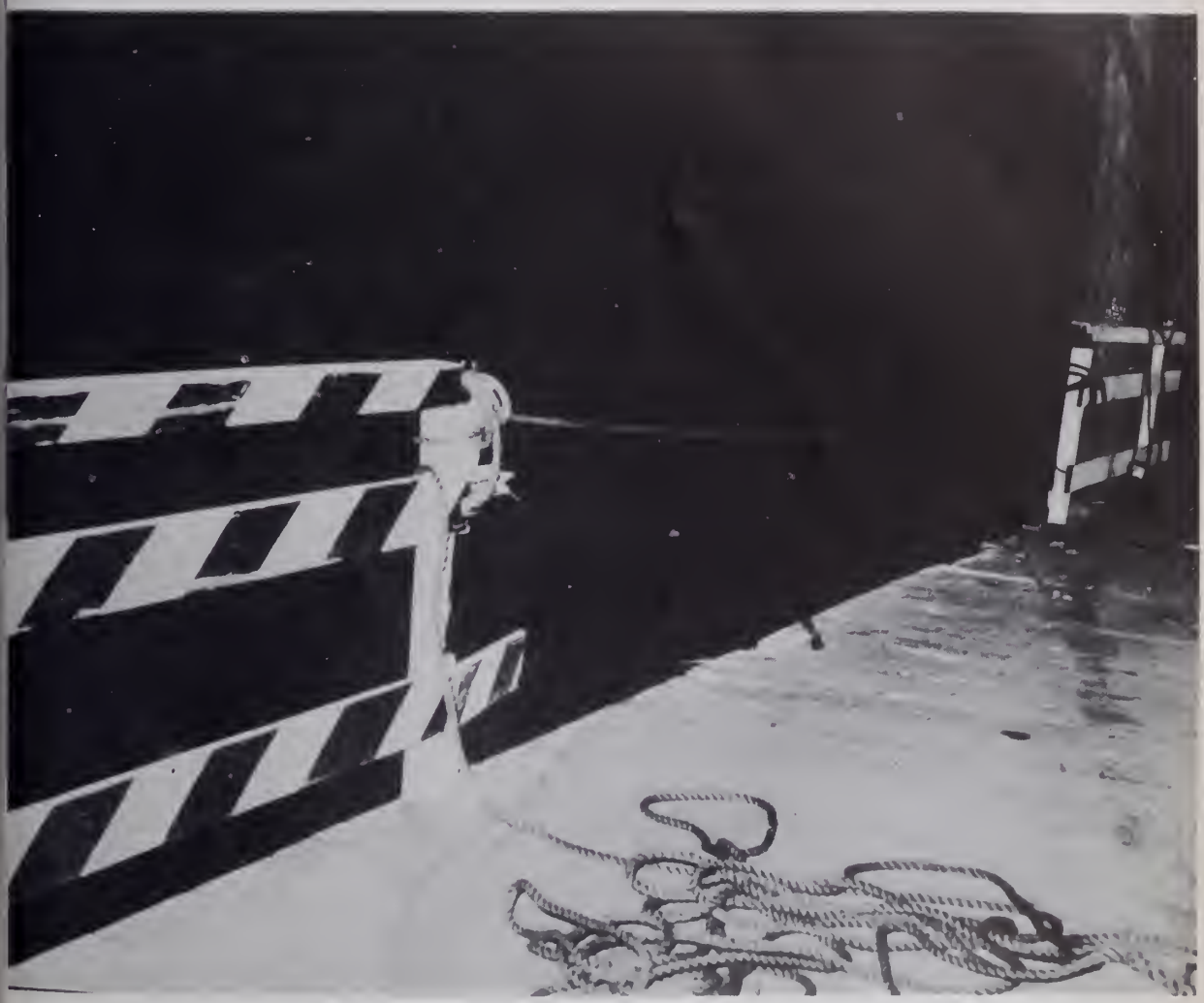


Labor, Industry and the Industrial Commission, in cooperation with the Industrial Hygiene Unit of the State Board of Health, have evolved a mutually satisfactory program for the examination of employees in all types of industry and applicants for employment.

**REDUCTION OF DISEASES AND ACCIDENTS BENEFITS INDUSTRY AND LABOR ALIKE.**

*In Wisconsin in 1941 . .*

# We Will Kill 700
# We Will Injure Thousands
# In Traffic Accidents



Highway accidents claim as many lives as:

Diabetes
or
Tuberculosis

Influenza
or
Accidental Falls

or

Premature Births

Highway accidents alone claim more lives in Wisconsin each year than the COMBINED deaths of ALL the diseases listed below:

| | |
|---|---|
| Appendicitis | Typhoid |
| Chicken Pox | Scarlet Fever |
| Syphilis | Whooping Cough |
| Smallpox | Measles |
| Diphtheria | Infantile Paralysis |

# "We Spend Less on Medical Care in Our State Institutions Than for Almost Any Other Item of Operation"*

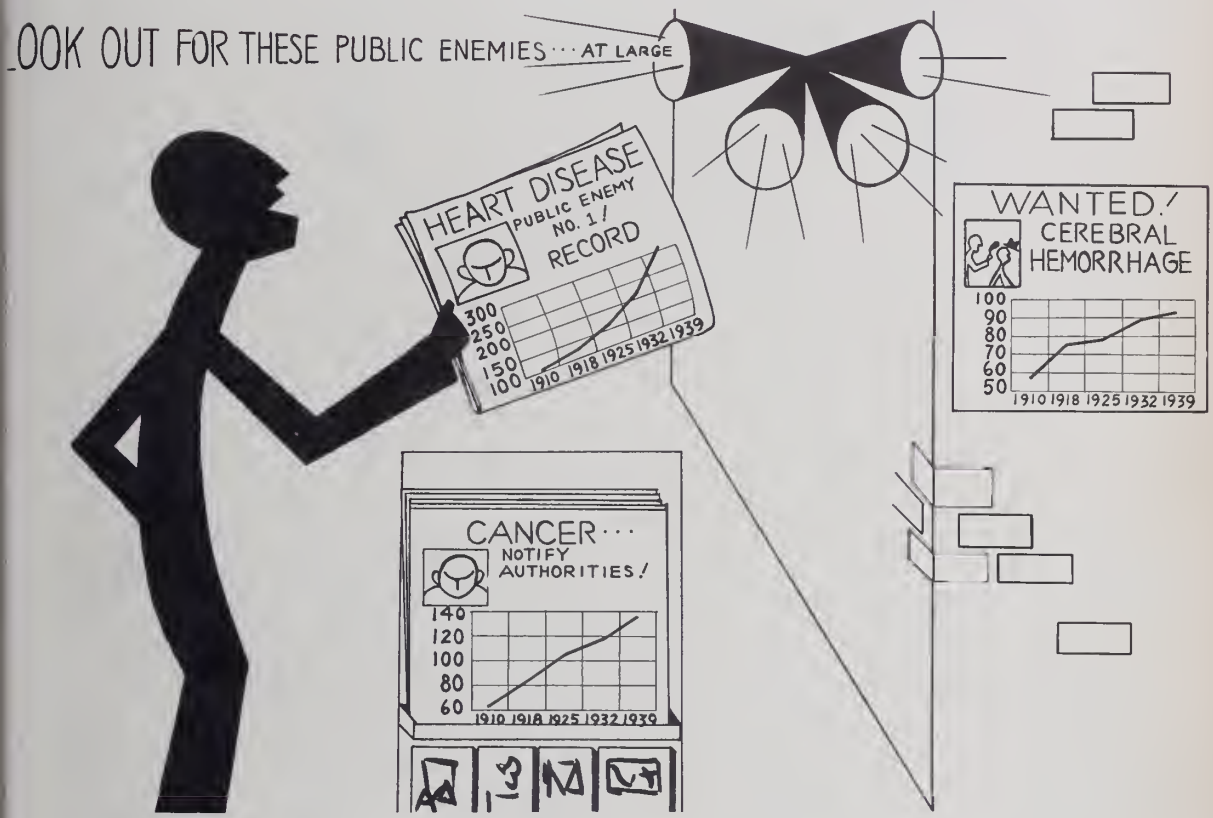
## —STATE INSTITUTIONS—

"Building needs are acute on every side, but we must view our health program not in terms of brick and mortar, but in terms of medical and social science. For the most part the human needs of those already in our institutions are deserving of an extended medical service that should have preference over building needs."*

"It is evident that standards of all who would treat the sick, within or without our institutions, must be maintained on a high level. Failure of early diagnosis when the patient presents himself contains too great a possibility for added state loads to permit of ill-qualified practitioners."*

* Citizens' Committee on Public Welfare, 1937

# Diseases Arising as a Result of Advanced Years Will Be One of Our Major Health Problems for the Future, Because People Live to be Older As a Result of Our Health Gains

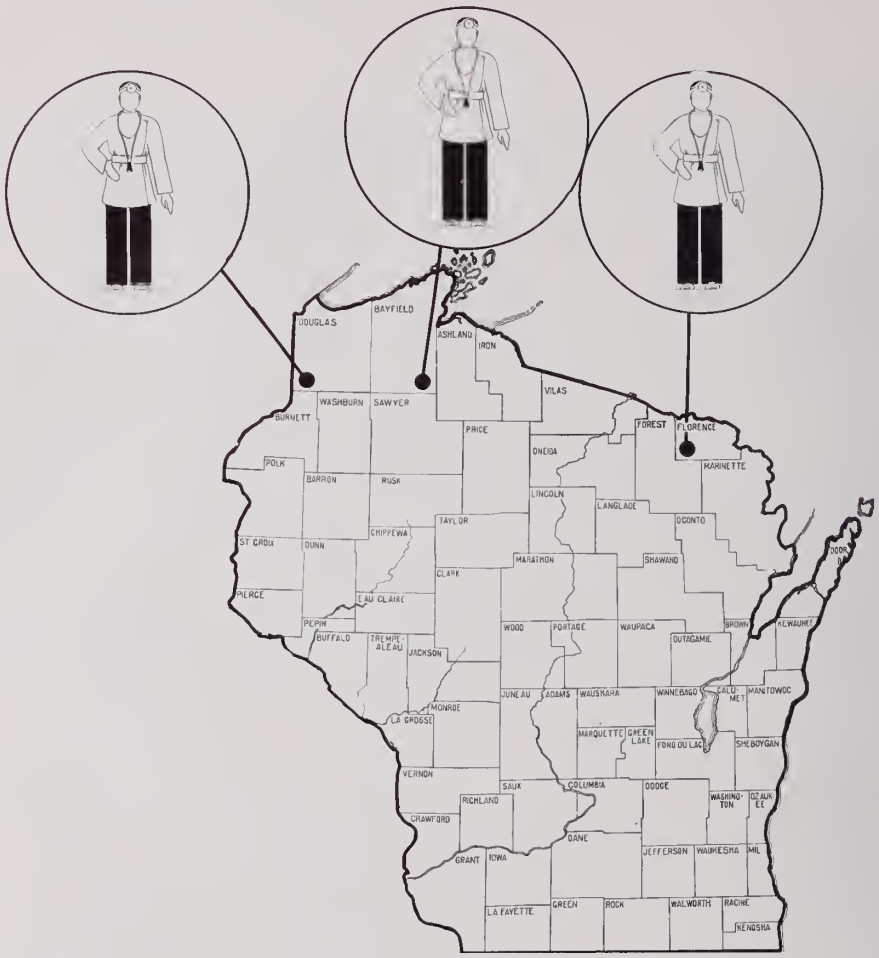



**OUR LEADING CAUSES OF DEATH IN WISCONSIN ARE:**

1. **HEART DISEASES**
2. **CANCER**
3. **CEREBRAL HEMORRHAGE**
4. **ACCIDENTS**
5. **KIDNEY DISEASE**

These are individual diseases. To cope with them requires the individual attention of a physician to the individual person. They cannot be attacked by mass treatment methods. Education of the public through the combined efforts of the State Medical Society, the individual physician and the State Board of Health as well as other public agencies such as the Women's Field Army for the Control of Cancer, and the Wisconsin Anti-Tuberculosis Association, is the present method of attack.

# Only Three Areas in Wisconsin Are Beyond Normal Traveling Distance From a Physician




The State Medical Society of Wisconsin has officially recommended "that the Society urge upon the legislature an appropriation of $20,000 annually to be spent by the State Board of Health in supplying physicians to these and any other necessitous areas of the State upon determination of the Board as to the areas in need. Such physicians might be subsidized as deputy health officers and by relatively modest sums be recompensed for the basic costs involved either in maintaining office hours within the necessitous area or, if found necessary, maintaining a home there. With the basic cost met in this way it will be possible for the population to secure the physician's services on the same basis of cost as is involved for people in similar financial circumstances elsewhere in the State. Much of the population in such necessitous districts falls within the field of the medically indigent for whom the finances involved in at least serious emergency care and hospitalization might have to be met from a state allotment."

In three specific areas there is a scattered population which lies beyond that radius in which having in mind the specific road conditions involved, physicians can give ready service tc patients in their homes at a cost within their means to meet. In these areas no patient has been denied service, whatever may have been his financial status, if he called for it. There is a scattered population within these three areas to which the service of a physician, because of the distance involved, is not available on the same basis that it is available to the great mass of the population in Wisconsin. Because of economic conditions it would be impossible for a physician to make a living in these areas. Because of local tax and budgetary limitations, any subsidy from local funds is but a theoretical solution.

# Some of the Cooperative Efforts of the State Medical Society of Wisconsin with State and Public Agencies

### Bureau for Handicapped Children

An advisory committee from the Society meets at frequent intervals with those in charge of the Bureau to advise and counsel with them on medical problems involved.

### State Department of Public Instruction

Another of the Society's committees gives assistance to the department-sponsored survey of the hearing defects in school children.

### Highway Department

At the recent meeting of the State Medical Society of Wisconsin the Society's Committee on Safety on Public Highways presented an exhibit showing how scientific tests determine intoxication of driver and other highway safety problems.

### Industrial Commission

Cooperation has been given the Industrial Commission and the Industrial Hygiene Unit of the State Board of Health on the development of the physical examination program of employees in industry which owes its origin to a special committee composed of labor, employers and the Commission. The physical examination program has been approved by each of the three participating groups.

### Workmen's Compensation

For several years workers in most factories, offices and plants in Wisconsin have been accorded choice of physician through panels prepared by the Society and distributed to the companies writing compensation insurance in Wisconsin.

### Selective Service

The Society has made available to the Selective Service office the full facilities of the State Medical Society to the end that all medical needs of the Selective Service program may be filled without denying medical service to local areas.

### Maternal and Child Health

An advisory committee of the Society meets with and collaborates on problems affecting expectant mothers and infants.

### Mental Hygiene and Institutional Care

An extensive study of our county and state facilities for the care of the mentally ill has been made by this standing committee of the Society, which consults, assists and advises the proper authorities on the committee findings and studies.

### Venereal Diseases

The Society, through its Committee on Venereal Diseases, gives such assistance as is needed to state and public agencies in this field. This is not an acute problem in Wisconsin, since for many years syphilis has been virtually non-existent.

### Tuberculosis and Chest Diseases

This effort of the Society is in a two-fold direction,—one to the public in the field of tuberculosis and the other in the field of industrial health. This work is and will continue to be closely related and correlated with that of the Committee on Industrial Health, with emphasis on both tuberculosis and silicosis in industry.

### Cancer

For many years the Society has been active in combating cancer. It is one of our leading causes of death. The first effort of the Society was to conduct an extensive and intensive course of postgraduate education for the physicians in Wisconsin. This has been followed by an intimate association with the Women's Field Army for the Control of Cancer in the education of the public.

# Stenographic Report of Testimony

# Assembly Committee Hearing on Biemiller Bill 245, A. to Legalize and Promote Unsupervised Forms of Medical and Hospital Insurance Schemes

## ANALYSIS OF BILL 245, A.

1. Permits, under the name "cooperatives,"

Laymen to organize to purchase, and provide for the delivery of, medical and hospital care for themselves and families.

A single physician or osteopath, or a group of physicians or osteopaths to organize to sell medical and hospital care.

2. Legalizes

Any contracts based on periodic payments of stipulated sums (insurance basis) for the rendition of hospital service, or medical service, or both, and whether by an individual, a cooperative, a partnership of professional or nonprofessional men, or other similar group.

To assure that there be neither direct nor indirect interference with the promotion of such plans or organization of groups to promote such plans, this bill:

1. Prohibits

Any public hospital, or any hospital having partial or complete tax exempt status (charitable institutions) denying to a patient, because he is enrolled in such a plan, the facilities of the institution.

Any such institution denying a physician, because he is participating in such a scheme, the use of its staff facilities, or facilities available for hospitalizing patients.

Violation of this provision would be a misdemeanor.

Punishment: a fine of not less than $100 or more than $1,000.

Any county medical society or the State Medical Society from excluding a physician from membership who, otherwise eligible, participates as an individual or in a group to furnish medical service on the voluntary sickness insurance basis.

2. Exempts

Any plan so organized from any regulation whatsoever under the insurance laws of Wisconsin.

3. Provides

When patients receive medical or hospital service or both under such an organization, the responsibility of the hospital and the physician duly involved is direct to the patient and their duties shall remain the same as though such an arrangement had not been made, except as to the payment of bills.

4. Punishes

By fine or imprisonment, or both, any person, partnership, or corporation which directly or indirectly interferes with the operation or organization of such a so-called cooperative. Denial of medical or hospital facilities to a patient enrolled in such a venture would be deemed prima facie evidence of such obstruction.

**Hearing before Assembly Committee on Public Welfare of Bill 245, A., relating to formation of cooperative and other associations, to provide medical or hospital care, or both, discrimination against such associations, their exemption from insurance laws, and providing a penalty, (Assemblyman Biemiller) on Wednesday, March 19, 1941.**

Chairman Hanson (Dunn County): We will take up Bill 245, A.

Assemblyman Biemiller (Milwaukee): Mr. Chairman and members of the Committee: Those of you who have served with previous legislatures doubtless are familiar with the provisions of Bill 245, A. This measure was introduced in the 1937 and 1939 sessions in the same form it is here today. It is a bill that is in line with a movement that is rapidly gathering strength in many states of the Union, and at the present time it is a matter of great national interest.

## "... There Has Been Agitation ..."

This bill is introduced at the request of the Wisconsin State Federation of Labor, and it also has the backing of the railroad brotherhoods and the Farmers' Equity Union. For many years there has been agitation in regard to the question of the cost of medical care and one method that has been advanced to meet this problem is the development of prepaid group medicine or, as it is sometimes called, voluntary health insurance. This bill would not need to be here before you were it not for the fact that the development of these plans has everywhere met with the bitter opposition of the American Medical Association and its component state and county bodies. The problem that exists in Wisconsin is prevalent in many other states in the United States. Legislation such as this bill has been in other state legislatures previously, and it is in other legislatures this year. One of the most energetic fights taking place is the battle in Massachusetts, over developing a very extensive group plan by many of Massachusetts' outstanding physicians, with the backing of outstanding members of the Harvard University faculty. And you will see the same controversy taking place there that is taking place here.

## "... Being Prosecuted by Thurman Arnold ..."

The chief difficulty rests upon the fact that the American Medical Association, through its control of hospitals, officially refuses to permit doctors who are in group practice to enter hospitals that are on the approved list of the American Medical Association. That is the central point of controversy in the case here also. There is a case in the United States District Court of Appeals now being prosecuted by Thurman Arnold on the ground that they are operating in restraint of trade under the Sherman Anti-Trust Law. I have some briefs here but I will not read them to you. But I do want to refer just briefly to that situation there because it is very comparable to the one here in Wisconsin. Several years ago the employes of one of the government departments,—the Home Owners Loan,—formed a group health association, a group or organization in which the members paid a stated monthly fee for which they received surgical coverage, etc. A group of doctors was hired by the Group Health Association. Well, from the beginning it was fought by the American Medical Association and finally it was brought out that the doctors who worked for the Group Health Association were refused admission, with their patients, to the larger hospitals in Washington, D. C. One case even reached the Congressional Record. A woman with acute appendicitis was taken to a hospital. Asked what physician she desired, she mentioned a surgeon with the Group Health Association and they would not admit him so she finally had to be taken from that hospital to another one before the operation could be performed, just because her surgeon would not be allowed to enter the hospital to operate even though he was the physician of her choice.

In Milwaukee we have a similar picture. There is a group clinic, the Milwaukee Medical Center, which has a good many thousand subscribers, and it was founded by five very reputable physicians; it now has been extended to include thirteen. The monthly payments are $1 for a single person, $2 for a family without children, and $3 for a family regardless of size, and for those fees they receive complete medical care which is offered by that clinic. It is one of the most completely equipped clinics in the United States, with all modern equipment for the better practice of medical science. Those physicians who form that clinic were without exception on the staffs of the hospitals in Milwaukee and many occupied leading positions on those staffs. When the Milwaukee Medical Center was formed, these physicians soon found themselves banned from every large hospital in the city excepting only one,—Mount Sinai Hospital. They were formally removed from these staffs and expelled from the Milwaukee County Medical Society, and hence from the Wisconsin State Medical Society and the American Medical Association. They became pariahs in the profession. Mount Sinai Hospital did permit these men to practice there for some time after the original interdict was placed upon them. Then Mount Sinai received a peremptory order from the American Medical Association stating that either Mount Sinai Hospital would have to dispense with the services of these physicians and refuse to give them staff privileges or that hospital would be removed from the approved list of the American Medical Association. That particular letter now is part of the evidence in the case in Washington,—the case that is being waged by the government against the American Medical Association.

## The Principal Issue

There is no secret about the principal issue being that part which would prohibit hospitals from discriminating against doctors on the sole ground that they are members of a prepaid group medical plan. There are certain arguments in favor of the development of these group medical plans. I shall not go into a great deal of detail here because I will have an opportunity on the floor, and there are others here who wish to testify. But I do want to summarize what appear to be the advantages of a group medical plan.

In the first place, I think we will have to recognize that low- and middle income families are able to obtain special services which they could not otherwise afford. Under the group plan there are associated together a number of doctors. Each one is a specialist in some particular field, and so if you belong to one of these plans you get, without extra cost, the services of the specialists in these special fields. For example, if I may cite my own case, my family is a member of the Milwaukee Medical Center. As a result of this membership fee of $3 monthly, we can secure all of these services. We have an infant son, and my wife, my infant son and I receive complete service in any phase of medical science, including x-ray and fluoroscopy, as they have any technical machinery of that sort that is prevalent in medical science. They have specialists in eye, ear, nose and throat, obstetrics, etc. And all of this service comes in as a part of the plan at no extra cost whatsoever. The result is that for $36 per year all of my family is guaranteed that it will have the most thorough service with no strings attached. I don't think that is a thing we can afford to overlook. I had occasion to check with a good friend of mine who had a baby born in the family about the same time as mine. I checked the cost for the first year. The cases were almost identical in terms of reaction on the mother, etc. That friend paid out in medical bills in one year in excess of $800; I had to pay out only $36. I raise that as point number one as to people in the low and middle income brackets being interested in these plans.

Secondly, under the budget payment it does away with the fear in the family that when there is the threat of illness they may have to meet a tremendous cost, a serious operation, a long illness, or something of that nature. Thus, their problems are met. They have budgeted in advance.

## Economic Interest of the M. D.

In the third place, under group medical plans it is possible to really stress preventive medicine,—something which I do not believe is possible under the present manner of payment, the fee for service system. It is just a paradox under the present fee for service system of administering medical benefits. Under that system it is to the economic interest of the doctor for his people to be sick. He collects money only when they are sick. Under the group medical plan it is in the economic interest of the doctor to keep a person just as well as he can keep him, and he will receive the same amount of money from that patient whether he is well twelve months out of the year or sick twelve months of the year. Now, I do not wish to be misunderstood. I am not saying that the average doctor wants his people to be sick. I know that he does not. But on the fee for service system the only time he sees his patient is when he is sick and goes to his doctor. You cannot get a person of low income to become interested in preventive medicine if he feels it will cost him a lot of money. I agree with the medical profession that people ought to be interested in it, but they simply are not if they have to lay out money for preventive services. However, under the group plan there is no extra cost and therefore people come to them for periodic medical examinations, etc., and illnesses are "nipped in the bud" and proper measures are taken.

In the fourth place, these plans reach people in the lower and middle income groups with luxury services,—services that people with incomes of $5,000 a year can afford such as x-ray, fluoroscopy, pediatricians, constant laboratory service, etc., which you will not find in the budgeting of medical expense of the average family whose income is under $5,000 per year.

Fifth, these plans safeguard the health of the doctors themselves because under these arrangements it is possible for doctors to take periodic vacations and they do not have to worry about what will happen to their practice while they are gone. They can even take sabbatical years for study, and they know the other doctors are taking care of their interests. And I think that is a very healthy thing for the doctor. Doubtless you all know that the doctor in private practice is overworked and tired from constant long hours which they must put in.

Another point is that many families have more protection for emergency service after taking membership in these plans. At any time of day or night a call to the Milwaukee Medical Center, or any other group plan, will bring forth the services of a physician. If the particular physician in the group whom you want is not available, you know that you can have the immediate services of another physician in the group who has access, if necessary, to your entire case record which is available there to the doctors as a whole.

In the next place I think you will have to recognize that there are those families who rely on the advice of the neighbor, and those who simply wait to see what will happen to them before they will go to the doctor. Now you are going to be told this afternoon as every group is told in considering this type of legislation, that no person has to go without medical care. I am aware that doctors have a large charity loss, and I give them full credit for it. Most of them have an unselfish spirit in which they do a large amount of charity practice. But they fail to recognize completely that a large number of peo-

ple do not want charity, and they are afraid of the results of going to the doctor so they stay home and take a homemade remedy or that of a quack in the neighborhood. Many people have to be mighty sick before they will go to a doctor and spend two or three dollars for the call. They would rather take chances on what may happen, because if they go to the doctor he may tell them to come back again. Now in most cases the doctor ought to tell them to come back, but they don't like to be led into spending that money. There are a great many people who feel there is a certain stigma to charity. And then there is the sliding scale of fees of which the medical profession seems to be so proud. Most people don't like the idea of it because low income people don't like the idea of not paying their way. If a doctor tells them he will perform an operation at a nominal fee, it leaves a bad psychological situation on the part of those people. We believe it is just good, sound American common sense to permit these people who desire, to set up a plan on a cooperative or prepayment insurance basis whereby they can feel they are paying their way and secure adequate service.

## Cost Not Science

Just a few words now as to some of the arguments against this type of medical economics. I want to stress just as strongly as I can that the proponents of group practice in no way wish to interfere with the practice of medical science. We know that laymen have no business trying to take part in medical practice. What we are concerned with is the cost of medical care, and not medical science. If you took occasion to read the volumes written in this field, you would come to the conclusion that we are only trying to get some results on the question of payment of fees. Certain "stock" arguments are raised by organized medicine against cooperative prepayment plans, or call them what you will. The constant cry is raised that it will lower the standards of service. That is their number one theme song. A great many group plans are existing in the United States today as in Washington, the Milwaukee Medical Center, the Ross–Loos plan in California, and a great many others if we had the time to go into an analysis. There are going to be a number of these associations that will hold a conference in Milwaukee in June, and this will educate the public even further.

In the first place, when doctors say these group plans lower the standard of service, they play an old debating trick. They take the ideal of medical service under the fee for service system and set up as an example the very excellent service that can be obtained by anyone with sufficient money to pay for it and does not have to worry what the fees will be, and they say that is the kind of service you will get under the fee for service system. Yet you can get all of those things absolutely included in these group medical plans. Actually, what they should be doing is contrasting the kind of service secured by the people in these group plans with the kind of service they would be getting if they were not in the plans. The answer is that they would be getting no service whatsoever on the fee for service basis. In the second place, we are willing at any time to compare the service given through these group plans with the "run-of-the-mine" service of the ordinary physician in private practice at the present time.

We are also told constantly that the group plans do not give a high type of service because you do not have that intimate personal relationship between the patient and the doctor. I don't know whether there is any validity in that or not. I don't think there is, because in these group plans you will find that in normal practice each member attaches himself to one of the physicians and he becomes more or less his personal physician for normal records and examinations, or for any normal illness that may arise. Then when he is introduced to a specialist in the plan, if he needs his services, he feels that that specialist is a part of that plan to which he is entitled, and not somebody who comes from a far-away place on Mount Olympus, as it were, with whom he has never had contact before and probably never will have again.

Now as far as the standard of service is concerned, we are told that it goes even further, that not only does it lower the standard of service, but charlatans are attracted, that only doctors who cannot possibly succeed in private practice enter these plans. I think some of the people who say that know better. I know the present secretary of the Medical Society of Milwaukee County is personally well acquainted with a good many of the physicians who started the Milwaukee Medical Center, and he knows their professional standing. They are men of the highest type, good men in their profession, and yet I am amazed to find that just within the past few days so bitter is the opposition of the Wisconsin State Medical Society and its constituent county bodies toward the Milwaukee Medical Center plan that they recently got out a new panel of doctors who are eligible for compensation practice in Wisconsin, and the names of certain of the Milwaukee Medical Center physicians who for years have been highly regarded and who have done excellent work, and against whose work there is no possible basis for criticism,—these men now are dropped from the panel. They are all eligible doctors for compensation work in the State of Wisconsin. Now that is how far the antipathy and persecution of these doctors goes with respect to the men who had foresight enough to develop a new method of economics. And that is a matter which I do not intend to drop right here, but I am going to look into it very carefully to find out just what has happened. I have talked to some insurance people who supposedly collaborated with the Medical Society in getting up these panels, and they too were surprised to find the omission of those men whose work was so satisfactory for, lo, these many years.

## Dr. Hugh Cabot

On the contrary, most of the doctors practicing in these plans are of the highest possible type. One of the most interesting pieces of by-play against these plans is taking place in Massachusetts. There they have a funny situation today. If any of you know about New England, you know what the name "Cabot" means there. There is no more honored blue-blood name than that. Now Dr. Hugh Cabot and a Dr. Frothingham and many others have an organization out there called the White Cross. It is also a group plan. Now watch this: In that plan they have laid down very severe restrictions as to what doctors can join in the plan, and they have to be more than just "run-of-the-mine" doctors. And now the Massachusetts Medical Society counters with a bill stating that any physician licensed to practice in the State of Massachusetts must be permitted to practice in this group plan. Now how does that jibe with the argument here that these plans give a lower standard of service? I submit to you that it is just a fallacy, a medieval period fallacy in history of the doctor refusing to submit to any other method of paying for services except on a fee for service basis.

In the Eastern part of the United States the medical profession is running into the leading doctors and the professors in all of the leading medical schools, who have organized themselves into an organization to foster such plans as these. I only wish that it could happen here. I regret that the State of Wisconsin which for years has been a leader in securing a forward place in social and economic problems is now lagging. In this respect we have relied upon the heavily endowed private institutions of the East to bring forth new ideas for the common man, and our own state universities seem to be afraid to move. When you have the type of men who are in these plans, it seems to me that the Medical Society has quite a case to make that it lowers the standards of service.

Another aspect of this argument is that when you have a group of twelve or thirteen doctors working together in group medical practice, they are constantly meeting with each other, comparing notes, and constantly checking up on each other to see just what sort of service they are giving. If you have a group of doctors of that kind and one of them fails, the whole group is condemned, and word of that sort spreads rapidly, and hence it is in the interest of those dozen-odd doctors to work together.

Then there is the argument that under these plans it is impossible to recompense doctors properly. That again puzzles me. The statement is made by the official spokesman for organized medicine in many instances. On the other hand, I run into some members of organized medicine who raise exactly the opposite argument. They say, "The trouble is, those men are making too much money." I don't know how you can justify those two arguments. They say these men make too much, on the one hand, and that they aren't getting paid enough, on the other. The average man, however, is better off than when in private practice. If Mr. Crownhart wished to, he could give some interesting statistics on average incomes of physicians in the United States. You would be surprised to learn how low they are, and how many physicians have idle time on their hands, and are not able to secure patients in many instances because the patients haven't the money to pay for the service.

When doctors began a serious attack on this thing some years ago they said, "The plan is impossible; it cannot work. It is a fraud on the public. There is no way to make it work." I think today the shoe is on the other foot. These plans are working, and they are working in spite of the efforts made by the American Medical Association, the State Medical Society and the Milwaukee County Society, and the Milwaukee Medical Center is running quite satisfactorily and it is giving service. And that is also true of all the other group clinics in the United States. They are running and they are giving service, and they are constantly expanding their service.

I could give you a long, long list of magazines and newspapers that have in the past five or six years,—and particularly in the last two or three years,—carried important articles on this group medicine picture. I have been particularly interested in the change of attitude of the Milwaukee Journal during the last four or five years. In 1937 I was the subject of a series of front page editorials,—pardon me, that always slips out,—articles in which I was condemned as a great menace to the State of Wisconsin. I was condemned over and over again. In more recent months the shoe seems to be on the other foot. The Milwaukee Journal now warns the doctors and says, "You had better get busy and do something about this situation." The Journal is leaning toward group medicine more and more. Magazines of every sort, from the Harvard Law Review down to True Story, are pointing out the necessity for getting some kind of group practice started. The State Federation of Labor and I, myself, have been highly honored that the Harvard Law Review says this bill in front of you today is the model bill to meet this subject in the United States.

I will finish by saying again that the real essence of this question is the matter of hospital service. While those doctors don't like to be thrown out of the Medical Society, they can live outside of it and still be normal human beings. Other doctors speak to the doctors in the Milwaukee Medical Center, even though they are not supposed to. But those doctors cannot practice in the large, first class hospitals in the city of Milwaukee. It is the same fear that now prevents many groups in this state from forming cooperative medical plans. They want to do it but every time they get the machinery ready, they run into that hospital situation. In Kenosha and Racine the labor movements were getting a plan started but when they got to the question of hos-

pital service, they ran right into the same picture and were told, "We cannot admit doctors and their patients under that kind of plan because if we do the American Medical Association will remove us from their approved list." Some of you might not think that so bad until we realize what it means. When a hospital is removed from that approved list, it means that there will be no internes, and if you know anything about large hospitals you know that a hospital can't run without internes.

I understand there are many organizations interested in this bill. I have had a great deal of mail, particularly from cooperative organizations in the northern part of the state. Most of the assemblymen from that area have had mail. I expect to compile a complete list of those associations in the northern part of the state that are interested in this bill, and I shall see that you have the list. The ones I have in my hand here came from Douglas and Iron Counties. The interest is here and I trust you will give the bill your earnest consideration and disagree with the 1937 and 1939 sessions, and that you will agree it is high time we have this type of legislation in the State of Wisconsin.

Chairman Hanson: Will you explain about the exemption from the insurance laws here?

Assemblyman Biemiller: Yes; it simply confirms an Attorney General's opinion that now exists in detail. When the Milwaukee Medical Center was started, there was an effort made by the Medical Society, whether officially or indirectly, to get at the Medical Center on the basis that it had to be subject to the insurance laws and thus would have to put up a substantial cash reserve before it could function. And Mr. Finnegan, the Attorney General at that time, made a ruling which came down under the insurance laws. While most of us have respect for opinions, we know they are better bottled up in the statutes than on the books. Secondly, we do not believe that an organization dealing in services should be forced to put up a cash reserve. We don't think it is that kind of insurance,—it is social insurance rather than monetary insurance.

Assemblyman Krohn (Wood County): In this cooperative in Milwaukee they do not include hospitalization,—it is just medical?

Assemblyman Biemiller: It does not pay any hospital cost whatsoever. If the doctors could get into the hospitals again, we could hook it up, but at present we are restricted to two small hospitals which do not have adequate facilities.

Assemblyman Hammergren (Buffalo and Pepin Counties): You stated that in these two cases of childbirth, the services rendered were practically identical?

Assemblyman Biemiller: Yes, and as to complications that developed.

Assemblyman Hammergren: One case cost $800. That is the exception rather than the rule, I would say.

Assemblyman Biemiller: It is not the rule, but I am pointing out that these things can happen.

Assemblyman Hammergren: What states have a law similar to this bill?

Assemblyman Biemiller: No state has one similar to this, but legislation is proposed.

Chairman Hanson: Are there any other appearances on Bill 245, A., in favor of the bill?

## Mr. J. F. Friedrick

Mr. J. F. Friedrick: My name is J. F. Friedrick, of Milwaukee, and I represent the Federated Trades Council, which is the central organization for all federated labor unions in Milwaukee, and I also represent the Wisconsin State Federation of Labor.

The Federated Trades Council in a meeting two weeks ago in Milwaukee passed a motion directing its legislative representatives to appear here in favor of this bill. One reason for that action is that a number of our people and their families have been going to the Milwaukee Medical Center and receiving services from the Center under this prepayment budget plan of service. They are as satisfied with the services they are getting there as before, and there are more members of organized labor constantly being added to the clients of the Medical Center. However, they do find that difficulty which Mr. Biemiller spoke of, that because of the actions of the Medical Society these members cannot go into any of the larger hospitals and have the services of a doctor of the Medical Center while in those hospitals. They feel that is a discrimination against them. They are perfectly willing to pay any hospital bill that the hospital may charge, but it is not a question of being willing to pay, even in advance, but it is one wherein the hospitals are compelled to say, "We can't let you come in here if you are going to let that doctor from the Medical Center perform the operation."

I know that is not the wish of the hospitals because during a period of years in which we have been interested in the matter I have had occasion to talk with the superintendents of some of the major hospitals in Milwaukee. Particularly, I talked with the superintendent of Mount Sinai Hospital at the time it was compelled to withdraw the privilege of practice for the Milwaukee Medical Center doctors some few years ago. I spoke to the superintendent previous to that and also afterward and his statement was that as far as the hospital is concerned, and as far as the management is concerned, they have no objection to these Medical Center doctors at all, but that they simply have to do this or lose their standing with the American Medical Association. I saw the letter which Mount Sinai Hospital received peremptorily ordering them to discontinue having these doctors operate in that hospital upon penalty of having their approved standing removed. Dr. Thompson, the superintendent of Mount Sinai Hospital, told me that his hospital could not afford

to let that happen for several reasons, one of them being the fact that if they lost their approved standing, then the internes serving their interneship there would not get credit for these interneships from the American Medical Association and perhaps they might have difficulty in securing licenses to practice as physicians.

I cannot readily see how whether or not half a dozen doctors belonging to the Milwaukee Medical Center are allowed to bring the patients to a hospital such as Mount Sinai will lower the quality of service at that hospital. As a matter of fact, I think everyone is agreed that these doctors were among the most outstanding members of the staffs of these hospitals before they went into this Medical Center. The mere fact of their going in, in our opinion or in the opinion of any reasonable man, does not have anything to do with their reputations and efficiency as doctors. The whole fight is not that they are not as good professional men so far as the practice of medicine is concerned, but the difficulty seems to be that the fight is based on the fact that they are not charging their fees in the right manner. And that is the whole fight.

## Open Hospitals

We say that one of the main things this bill would do is open these hospitals to the doctors. Let time demonstrate whether or not that sort of system is economically sound, and whether these doctors can exist and compete with other doctors. Give them an opportunity to prove it by allowing these men to go into any hospital. As a matter of fact, we are running into this situation now: the hospitals have organized a cooperative or an association for prepaid hospital fees. It is a calamity to have a serious illness when faced with a large doctor bill or a large hospital bill. Thus, it might be a good thing if we could give service to our members on the basis of payment of an annual fee. The hospitals in Wisconsin already have got together. In the beginning I understand they had the support of the State Medical Society but some little difficulty has developed between them. I know what it is but I am not going to try to discuss it. Our people feel it would be a good thing for the workers who have families who may be subject to illness, to prepare themselves for it by joining a hospital association and by payment of a sum of $10 a year for which hospital service will be rendered when and if needed. And then some more people say, "Yes, it is a good idea." Already, we are members of the Milwaukee Medical Center and we are getting our services on the basis of paying for them in advance. Then we are faced with that hospital problem. And they say, "It is too bad, but you can't come into these hospitals."

Mr. Biemiller covered the subject here so well that I really do not want to take much time in going over some of the things he said. But because of the interest that we, as representatives of large numbers of workers, have had in this matter, some time ago I prepared a radio talk in which we discussed this question of medical service for workers. I won't take your time in going over that except to call one or two excerpts to your attention. I think I have enough copies here for the committee. I tried to show how serious a situation this matter of illness can be for workers. (Reading)

"A serious illness is a calamity to the wage earner today. Even if he has a little money saved up, it is soon used for doctors, hospital expenses, and medicines. Worry over bills and the future retards recovery. Even if some member of the family other than the wage earner is ill, there is more expense than can easily be met."

Those expenses can be met by prepayment or budgeting, under which they might be struck at a time when they could least afford to meet additional expense, but they will then be prepared for this expense beforehand. (Continued reading)

"So much must be spent on medical costs that there is not enough for adequate diet, and the whole family must often suffer because the doctor's and hospital bill has eaten up the money for food, coal or clothing."

We then show what studies have brought out on the question of medical service to people in the lower income groups. For example, one of these surveys shows that there are in the United States today some 40,000,000 persons of whom one-third are living in families with incomes of less than $800. Certainly these people cannot afford a great deal of hospital and medical service. They might be able to afford some if they are able to budget it properly and pay it from time to time in monthly payments.

## Preventive Medicine

Mr. Biemiller spoke on the matter of preventive medicine. I have heard a great deal about preventive medicine, how the medical profession not only is interested in curing those who are sick, but also in providing service to prevent the illness from taking place at all. There has been a study made on that subject by a federal agency, and Professor C–E. A. Winslow, in the Survey Graphic for December, 1934, has the following to say: (Reading)

"If the health examination and the early detection and prompt treatment of incipient disease are to become actual facts rather than pious aspirations, it seems essential that the traditional economic relationships between physician and patient shall be modified. As long as the consultation of a physician involves a direct and specific financial liability, the vast mass of individuals will delay that consultation until the last possible moment. This is why the advance of medical science has produced no statistically demonstrable result in this field. In some way the service and the payment must be separated."

I think everyone knows that many serious illnesses might be prevented, or if of a serious nature at least might be halted, if discovered early enough. But they will be discovered early only if the patient goes to the doctor, and people with small incomes are hesitant to go to the doctor when they know it will mean an immediate expense they will not have

otherwise. If, through an arrangement in cooperative organization, they can pay two or three dollars a month, as the case may be, they will feel free to go and they will be urged to go and get physical examinations. Naturally, in many cases through that examination disease may be discovered in incipient stages and serious illness prevented, which means not only prevention of suffering but the worker will not lose his earning capacity. Those are things that we are vitally interested in as workers and organizations of workers, and we hope this committee will see fit to recommend this bill for passage so the hospitals in the City of Milwaukee and the State of Wisconsin may be opened to the doctors who are recognized as men of good professional standing and should not be discriminated against merely because they have a different method of payment for their services than the other doctors.

May I recommend your favorable action? I will leave copies of this speech with anyone who is interested.

Chairman Hanson: Next appearance in favor of Bill 245, A.

## Mr. Don Cameron

Mr. Don Cameron: I represent the Wisconsin Association of Independent Unions. I have been asked by our members to appear here today in favor of this bill. In the organizations which we represent many of them have what is called prepaid insurance, or prepaid medical care. That is taken care of between the employer and the employe, contributing a fair amount each month for taking care of medical treatment. The doctors whom these employers and employes have engaged to serve them are permitted to practice in the hospitals of the state which are recognized. On the other hand, we also represent several groups who are not so fortunate. The two speakers who have preceded me have covered this subject much better than I could hope to. I merely want to state that the employes in our unions have asked me to come here and plead with you for passage of this bill, to give them an opportunity to share in this work. That is all. Thank you.

Chairman Hanson: Are there any other appearances in favor of the bill?

## Mr. Claude Lyons

Mr. Claude Lyons: My name is Claude Lyons and I represent the Farmers Equity Union with a membership of between 4,000 and 5,000 families. The thirty-five cooperatives affiliated with the Central Cooperative of Wisconsin (the Central Cooperative Wholesale–Superior) have a membership of 25,000 people. I am not going into the merits or demerits of the bill, but I should like to read some letters that we have been receiving from our cooperatives from all over the state.

Here is a letter from St. Croix County. (Mr. Lyons read the letter.)

Here is another from Elroy; one from the Dane County Farmers Union; the secretary of the Farmers Equity Union. (Reading letter).

Here is another from the Barron County Farmers Equity Union, and still another from the manager of the Farmers Cooperative Exchange at Butternut. Here is one from the Farmers Union Cooperative Oil Company of Dane County, serving about 1,300 families in the eastern part of Dane County, and another from Cumberland. (Reading letter). I have one here from Clark County, another from Edgar, and a telegram from the manager of the Union Center Oil Company just outside of Elroy. Here is another one from Cumberland. (Reading letter). And another from the Farmers Equity Union of Dane County, probably a local. (Reading letter).

I wish to register our organization in favor of this bill 245, A.

Assemblyman Hammergren: You said in that first letter that this woman lives in fear that she couldn't have her illness cared for?

Mr. Lyons: She said she lives in fear that she could not pay the bills.

Assemblyman Hammergren: But the statutes provide that the bill will be paid. God bless you, the State of Wisconsin makes provision for that. She doesn't have to live in fear.

Mr. Lyons: Perhaps this woman likes to pay her own bills.

Assemblyman Hammergren: That may be, but she does not have to live in fear.

Mr. Lyons: It may be that she doesn't know about that. I will write her and tell her.

Chairman Hanson: Next appearance for Bill 245, A.

## Mr. W. R. McCabe

Mr. W. R. McCabe: My organization (R. R. Brotherhood) of 4,500 members has asked me to appear on this bill and register in favor of it. I don't have a great deal of knowledge of it. In Superior we started a cooperative medical association. We could have got donations to go on with it, and we could have gone on with the members but I was sick and seldom home. We have members who belong to it and it was a real benefit to them. I talked with two doctors up there and they claimed their collections increased from 50 to 60 per cent more than when they operated as they did before. But the Medical Association stepped in. The members of the plan could call any doctor they pleased. You could get any doctor and most of them did. Now, since this thing could not be done there regularly or legally, the doctors acting with them and the association in Duluth are setting up quite a comprehensive clinic to take care of the situation. I hope the bill will receive your favorable attention.

Chairman Hanson: Are there other appearances for the bill? If not, we will hear those opposed to Bill 245, A.

## Mr. J. G. Crownhart

Mr. J. G. Crownhart: I am secretary of the State Medical Society of Wisconsin, Madison. I shall watch my time but I would like to start with a discussion of the bill itself because I think it is fairly important to see what the legislation is that is actually proposed here.

## " . . . Our Health Bookkeeping . . . "

This bill is based on several premises that are stated in the section devoted to declaration of public policy. First of all, in lines 6 and those following, it would have you as legislators say that "The legislature finds and declares that large numbers of people in the State of Wisconsin are unable to secure adequate medical and hospital care because of insufficient means to meet the high cost thereof * * *" Let me stop there for a moment. That is the first premise. Now if that were all true, our health bookkeeping would show those figures. But what does our record actually show? It shows that the working man in the most hazardous industries in Wisconsin loses but two and a quarter days per year from all types of sickness and accident, whether contracted at home or at work. That is five times better than the national average, and fifteen to thirty times better than in the countries abroad. Our Wisconsin figures from 1939 records show that Wisconsin stands fifth in maternal mortality; Wisconsin has one of the low infant mortality rates. We are surpassed by only one other state in our control of typhoid fever. Our diphtheria rate is third. We are eighth in the field of tuberculosis, and in medical attendance at birth in a state with 57,000 births, 99 per cent of those mothers had the family physician in attendance at child birth. And those births took place from Superior, my old home town in the cut-over lands of the north, to the metropolitan center of Milwaukee. We were twelfth among the states in 1939 in holding influenza and pneumonia death rates down. In the 1920's the average number of deaths per year was 2,062; in the 1930's the rate was 1,597, and none of that gain was made during the time we had chemotherapy,—sulfanilamide or sulfapyridine. Further large gains are now being made.

If our contagious disease rate of 1910 existed in 1940, last year, Dr. Harper says we would have paid out for medical and hospital service, $26,000,000 that we did not have to pay. Our hospital stay in Wisconsin has been reduced from twenty-one days to nine days in the last twenty-five years. The maternal mortality rate has been cut in two in the last ten years. In 1901 a quarter of our population would have been dead within twenty-four years. In 1933 twenty-eight years had been added to that span of life.

**May I say this: The health achievements of Wisconsin as shown by actual bookkeeping could not have been made if sickness care were not available to the people in our state. The first premise is in error.**

## The Second Premise

Now continuing with the premises in the bill: Lines 9 to 11, page 2: "* * * because no arrangements exist for spreading the risk of medical and hospital expense over groups of people and periods of time." In the office of the Commissioner of Insurance they told me that there are ninety-nine insurance companies licensed to do health and accident insurance business in Wisconsin. Nineteen of these are selling group hospitalization service; fifteen are selling health and accident policies; four are selling family group hospitalization policies; forty-eight are selling surgical benefit policies; and thirty-seven are selling individual hospitalization policies. That type of insurance pays the recipient in terms of cash which he may use as he sees fit. If there is more than sufficient to pay his bill, he retains the balance. The second premise is wrong.

## The Third Premise

The third premise appears on page 2, lines 15–17: "The legislature finds and declares that the cost of medical and hospital care can be reduced * * * by the organization of cooperative associations * * *" Stop at that point for a moment. I am sure they don't mean that. Insurance spreads the cost but it does not reduce the cost. You actually add to the cost through administrative overhead, sales, etc. But you certainly do not reduce the cost. That premise is also wrong.

## The Real Purpose

What is the purpose of the bill? The problem is not that we are lacking in health achievements. More money is spent on movies, travel and recreation than for medical care. Nearly as much is spent on tobacco as for medical care. Twice as much is spent for candy as for hospitals; twice as much is spent on cosmetics as for nursing. The real problem is one of education of the public, a continuous one, and that has always existed and I think it always will exist. The problem is not one of reduction of costs, unless you are going to cheapen medical care, and in that case you take the very heart out of it. The problem is not one of an absence of cash insurance plans.

## " . . . Proposal for Reckless Driving . . . "

I think what this bill actually proposes and sets forth is that without the slightest power of supervision or control, or even the right to criticize, people or physicians shall be allowed to collect money on a promisc to perform medical service itself if needed at some future time. I think that in the fields of insurance or promoting the health this is a plain proposal for reckless driving.

There is no opposition on the part of physicians to cash insurance plans,—they favor them. However, the legislature says, "You must have some reserves,—50 per cent of annual receipts from

premiums. You must follow some rules for investment of capital and surplus. You must make out an annual report to the Insurance Commissioner, and he is responsible for the supervision of the plan." Standard insurance policy provisions make certain of the responsibility of the company to the policyholder. If you organize a mutual company (a cooperative) with a required number of policyholders and income, the officers must have some knowledge of insurance and some financial responsibility, and also the Insurance Commissioner has a right to take over the company if it is unsound. Now all of these things are set up when the return is in cash.

Yet here is a bill in this same insurance field wherein payment is not in cash but in terms of services that deal with human life. It is all right to have such an arrangement for state supervision when all you can lose is cash, but not when one may lose his life. That paradox just doesn't make sense. In this bill, the payment is in service—medical and hospital care. Anyone may sell anything he wishes to sell, and promise whatever he wishes to promise. It is exempt from all insurance laws. It is free from all criticism, and under that premise even the policyholders could not criticize what he deems to be deficient in his policy. It opens this state to any out-of-state "fly-by-night" promoter. It provides a heavy fine or imprisonment, or both, even on the sister or the layman hospital superintendent who cannot prove in court that the reason a physician or patient connected with such a plan was barred was for some other reason than participation in the plan itself.

No hospital wants to take into its general wards a patient who has a contagious or communicable disease, or a case which it is suspected will develop into a contagious disease. And this is quite arbitrary. They could say, "If we take him at all, we will put him in an isolation room or he can't be admitted because we haven't the facilities for that type of case." Many hospitals do not care for cases of active tuberculosis. There are institutions that are equipped to care for that disease. And yet here is a bill wherein the superintendent of the hospital must get up in court and prove that the reason the physician or patient was not admitted was for some other reason than that alleged under the terms of the bill.

Now, finally, I think you will agree with me that it provides every incentive to destroy the quality of sickness care. This, gentlemen, is insurance. The former Commissioner of Insurance of this state, Mr. Herman L. Ekern, in citing five elements to insurance, said: "It follows that a hospital and medical insurance plan is and properly should be, subject to the regulation of the insurance department of the state. The thousands of people who will pay into a group fund, in expectation of receiving care if sick, are as much entitled to protection by the State as are persons who pay premiums to an insurance company in expectation of receiving any other indemnity in case of loss, depending upon the type of insurance. The welfare of a great mass of people is no different in either case."

## Medicine Not a Commodity

It is very easy to stand here and say what we should do to protect the health of the people. It is very easy to discuss, in health, what should be done. And it is very different when we are sick. Let me say to you here, in the presence of the Dean of the Marquette University School of Medicine, that the quality of medical care is the most important thing in medicine. Medicine is not a commodity. You cannot stack it up here on the table as I did lye several years ago when appearing on a bill regarding poisons. You cannot stack medical care or lay it end to end. It is a trusteeship of building information that is passed on from generation to generation, with the same ethics to guard it that limit response to calls to no hours or service, not to a few pay-in-cash-clients.

Medicine is a profession described by Holmes as "the profession which for more than 2,000 years has devoted itself to the pursuit of the best earthly interest of mankind, always assailed from without by such as are ignorant of the infinite perplexities of its labors * * *."

As I said a moment ago, this bill creates every incentive to destroy quality in medical care. First, may I say that we studied abroad, and we studied conditions in this state. There is no profit to physicians in holding back something that will advance the public health. On the other hand, medicine has come before the legislature time and time again to aid in establishment of such institutions as Mendota State Hospital and the State Board of Health.

First of all, in these plans there is a tendency to overload the physician to secure income. Secondly, when there is practice in groups, sometimes there are situations wherein the physician has no personal contact with the patients. Thirdly, there must be an adequate premium. In these plans, if the premium proves to be insufficient, it is found in actual experience that if they then go back and say, "$3 is not enough premium; we must have $5," then the membership of the plan completely collapses. So that is not done and they maintain the same premium as before, but they add a pharmacy or some other source of income. Fourth, there is the tendency to stay within the income that they have rather than cause the patient additional expense. This is not the same as the Mayo Clinic,—in this bill each physician could sell his own insurance, or a group could employ one, three, five or twelve physicians.

## "... Incentive is There to Cheapen the Service ..."

From actual experience we find that what happens is, when a patient with a rather difficult skull fracture, for example, comes to a small prepaid insurance group, at first they send him on to some one outside the group to get the care that is available in the community or nearby and bring him back to health. This costs the subscriber extra. And soon you have a subscriber there who says, "I have spent $3 a month over all this time, and what happens?

When I am injured it costs me $300 or $400 to get it taken care of, and I don't think I will stay in the plan." If that sort of thing occurs very often, the group collapses. Gentlemen, the incentive is there to cheapen the services by trying to do that which one is not qualified to do so as not to have the subscriber pay more. This quality of medical care is a fragile thing. It can be said that not every physician can have it all, but I will not agree that we must not do anything or everything we can to preserve that basic ingredient. This bill would crush and destroy that quality of medical care. Many of the regulations in these plans are imposed by laymen,—not by medicine. And never have I seen a plan that did not have these regulations there. It might not be the type of regulation that is written, but the sort of thing such as telling the radiologist to use only one x-ray plate, although the private practitioner may use ten plates before he gets the one that will diagnose the case best. Here he might be limited to one. And there is the type of regulation that says to the physician, "Be careful now and don't use any expensive drugs."

## "Blue Sky Law in Reverse"

In conclusion, may I say that this bill has twice been defeated by our legislatures in the past. It is a blue sky law in reverse. The blue sky is the limit as to what can be done under this bill. It would bind medicine like Chinese women used to bind their feet and it would make medicine just as useless. Reference was made here to a plan in Superior. May I say that we took some of these suggestions for prepaid medical care that were brought to us and we tried them out, and we intend to continue to try out suggestions. We know that cash insurance will work. But we do not know that service insurance can work. Medicine does not oppose change. I can honestly say that to you. As a layman it has been my privilege to be associated with my Society for some time, but before that my father was much interested in the workmen's compensation act administration. And I am not the type of individual who would find myself bound. We have been searching in every direction as to how best to promote public health. And if this measure gave that assurance, or even a promise of not destroying the advances we have made in the past, at least we would say it is not controversial. But we will not gamble heedlessly with human life. "The proof of value does not lie in their good intentions."

May I leave with your committee this letter from the Wisconsin Hospital Association, signed by the executive secretary, Dr. E. T. Thompson of Mount Sinai Hospital, Milwaukee, who desires to be registered against the bill.

Assemblyman Krohn (Marshfield): I think I, more than anyone else, have a great respect for medicine. However, there is a question that I cannot figure out. We have hospitals and fully qualified doctors who cannot practice in them. I know of one such instance in particular.

Mr. Crownhart: Every hospital in the state which is not state-owned has certain regulations. Even the state institutions have rigid staff requirements. The hospitals themselves must decide what physicians are going to practice in that institution. You can't get around that responsibility. They want men who are going to keep abreast of medical science. A man who retires from study should be retired from practicing medicine. One of the methods of knowing whether a man is the type of man wanted is to ask: Does he attend medical meetings? Is he a member of a county medical society and the State Medical Society? And his qualifications then may be such as to admit him to the hospital to care for the internal medicine cases; yet they could say, "We don't think you have the qualifications to practice abdominal surgery." Have I answered your question?

Assemblyman Krohn: In a way. I am thinking of a certain case. The doctors in outlying towns come to this particular hospital. And yet, no matter how good they are, when they bring their patients to this hospital they are not allowed to operate or prescribe any treatment. They have to take a doctor on the approved list of that hospital. And there is only that one little practicing group in that city.

Mr. Crownhart: I think I know what hospital you have in mind. The State Medical Society of Wisconsin believes that no single institution providing the only service for a given community ought to preclude all physicians from coming in from the outlying districts. There is only one hospital in the state that does. It so happens, however, that a hospital properly may say, "If your physician lives twenty miles from this hospital and he wants to bring his case here, he must name some other physician in this community who may be called in time of emergency." That type of case you cite is very infrequent and in that one isolated case it is something the State Medical Society is trying to iron out.

Assemblyman Biemiller: I quite agree with your answer to the first question regarding restrictions in hospitals, but does that solve the problem of physicians who have been on reputable hospital staffs? As you know, one of those physicians at Milwaukee Medical Center was secretary of St. Joseph's Hospital, and then he was barred because of contract practice.

Mr. Crownhart: Mr. Biemiller, there may be many things which may affect such things in a community, even as to insurance men. In medicine we try to retain the high quality of medical care. There are certain things which we think will keep it there, and there are certain things which will destroy it. It is our right to say whether those things will maintain those standards and it is our right to try to protect standards erected for maintaining a high quality of service for the sick. For instance, Mr. Biemiller, you are interested in pure food and drug legislation which creates very high and rigid standards for the protection of the public against misbranding or mis-

labeling of medicines and drugs that may be obtained only on prescription. We want to protect ourselves against the misbranding of professional services.

Assemblyman Biemiller: May I ask where the line of demarcation lies between such plans as this and such plans as the T. M. E. R. & L., and the Cutler–Hammer Company have?

Mr. Crownhart: I would like to discuss this bill that permits any type of plan. We have studied over 600 plans, and I think we have files on 300 of them. I shall be glad to look that up and report back to you if you wish.

Assemblyman Krohn: The problem comes up that people with incomes of $800 or less must let the doctor and hospital bill remain unpaid. Have you any idea of the percentage of doctor and hospital bills that go unpaid?

Mr. Crownhart: That will vary. It is a very difficult figure to arrive upon. I see here the superintendent of Madison General Hospital, who will tell you that they never even enter on their books those cases in which they feel charges should not be made or cannot be paid. You will be amazed at the percentage of such cases never put on the books. When you ask what percentage is not collected, that is a very difficult question to answer.

Assemblyman Krohn: Would it be possible for doctors and hospitals as they are now constituted to institute a voluntary system whereby a person could pay a certain sum of money and build up a fund of $60, $70 or $100, and then he would not have to pay any more until that was exhausted for service?

Mr. Crownhart: We are trying to study that specific plan now.

Assemblyman Krohn: He puts his money into the fund but there is the profit motive there too. A man may continue to pay for many years and he then drops his insurance, and all of a sudden he may be taken ill.

Mr. Crownhart: But Mr. Krohn, that takes place in any kind of insurance. It might even take place under this bill proposed here.

Assemblyman Krohn: Perhaps this suggestion would be better then, as it would maintain a balance at a certain level.

Mr. Crownhart: Mr. Krohn, we are studying that now in our office. But in insurance plans, the man who is not sick must pay for the man who is ill. Under any type of insurance that money is lost for the man who remains well. It is merely protection.

Chairman Hanson: Are there any further questions?

Mr. Crownhart: Thank you very much.

Chairman Hanson: Does anyone else wish to oppose Bill 245, A.?

## Dr. Eben J. Carey

Dr. Eben J. Carey (Milwaukee, Dean of Marquette University School of Medicine): Mr. Chairman and Members of the Committee. I am appearing here

*Eben J. Carey—continued*

solely as a member of the American Medical Association and I would like it to show on the record as such, and not as representing any institution or even as a particular official of the State Medical Society. I do this because of the fact that the American Medical Association was mentioned at the beginning of the hearing by Mr. Biemiller. He said it was under indictment and that implication means that it is an organization that could not be trusted and that it has failed, more or less, as a social agency not only in this state, but nationally. I wish labor and men like Mr. Biemiller really would get together and iron out these things and try to learn each others problems and try to come to an amicable understanding rather than this interminable confusion and trying to pose as experts in other than their own fields. I know nothing about the labor problem and I will leave those complicated things to the labor leader and the lawyer. But in medicine I have spent twenty-five years. Our students spend five years studying, including the interne year, and we are interested in the quality of work these men will do on an educational basis because we feel very jealously that we have a trusteeship, in a manner of speaking, and we certify to the public that these men are capable of practicing medicine.

We do make mistakes. We recognize that we are frail and that there is no such thing as human infallibility. We do not have to go back to ancient or medieval history. We can just take up a newspaper and study current events over the last fifteen years. Now contrast the proposals and promises made in this bill.

## Challenge Statements

My opinion is purely an honest difference of opinion based upon experience. I am challenging practically every statement made by Mr. Biemiller because he talks about medical men and what they can do, and I feel I am more competent to judge that than he is because of my own research work as an older student and not merely as somebody who poses to be an expert. It would be different if I were on a salary and nobody else controlled my wages and I had no particular obligation as a medical man as long as my academic and professional freedom are preserved. But you cannot do that under such management as this, or under politicians. When you do that, that scientific acumen is destroyed. And I say that advisedly because I have seen the thing in operation. I am interested in their social reasons for getting adequate medical attention, but there is a difference in methods. Mr. Biemiller feels that by legislative enactment, and control of patient, his ends are accomplished. I would like to ask him a question on lines 8, 9, 10 and 11 (page 3). I think this personal relationship between the patient and the physician is something we should watch out for. Why, he puts in there that "free choice of physicians within such contracts shall

be retained and that responsibility of physician to patient and all other contract and tort relationships with patient shall remain as though the dealings were direct between physician and patient." And that cannot be. And it cannot be, for this one reason: This would have you believe that you can give a man control over the patient and at the same time state that the financial management of that relationship is going to be in the hands of a third party. And there you destroy that relationship which you strive to keep in effect.

The next claim is that preventive medicine would be enhanced. That is purely his opinion. And neither Mr. Biemiller's nor my opinions are worth anything now. I don't believe Mr. Biemiller would want this put on a national scale. I can speak for unfortunate Austria, as well as for France. And when Hugh Cabot or Sigerist of Johns Hopkins University speak, I think we can challenge them and speak of differences of opinion to a large extent. Dr. Tandler, director of the University of Vienna from 1925 to 1932, was health commissioner of Vienna and at the same time he was teaching in that university the same subject that I am teaching at Marquette University,—namely, human anatomy. He was the health commissioner just as Dr. Krumbiegel is health commissioner of Milwaukee. There were 1,500 physicians under his direct control, and 350,000 individuals living in the apartment houses there. No one could doubt his motives, or his sincerity, or his honesty. He thought he was doing the best thing. He spoke feelingly of his "poor people" and said they needed this particular type of cooperative medicine that was being practiced there. But as a matter of fact, it was a political type of thing right down to the core. It was an absolute annihilation of human rights. They had no choice. It was handled as if health were a commercial commodity. And what was the end result? Those tenants could live in those apartment houses just so long as they voted in favor of the Socialist Party, or they would be put out. The laudable objective of higher medical standards never materialized, and the quality was lowered. It was put on a political basis. The service rendered by the doctors was on a political basis.

## Neutralize Luxuries

Mr. Biemiller speaks about luxury services. I think the time has come when a lot of these things such as luxury services, grandiose hospitals, the facilities of mechanisms, x-ray, and those things, should be neutralized rather than unduly encouraged. We are decreasing that human relationship. It is the private practitioner that has been the bulwark of medicine in the United States during the last 150 years.

According to the report of Surgeon General Parran of the United States Public Health Service, in the last three years the health record of our 130,000,000 people is better than any 130,000,000 people have ever had at any time, at any place, in the past and there is no country on the earth today that can equal our health record in spite of the ten years of the depression.

I think the time has come when labor and the profession should sit around the table and stop this confusion in the minds of our people. It is not good for labor and it certainly is not good for medicine. We should be working in teamwork to bring a clarity to the minds of our people.

Many things can be done in the home. Many people are given false promises. If people do not go into an expensive room of the hospital and have x-ray work and all the other things, they feel as if they have not had their money's worth. It becomes a "bottle-of-medicine" practice as soon as these things are done. In Austria it was equivalent to a "back door" problem and whether consciously or unconsciously we too are going in the direction where a state or a large group will control our lives.

I resent personally,—and that as a medical student and member of the American Medical Association,—the theory that the money I earn can be better handled by somebody else than by myself. If it is insurance that I want, I will buy it, but I don't want to buy it on false promises or on promises that cannot be fulfilled. There is nothing abstract here in the motives of this bill. I am convinced that if the majority of physicians,—and I say this advisedly,—could give better service to their patients through this plan, it would have their hearty support.

After all, let us sit down around the table and talk it over and eventually see eye to eye what these problems really are. You mention the fact that doctors won't need to worry under this type of plan, and that it will permit more graduate work. The fact is the exact opposite based upon history abroad. This would back up a few plans here such as the Ross–Loos Clinic in Los Angeles, and the Milwaukee Medical Center. I am not speaking derogatorily now. But whenever an outside control comes in along with political influence, then the quality of care is bound to depreciate. And one reason the present system is a success is because physicians are wide open to competition, with free enterprise in medicine, and if that is destroyed you will rue the day. That was the fact in Vienna and in France; those were typical group cooperative systems, and the physicians were definitely regulated in what they could prescribe for their patients. They went by rule and by rote and regulation, and 50 per cent of their time was consumed in making out complicated reports. And if you don't think our own government can issue these reports, just pick up some of the more recent reports that physicians must fill out for some of our government physical examinations.

That brings us to the point of social services of the American Medical Association. In June, 1940, the American Medical Association and 110,000 physicians of the United States pledged themselves to national defense, and they pledged themselves to go through the very detailed physical examinations expected by the United States Army to make men

available for defense. And they have done it for five months now. They have done it freely as their part of a contribution of over 1,000,000 hours' time in making these physical examinations.

## "High Time"

I think it is high time business, industry, legislators, labor, the professions and the rest, get together and begin to show a little goodwill toward one another. I am convinced that the high standard of medicine today, or 95 per cent of it, is due to the man on the vanguard of the private practice of medicine, aided by the public control in the United States Public Health Service and the State Board of Health.

I am convinced of this: You just show the first step and I am sure medicine will fall into step with you in getting together, and with that cooperation I know many of these problems can be ironed out. But I am also sure of this: If you try to "step down the throat" of medicine through Washington by the Roche committee and the implications of the Wagner Act, you will find a group of medical men who are militant. We are not selfish, but we know it is not for the best interests of our patients. If you had lived under the Austrian plan from 1925 to 1932, you would rue the day you support such a plan as you have here.

**Assemblyman Biemiller:** Why?

**Doctor Carey:** If you are going to turn money matters over to an outside agency, the patient will suffer.

**Assemblyman Biemiller:** It is simply a restatement of the bill of the Wisconsin Medical Association in 1935.

**Doctor Carey:** Absolutely, but in this bill here you would have an outside agency. I could take this bill up and pull it to pieces. On the last page here you say any one "who shall directly or indirectly interfere with, or conspire to obstruct the organization or operation of any cooperative association organized pursuant to this section shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than $100 nor more than $1,000, or by imprisonment in the county jail or by both such fine and imprisonment, * * *" Why, if this became law I would not dare even say what I have said here today without being held for obstructing the organization. I couldn't even criticize the bookkeeping.

**Assemblyman Biemiller:** I don't agree with that.

**Doctor Carey:** That may be, but you take it as it is here, and I can be held guilty of a misdemeanor. Every move could be questioned and it would have to be proved by me that I am other than guilty.

**Assemblyman Pritchard (Eau Claire County):** I would like to ask the Doctor a question. As to the question between the profession and the consuming public who has to pay for the service, there seems to be a feeling that people are not securing services they seek at a price they can afford to pay. And that is the purpose of this bill. How would you feel in regard to sitting around the table with representatives of the government, etc., to discuss these needs. How would you feel toward a committee of the legislature to discuss the matter?

**Doctor Carey:** I think when it comes to a proposal of discussion of these problems, it is not something that has to be enacted into law. It does not require a law in order to get down to the facts. The whole challenge is whether or not the people of this country as a whole are getting adequate medical care, and all we can do is cite statistics, the same as Mr. Biemiller did when he was discussing it. And statistics are absolutely in favor of the adequacy and efficiency of medicine as practiced at the present time in contrast to any other system that we know of in the world today. Certainly, there is room for improvement. Medicine is not infallible. But let us not make a mistake here and do something we will regret. We are bargaining with human lives, and it cannot be done as with guinea pigs. If we sit down as representatives of the State Medical Society and representatives of labor and really try to come to an amicable understanding of what is involved in these problems, I am certain we could accomplish something. I am also certain if the doctors came in here with a bill to socialize labor, as labor is attempting to do with physicians, Mr. Biemiller would be the first one up here to oppose such a bill.

**Assemblyman Pritchard:** Don't you think the physicians are over-emphasizing the health of this nation as compared to other nations? I think they are overdoing it, and that the reason for the health of this nation is that the people have more between their ribs than in the other places.

**Doctor Carey:** I will agree with you, but why not go around then and see that these men get more jobs and thus get more under their ribs? Instead of socializing the doctors, let us go out and try to get these men jobs. I think labor would be doing a greater job if they tried to do that.

**Assemblyman Pritchard:** They do get more here than in other nations now.

**Doctor Carey:** Certainly they do. And that is because we have free enterprise here. It is due to the psychology and the courage of the people here.

**Assemblyman Krohn:** Do you think the State Medical Society would be opposed to sitting with an interim committee of the legislature and representatives of labor and agriculture during the next two years to iron this out?

**Doctor Carey:** So far as I am concerned, I don't see any particular fundamental difficulty in this at all. When it comes to an attempt to get at the truth of the matter, I think representatives of labor and of medicine should be studying this common problem before things are brought out in the nature of a bill like this one here which looks as if it were completely worked out for public consumption by those behind Mr. Biemiller without the good advice and experience of medical men in the preparation of a thing of this type. There are certain men in medi-

cine, just as Mr. Biemiller said, who are in the same "boat," but by far the majority are not.

Assemblyman Krohn: Then it might not be a bad idea if we get together in the next two years in an interim committee and work out a bill.

Doctor Carey: If one is needed.

Assemblyman Krohn: Where there is smoke, there must be some fire.

Doctor Carey: The fact that these people come in here and ask for this assumes a need. If we could get together and discuss it, I think more information and facts could be gathered. I think we can avoid some of the steps that have been definitely deleterious abroad. It is something that requires careful control all the way around, as well as cooperation. I think that is what we need,—cooperation.

Chairman Hanson: Are there any other appearances in opposition to Bill 245, A.? If not, those who wish may register on the bill.

The hearing is closed.

# Compulsory Sickness Insurance Bill Introduced for Third Time; 1941 Measure Numbered in Assembly as Bill 586, A.; Hearing Not Scheduled

**Introduced by Assemblyman Biemiller, Milwaukee, Bill 586, A. would create a system in Wisconsin of compulsory sickness insurance. The bill will have a hearing, probably during April, before the Assembly Committee on Public Welfare and thereafter receive a vote on the Assembly floor.**

**Because the 1941 bill, with minor typographical errors of the 1939 bill corrected, is identical with that of 1939,—we are reproducing herewith the 1939 committee appearance of the secretary of the State Medical Society analyzing the major points in this proposed legislation. Page references are changed where necessary to correspond to the 1941 bill.**

## 1939 Hearing (June 7, 1939)

Chairman Hipke: We will now hear those in opposition to the bill.

Mr. J. G. Crownhart: My name is George Crownhart, secretary, State Medical Society of Wisconsin.

This is an exceptionally warm day, Mr. Chairman, and recognizing that you have six additional bills to hear, I will keep my remarks brief.

The theme of Mr. Biemiller's bill is the prevention, alleviation, and cure of disease. That has been the devoted aim of medicine for hundreds of years. The subject matter of this twenty-eight page bill is one of tremendous scope, but in the limited time here for presentation, we are anxious that you appreciate certain of its outstanding features which would operate to defeat the very end that the proponents hope to accomplish.

Two years ago (1937) this measure was defeated in the Assembly by a vote of 63 to 27. *(Editor's Note—The 1939 bill was killed 60–32.)* Shortly thereafter we went out into the state and sat around a table like this to study firsthand the health needs of the people in some thirty-nine representative counties. Around the table there sat with us, day after day, people in all walks of life,—people from farm homes, from both labor groups, citizens representing education, women's clubs, and so forth. We did not discuss the national health nor even the health of Wisconsin. We were discussing their health, the health of their relatives and neighbors. There were town chairmen, and I recall distinctly one from a small town on the south shore of Lake Superior, who had served for seventeen years in a community of 200 people. I can assure you that such men and women knew about the health conditions of their communities and were in a position fully to advise us.

Simultaneously, we conducted an extensive study of hospital care insurance and with your favorable action just completed on Bill 288, S., such a project for the state as a whole shortly will be an accomplished fact.

Following, it was my privilege to go abroad to study sickness care and in particular, compulsory sickness insurance. The study was made critically but not critically in the sense of finding fault with what other lands were doing with their people. We appreciated that they might have, and soon learned that they did have, problems that were vitally and vastly different from ours. Our approach was solely to answer the question, "Is this a framework, either as it stands or with some modification, which can be used in our own State of Wisconsin and when so used, will enable us further to build a service in our already great accomplishments in the prevention, alleviation, and cure of disease?"

Let us recognize at the outset that unlike all other social insurances, this particular insurance here set forth does not pay the recipient in terms of dollars with which to purchase care, but pays him only in terms of medical services. Whether the observer studies in England, Norway, Sweden, Denmark, Germany, France, or Hungary,—wherever we studied the systems,—and finally out of all of

the studies, one is increasingly impressed that there are certain elements or factors which always come to the fore. Because this is true despite the fact that the laws and systems differ appreciably or even widely, country-to-country, I think we can say with certainty that these elements found in every study are inherent to any such system and would be found here were this measure to be enacted.

## Decrease Care to Balance Books

First of all in this bill before you, the premium is fixed, and there is no other important source of income. If you will turn to page 9 and then to page 12, you will note this fixation of income.

---

165.04 CONTRIBUTIONS. (1) After January 1, 1942 each employer shall pay contributions equal to two per centum of the wages paid by him to his employes on or after January 1, next.
(2) Each covered person shall pay contributions equal to two per cent of the wages received by him for employment occurring on and after January 1, 1942.

---

(3) The fund shall be the sole source of the costs of administering this chapter and of providing the health benefits required thereby and neither the state nor the director is liable for any sums in excess of the amounts paid into and earned by the fund.

---

(e) The director with the consent of the state health insurance council created pursuant to section 165.10 may increase or decrease the amount and duration of medical, optometric, dental and hospital care and other benefits provided by this chapter, whenever the condition of the fund allows or makes necessary such change.
(f) No benefits of any sort shall be provided before April 1 next.

---

It is to be noted that each employe (agricultural labor, occasional labor and domestic help under four in number are excluded) is to have deducted from his every pay check, no matter how small it may be, 2 per cent of his wage. The employer is to contribute another 2 per cent which he adds to his commodity price. According to the Industrial Commission's formula and Social Security Board figures there would be initially 1,562,687 employed persons and their dependents covered in Wisconsin under the terms of this legislation. According to the same sources of information, a combined pay roll deduction and taxation would raise $24,863,000 or a total of $15.93 per covered person per year.

Now if you will deduct from this amount the probable actual operation and administration cost, you must allow for a deduction of 20 per cent. In some countries the figure seems to indicate that the administration cost, under certain types of organization, runs from 10 to 14 per cent, but in a breakdown of these accounting figures, the observer is not impressed that all has been charged to administration, that one would charge to administration here, if you were to make a sharp line of demarcation between how much money is spent to secure the actual sickness care on the one hand and all non-sickness care costs on the other. In addition there must be some reserve for epidemics and like contingencies, and if you are to allow 5 per cent for such reserve, then under the terms of this bill, you have left but $12 for actual sickness benefits per covered person per year. The members of the Committee on Economic Security, who were advocates of compulsory sickness insurance, indicated in their studies that if you were to insure the population groups of an income of $3,000 and under (and this bill reaches the $3,120 level) and if you were to preserve the present standards of sickness care, it would require not less than $18.70 per covered person. Keep in mind that this is a figure of a group advocating the measure and it is based on fewer services than are provided in the measure before you.

In consequence, we would have the same situation here as they have in England,—the law provides that the covered person shall have the sickness care and health services that he needs and that are essential in our present day thinking, but the administrator is faced with at least a 30 per cent initial shortage of funds. What would happen is exactly what happened in England. The law says that the people shall have the service but the money is not provided and so the service is not provided, and little wonder that the medical profession there stands up and says, "You should give the people what you promise them."

Secondly, the funds are not increased. Taxing a large number of small pay checks a still further amount may be economically impossible and is always politically inexpedient. The International Labour Office in its most recent published volume (and I would have you note the title) on "Economical Administration of Health Insurance Benefits" makes an initial statement that is very illuminating.

*"Social insurance institutions are obliged to administer their funds as economically as possible.*

*"The income of these institutions is very limited, because the majority of the insured persons are wage earners and therefore belong to the economically weaker sections of the population.*

*"The contributions paid by the insured persons and their employers are a compulsory deduction from remuneration which is in any case low, and consequently this deduction must not exceed a certain proportion if it is not to interfere with other vital needs of the insured persons."*

Not only are the funds not increased but by indirection they actually decrease. The person who is suddenly unemployed is not immediately dropped as a beneficiary, but under the terms of this bill is a covered person for nearly six months. In times of unemployment, people who have put off elective types of sickness care lose no wages by having their needs filled. So at the same time the system has the least income, it also experiences the greatest demand. Time does not permit me to cite other examples but all of this results in a system deficient in both the quality and quantity of sickness care.

As one studies abroad with credentials which introduce him, from farm groups to farm groups, economists to economists, labor to labor, physicians to physicians, government to sickness insurance administrators and so forth, one has an unusual opportunity to have a keen appreciation of the fact that a statement of the law and its intent differ widely from the operation of the law in fact. The administrator tells you, not in interviews of fifteen or twenty minutes, but in conferences of hour after hour, of his basic and fundamental problem. The administrator tells you that if he is to remain the administrator very long, he must balance his books. He does balance his books, but he does it in the only way that he can in the face of insufficient funds,—by ignoring for the great mass of the insured population the degree of sickness care that constitutes their vital needs in times of illness. *The administrator becomes the trustee of funds and not the guardian of health* and this is inherent to the system and in the present bill I specifically call your attention to page 8 which provides for the balancing of books by the director decreasing the promised care.

## Artificial Limits for Medical Benefits

Turning now to the second main aspect of this bill, under all such systems, and specifically in this bill, not only are the preventive aspects lost entirely, but the sickness care follows artificial limits by rules and regulations ad infinitum.

First of all, they make the rules for the physician. In the present bill we find such power of the director and medical director on pages 5, 6, 7, 16, 21, 22, and 23.

---

165.03 HEALTH BENEFITS. (1) EXTENT OF BENEFITS. On and after January 1, 1942, and subject to the provisions of this chapter and to such rules and regulations as may be issued thereunder, the director shall provide covered persons and their dependents with the following health benefits:

---

(3) DISQUALIFICATIONS. (a) No covered person or dependent of a covered person shall be provided with any services for the diagnosis or treatment of tuberculosis, venereal disease, nervous or mental disease, or any other diseases or conditions requiring medical treatment if such services are otherwise available to such covered person or dependent free or at a charge which the director determines to be nominal, through any public or governmental institution or organization.

---

(10) To adopt, amend, or rescind rules and regulations and perform any other acts required for the administration of this chapter.

---

165.18 STANDARDS. (1) The medical officer of the division, with the approval of the state board of health, and after consultation with such state advisory committees as may be established, may promulgate, and thereafter may amend or rescind, minimum standards with respect to services, care and commodities furnished as health benefits. Such standards shall take effect thirty days after publication in the official state papers and thereafter are binding upon all persons and concerns electing to furnish such services, care or commodities.

(2) In addition to other penalties provided by this chapter, if any physician, optometrist, dentist, hospital, person, concern, or organization furnishing health benefits to covered persons and their dependents under this chapter fails to comply with any standards promulgated and in effect pursuant to subsection (1) of this section or, after due notice thereof, continues to violate any provision of this chapter or any rule or regulation issued thereunder, after fair notice and opportunity to be heard, he or it may be denied the privilege of furnishing health benefits under this chapter, either permanently, or for a limited period, or until the medical officer is satisfied that the requirements of this chapter or of such standards, rules or regulations will be met, or may be denied the remuneration otherwise payable under this chapter, as the medical officer determines to be necessary for the proper administration of this chapter.

---

All of these rules are based on the "economical prescribing" to which I previously referred. What the physician does and prescribes costs the system money. I show you here the handbook for the physician as used in England. I might have brought a similar one for every other system studied because it is inherent to the system. Within this book are set forth the prescriptions which the physician may use, based on averages, and if the physician does not stay "within the book," there may be the money penalty as provided in the bill or, indeed, there may be the most severe penalty of loss of right to participate in the system at all. The fact is that illnesses do not follow averages, and rules for the doctor compiled in that manner constitute a concept of sickness care that is entirely foreign to the concept of both physicians and citizens of this state.

Secondly, there are rules for patients as well as for physicians. These are set forth in some general form in the bill on pages 6, 7, 8, 19, and 25.

---

(2) Subject to the consent of the physician, optometrist or dentist so selected, every covered person may select from the list published for the area in which he resides, the physician, optometrist or dentist to provide him and his dependents with general medical, optometric and dental services under this chapter. A covered person may change such selection upon complying with such regulations with respect to notice as the director may prescribe.

---

(2) QUALIFICATION FOR HEALTH BENEFITS. A covered person or his dependent is eligible to receive health benefits only if such covered person has had not less than four weeks of employment, whether or not consecutive, within the twenty-six consecutive weeks immediately preceding the day on which health benefits are provided.

---

(b) No covered person shall be provided with health benefits under this chapter, except in cases of emergencies as prescribed in regulations of the director, with respect to any accident, disease or condition with respect to which the covered person is receiving or is entitled to receive treatment, or entitled to reimbursement for the cost of treatment, under the workmen's compensation act of this state or any other state or a similar law of the federal government.

(c) The health benefits specified in subsection (1) of this section are available to each covered and otherwise eligible person for a period of not more than twenty-six consecutive weeks in any one illness.

---

165.20 Duties of recipients of health benefits. (1) Every covered person or dependent who applies for or is in receipt of health benefits under this chapter, if requested by the director, shall submit to a medical examination by such physician as the director may designate, at such reasonable time and place as the director may direct. If the covered person or dependent fails to submit himself to such examination, or obstructs the same, his right to health benefits may be suspended until the examination has taken place.

---

(2) If a covered person persists in such practices as may in the judgment of the director tend to prevent or retard his recovery from illness, the director may, after fair notice and opportunity to be heard, reduce or suspend for such time as he deems proper, such person's right to benefits under this chapter.

---

Note in the section quoted on page 19 that the physician whom the patient selects is not based on the choice of physician at the time of his illness, but on selection of a physician at the time he becomes insured. You do not choose a pediatrician tonight because of the serious illness of your child, nor a surgeon because you suspect that the persistent abdominal pain is probably appendicitis. You select your physician in advance of any illness whatsoever, and that is the physician that you must call, and whether you are entitled to or receive any additional services depends entirely upon the status of the fund, the rules and regulations as laid down by the administrator.

I show you the rules for patients under the British system. You will note the fact that under these standardized rules the patient must call upon the physician at his office "Whenever his condition permits;" he shall not summon the physician to visit him between the hours of 6 p. m. and 10 a. m. "except in case of serious emergency;" and that where a home visit is required he shall give notice to the physician "if the circumstances of the case permit, before ten a. m. on the day on which the visit is required." There is a fine upon the patient who makes a frivolous complaint, and a fine for the patient who violates the rules. These are inherent to the system, as is the provision on page 6 relating to the amount of employment essential to coverage, and subsequent provisions excluding either diagnosis or treatment for tuberculosis, venereal diseases, nervous or mental diseases if such diagnosis or treatment is available free or at a nominal charge. There are rules for the patient as to the length of the illness and the time he is covered. Methods for controlling the so-called nuisance demand of the patient are listed on page 25 of the bill, and will be the subject of additional rules and regulations.

Turn now to pages 20 and 21.

(4) Physicians engaged in the general practice of medicine who elect to furnish their services to covered persons and their dependents shall receive remuneration therefor:

(a) On a fee basis, pursuant to which the physician shall be paid fees measured by the extent and character of the services or treatment furnished by him, or

(b) On a per capita basis, pursuant to which the physician shall be paid from time to time at a fixed rate per year with respect to each covered person and his dependents for whom such physician assumes the responsibility of medical care during such year, or

(c) On the basis of such combinations or modifications of the methods prescribed by paragraph (a) and (b) hereof as the director, with the approval of the state health insurance council, may determine to be fair and reasonable.

---

While proponents of the bill will tell you that the physician may be paid on a fee basis, actually this is not possible under these systems when the funds face such a shortage as this measure faces, except in those scattered areas in which there are few of the insured to be found. Actually, the physician is paid on a per capita basis. In other words, the director, having in mind the funds available, says to the physician, "We have insured a large percentage of your former clientele and if you would like to be a physician under this system, we will list you providing you will agree to accept $2.25 a year as your full remuneration for the sickness care that you render every insured person who selects you." I do not know what the exact sum would be in Wisconsin, but I have quoted the sum prevailing in England. The insurance system having paid the physician, it cares little how many times the patient goes to the physician, and you see the patients under these systems crowding the physician's office. Your first thought is that here is the preventive aspect because the patient comes early. But as you study, you learn that this crowding defeats not only an opportunity for preventive medicine, but it defeats sickness care of any quality for the person who is sick. Patients come back time and time again to secure renewal of prescriptions which the book of rules limits in amount in the hope of preventive wastage. They crowd the physician's office for certificates to such an extent that it is impossible for him to give the care that we here consider as basic to any personalized, individualized service.

And then if you will turn to page 21 you will find provisions, inherent to every system, for medical records and reports.

---

165.14 Medical records and reports. Each person or concern who or which provides services, treatment, care or commodities as health benefits to covered persons or their dependents pursuant to this chapter shall keep such records and furnish such sworn or unsworn reports to the director as he may by regulation prescribe. Such records are open to inspection and may be copied at any reasonable time as often as the director deems necessary.

I have in my hand record form after record form, and filling out these endless forms again takes time of the physician that he now devotes to taking care of sick people. I show you the so-called "clinical record" of the British system. The superficial observer speaks of these records in glowing terms, but note if you will that the record provides a space of exactly two and one-half inches for the physician's clinical notes, and a space of exactly one inch for his diagnosis, with places for pen check marks as to whether the patient was seen in the home or office, and whether a certificate was issued. You inspect these so-called clinical records by the hundreds, and you find only such notations as "creaking knee," "cold," "influenza," and in the diagnosis column single words that relate more to the treatment than to the diagnosis. The physician does not have the time to do his job, and you only marvel that he has the time to do as much as he does.

In every country I asked the administrator why they did not institute periodic health examinations, and in varying degrees they threw up their hands in helplessness.

"Wouldn't this be a cheaper procedure over a long period of time," I asked the administrators.

"Mr. Crownhart," they replied, "We have so much to do now and so little money to do it with that we could not think of instituting a procedure which would uncover vastly more for us to do."

Preventive aspects are emphasized by proponents, but this possible value of the system is everywhere lost in actual practice. This is not health insurance but a system that insures our limiting our vision to salvaging what we can out of sickness.

Now, finally, under this discussion of services within artificial limits, come with me to the Midlands of England, where I was talking with the administrator of one of the systems when he received a report from the prescription checker. There were 66,000,000 prescriptions issued in England during the last year of which I have a record, and the prescription checker determines as to each prescription whether the physician stayed within the book of rules and whether the pharmacy priced the ingredients according to the drug tariff. Here was a physician who had gone outside the book. The average prescription costs 16 or 18 cents, but this one, in terms of our money, as I recall it, amounted to $1.75. When I called on the physician, he said, "Mr. Crownhart, it is quite true. I will explain the situation. This patient has been unemployed because of illness, and that which was allowed in the book did not seem to work. I wasn't able to get him back on his feet. I picked up a current issue of a medical journal and saw some work that was being done in the States which had passed the experimental stage. So I wrote a prescription for this man, and he is now back at work." Then I asked him, "And now what happens?" and he replied and these are his own words, "Well, it does take a bit of doing." And then he said, "I must explain to the regional medical service officer who is employed by the system, or explain to a panel committee no member of which ever saw my patient. And I have to try to tell them why I went outside the book." I said, "And if you can't explain?" He replied, "Then that amount will be deducted from my next quarterly pay check."

Now I want to suggest something: doctors are human too, you know. And where they must depend on a considerable amount of the system practice for their income, they cannot devote hours in explaining to somebody why they went outside the book. That means they learn to stay within the book of rules and regulations. And that is the concept that worries physicians here as they consider filling the individual needs of the sick.

## The Role of the Administration

Finally, Mr. Chairman and members of the committee, I turn to the role of administration. I call your attention specifically to the sections on pages 1 and 15.

---

(1) To appoint, employ such individuals, and prescribe the duties and powers of individuals necessary for the effective administration of this chapter. The director may in his discretion bond any person in his employ who handles money or signs checks.

---

(4) To make necessary expenditures from the fund to pay for the administration of this chapter and to carry out the purposes thereof. There is allotted from the funds herein appropriated a sum sufficient for administrative charges.

---

In the estimation of the International Labour Office, it is required that there be one administrative employe for every fifty and at the best one to every 100 persons insured. In Wisconsin this would require an administrative army of not less than 3,000, and to house such an army would require space equal to three such large state office buildings as the one we are now completing. There is the pay roll checker to make certain that the employer collects the pay roll deductions and pays his own tax. There is the prescription checker whom I have previously described. There is the layman who is employed as a sick visitor who calls at the patient's home in prolonged illness to make certain that the patient is in bed and not feigning illness. There are the system-employed physicians, statisticians, advisory committees and on page 16 of the bill note provision for the local administration force.

---

165.09 LOCAL OFFICES. If necessary for proper administration of this chapter the director, with the approval of the state health insurance council, may divide the state into districts, and subdivisions thereof and may maintain offices and personnel in such districts, or subdivisions.

---

This administrative army diverts part of the funds and controls all of the funds and thus controls the sickness care and the medical service it-

self. The administrative end of the system, over a period of time, and wholly naturally, becomes permeated with the thought that it is the administration that is important. The administration works with all modern business machinery even though the physician and the hospital abroad may be working under handicaps that to our physicians and institutions at Chippewa Falls, Milwaukee and La Crosse would seem to be almost insurmountable.

Now in conclusion, I point out that the administrator is the man of supreme power. He appears in section after section. He selects his administrative army. He determines who may be dependents. He makes the rules and regulations. He may decrease the benefits *without the insured public ever knowing about it.* He enters into contracts for the service benefits with the professions and with the hospitals. He selects the pharmacists and determines what dentists shall provide the emergency care that is the only dental care provision under this bill. Note on pages 16, 25 and 26 the sections that provide the power of the administrator as the judge and the jury.

---

165.21 DISPUTES. The director and medical officer shall prescribe fair and reasonable rules for the hearing of, and shall provide for fair hearings upon claims, complaints and controversies with respect to the remuneration of those furnishing health benefits under this chapter, with respect to the denial of health benefits to claimants thereof, with respect to the adequacy, quality and extent of any health benefits furnished hereunder, or otherwise related to the administration of this chapter. In connection with any such hearing, the director and medical officer are not bound by common law or statutory rules of evidence or other technical rules of procedure. The determination of the director or medical officer, after such hearing, shall, in the absence of fraud, be final on all questions of fact, but may be reviewed upon question of law by the circuit court of Dane county in a civil action against the director, provided proceedings therefor are instituted by any party affected by the director's or medical officer's determination within thirty days after the date of mailing or notification thereof.

(7) After reasonable notice in writing and opportunity to be heard, to remove any physician, optometrist, dentist, hospital, clinic, laboratory, pharmacist or other person or agency from the list of those who are permitted to furnish to covered persons and dependents, services or commodities, if the medical officer of the division finds that the continued inclusion of such person or agency would be prejudicial to the proper and efficient furnishing of the health benefits provided by this chapter.

---

The administrator may hire, and he may discharge, but he is responsible to no court of this land for his reasons if he has followed simple procedures. The administrator is not bound by common law or statutory rules of evidence although those were created to protect the rights of man.

Come with me for a moment to Vienna. It is a month after the Anschluss. I destroyed every letter that I had to a Jewish physician for I knew from previous experience that presenting such letters, were they still there, might be a source of great embarrassment to them. I had many letters left to other physicians who were distinguished scientists yesteryear. The great centers in medical education today are in our own country, but Vienna used to be such a center, and the friends and relatives of those physicians who lived in this country were anxious that I discuss sickness insurance with them. Yet two out of five and sometimes three out of five of these other physicians were not to be found.

As I walked across the courtyard of the hospital, I was speaking to a young German physician, and in my predicament I showed him my undelivered letters. He said, "Mr. Crownhart, you do not understand,—if I may speak to you personally,"—he hesitated. I replied, "By all means." Then he answered, "These men did not advocate the political faith that henceforth controls the destinies of my country. They will not be back."

Do not be quick to condemn for you find that previously this system was under a different political control. When it happens once, it will happen twice. But I say to you that in Wisconsin we think of physicians, not in terms of their race or religion, and not in terms of political party that they may happen to support, but solely in the terms of what the physician can do for his own patients and what he can teach his brother physicians to do for theirs. And we know of no way to provide these systems with such safeguards as will prevent, for all time, such foreign concepts playing an increasingly insidious role in the field of care of sick people.

So in conclusion, I say to you, Mr. Chairman, that these systems have these inherent elements. Our studies were made with the sole thought of discovering whether such a framework could be used still further to advance the health of our people which has now attained in this state a record excelled by no other country in the world. Now we find, at the end, that here is something not to further increase the public health achievements in Wisconsin, but that in practice such a system will cause its immediate retrogression. The physician is no longer the teacher but whether he likes it or not, he becomes a man who is always trying to salvage something. Mr. Biemiller states this system will increase the physicians' income. The physician rejects such an offer when it entails a loss of ability to take care of the sick as he knows how to do and now does.

I leave with the committee a long telegram which has just come to you in my care from the Wisconsin Pharmaceutical Association registering their opposition. Further I wish to enter, at his request, the registration of Dr. R. W. Huegel of Madison, representing the legislative committee of the State Dental Society. If there are no questions, I express to you my appreciation for this hearing.

# After Hour of Debate, Assembly Rejects (65-24) Bill 245, A., Legalizing "Blue Sky Limits" in Voluntary Sickness Insurance Plans

## ANALYSIS OF ASSEMBLY BILL 245, A.

1. Permits, under the name "cooperatives,"

   Laymen to organize to purchase, and provide for the delivery of, medical and hospital care for themselves and families.

   A single physician or osteopath, or a group of physicians or osteopaths to organize to sell medical and hospital care.

2. Legalizes

   Any contracts based on periodic payments of stipulated sums (insurance basis) for the rendition of hospital service, or medical service, or both, and whether by an individual, a cooperative, a partnership of professional or nonprofessional men, or other similar group.

To assure that there be neither direct nor indirect interference with the promotion of such plans or organization of groups to promote such plans, this bill:

1. Prohibits

   Any public hospital, or any hospital having partial or complete tax exempt status (charitable institutions) denying to a patient, because he is enrolled in such a plan, the facilities of the institution.

   Any such institution denying a physician, because he is participating in such a scheme, the use of its staff facilities, or facilities available for hospitalizing patients.

   Violation of this provision would be a misdemeanor.

   Punishment: a fine of not less than $100 or more than $1,000.

   Any county medical society or the State Medical Society from excluding a physician from membership who, otherwise eligible, participates as an individual or in a group to furnish medical service on the voluntary sickness insurance basis.

2. Exempts

   Any plan so organized from any regulation whatsoever under the insurance laws of Wisconsin.

3. Provides

   When patients receive medical or hospital service or both under such an organization, the responsibility of the hospital and the physician duly involved is direct to the patient and their duties shall remain the same as though such an arrangement had not been made, except as to the payment of bills.

4. Punishes

   By fine or imprisonment, or both, any person, partnership, or corporation which directly or indirectly interferes with the operation or organization of such a so-called cooperative. Denial of medical or hospital facilities to a patient enrolled in such a venture would be deemed prima facie evidence of such obstruction.

## ASSEMBLY FLOOR DEBATE*

Wednesday, April 30, 1941

**The Chief Clerk:** Bill 245, A. by Mr. Biemiller, relating to the formation of cooperative and other associations, to provide medical or hospital care, or both, discrimination against such associations, their exemption from insurance laws, and providing a penalty.

**Mr. Speaker:** The question is, shall Bill 245, A. be indefinitely postponed?

**Assemblyman Biemiller:** Mr. Speaker.

**Mr. Speaker:** The gentleman from Milwaukee Second.

### "A Conspiracy"

**Assemblyman Biemiller:** Mr. Speaker and members. Bill 245, A. was introduced to take care of one of the worst conspiracies ever perpetrated upon the unsuspecting public, a conspiracy in the field of medical care by the American Medical Association against the people of Wisconsin and of the United States, and against a handful of courageous doctors. For many years the American Medical Association has refused to recognize a growing need in this and other states,—it has refused to take cognizance of the fact that large groups of our population are deeply concerned over the subject of how they can meet the costs of medical care. Numerous studies and surveys have been made, studies and surveys that have shown beyond a shadow of a doubt that the present method of meeting the costs of medical care is one that deprives large sections of our population of greatly needed attention in the field of doctors' care, hospital services and the various other services that go to comprise modern, up-to-date medical care. A large section of the population, on the basis of good American initiative, has endeavored to find a way of meeting this problem. Upon their own initiative these people have organized groups to insure themselves against the costs of medical care. Numbers of people have, on perfectly sound principles of American initiative, gone into the idea of making prepayment against the future cost of doctor's bills, and they have done it on that basis. They have been able to create for themselves, associations which are able to bring adequate, complete and thorough medical attention to groups of people who previously could not secure it. But these people are being thwarted in their efforts through one simple little device on the part of the American Medical Association and its state and county medical bodies. These people who are doing this without compulsion and on their own initiative are being thwarted by the medical trust of the United States, and I use that term "medical trust" advisedly as you will see in a few moments. This trust says, "Well, go ahead and organize your group but don't think you are going to get anywhere with it because we have a way to block you." And this is how they do it:

These groups are organized with doctors who are ready to serve the groups,—a handful of very courageous doctors who are anxious to serve these groups. And then what happens? Then these doctors are refused admission to practice in the hospitals. By order of the legislature? No. By order of Congress? No. By order of the courts? No. They are refused admission to the hospitals by the American Medical Association. Yet these men are licensed to practice. The State Board of Medical Examiners has said, "You gentlemen have passed all of the requirements in college and have shown by examination that you have all of the required knowledge and skill to become a doctor. We are glad to give you a license to practice in the State of Wisconsin." Some of these doctors have gone further and have become very important men in their profession,—men whose professional skill has never been questioned,—and yet when they have had the initiative to take a forward step and align themselves with a movement whereby the people of Wisconsin could obtain medical care on the basis of payments which they can meet, the American Medical Association said, "You doctors cannot practice your skill in the hospitals of the State of Wisconsin." I think all the members of this legislature are quite aware of the fact that as medicine is practiced today, if you deprive doctors the right to practice in the major hospitals you are for all practical purposes cutting off the arms of those doctors, because more and more the hospital becomes a very vital factor in the practice of medicine. If you won't let the doctors practice in hospitals, you might as well cut off their arms. They must carry on their practice. You may think I am just telling a story or trying to invent something, but I want to tell you that just what I have stated here has happened in Milwaukee, and now doctors in other parts of this state are afraid of what might happen to them. They are doctors licensed in the State of Wisconsin. They are doctors whose skill has been recognized by their fellow doctors. They are doctors who have been honored and recognized as outstanding men of their day. And yet they are prohibited from practicing their skill and art in the hospitals of the city of Milwaukee. The same thing has happened to doctors in other parts of the country, and now doctors do not have the nerve to go ahead and associate themselves with cooperatives or other associations for the prepayment of medical costs.

Let me give you a brief history of the point I am discussing. A few years ago a certain group of workers in the city of Milwaukee went into a study of the mounting cost of medical care. They found that all of them were having difficulty in meeting this high cost of medical service. So this group went to a group of doctors and said, "We have been considering here how we can formulate a plan under which we can really get good medical care at a reasonable cost, on the basis of monthly payments."

---

* Stenographic report. The Assembly committee hearing on this bill appeared in The Journal, April, 1941.

And after discussion this group of doctors, spurred on by this group of workers, founded what is now known as the Milwaukee Medical Center. The Milwaukee Medical Center was founded on two very sound bricks. The first one was that large groups of people will make periodic payments on the insurance principle to guard against potential medical problems, by bringing the cost of this medical care down to a basis where everyone can meet it by budgeting every month a certain small amount of income to protect themselves against such possible medical hazards. The second principle was patterned after the famous Mayo Clinic of Rochester, Minnesota. It was patterned on the belief that today the development of medical science has reached a point where no one doctor can possibly hope to be an expert in all fields of medical knowledge, but wherein a group of doctors work together, each one skilled in some one particular phase of medical practice, and that group of specialists functions as a unit. So when you join a prepaid medical plan to arrange to pay for the services of experts in all fields of medical knowledge, it is a sound principle patterned, I repeat, after the famous Mayo Clinic at Rochester, Minnesota, which every member of this Assembly knows is an outstanding example of vast medical practice in the United States and, yes, in the entire world.

## Mayo Clinic Plans

Then here we have an effort being made by a group of plain, common, everyday people to achieve for themselves what the wealthy people can achieve by going to the Mayo Clinic and paying out large fees which that institution asks. This group of doctors who had the courage to enter this plan was composed of men all known and respected in their fields; one of them had been secretary of the staff of doctors in one of the best-known hospitals in Milwaukee; another had been chief of the surgical staff in still another hospital. All were men against whom not one single finger of suspicion had ever been pointed so far as medical skill and professional standards were concerned. And yet, members of the Assembly, the moment those doctors had the temerity to associate themselves with this plan whereby they could bring good medical service at reasonable cost to the poor people of Milwaukee, what happened? They were expelled from membership in the Medical Society of Milwaukee County. That decision was sustained by the Wisconsin State Medical Society and the American Medical Association.

Now, some of you may say, "So what? What if they were expelled?" I will grant that to some of you that may not seem like such a horrible thing. Perhaps these people can stand it to be expelled from their professional societies. Maybe it doesn't make any difference to them. But here is what is wrong with it. The moment these strictly voluntary groups took in these doctors, the doctors immediately were automatically barred from every large hospital in the city of Milwaukee excepting one. "How can that happen?" you may ask. I think it is a fair question. How can a voluntary association that does not have the backing of law, bar licensed physicians, —men who the State of Wisconsin has said are competent physicians and surgeons? How can a voluntary association bar these men from the major hospitals? It does seem ridiculous. You say, "Such a thing could not happen!" Let me tell you how it does happen,—no major hospital can possibly function without internes. It just cannot operate. The cost of maintaining a large staff of resident physicians would be beyond the financial resources of even the larger hospitals. So they have to have internes to carry on the day-to-day work of that hospital. I have no quarrel with that particular idea, but you all know that today graduation from a medical school is not sufficient to train anyone adequately to become a really first-class member of the medical fraternity. They need some very valuable training.

But here is the thing that is wrong: the American Medical Association maintains what it calls an accredited list of hospitals, and if you are a hospital that is not on that list of hospitals, just try and secure an interne! Just try it, and see if it can be done. And so this voluntary association, the American Medical Association, places itself above the law and it says, "We, and we only, shall determine what hospitals can have internes and what hospitals cannot have internes."

Now, as I said, when these doctors joined this group, every large hospital in the city of Milwaukee was barred except one. That one hospital for a while showed great fortitude and it "bucked" the American Medical Association. They fought it. They said they were not going to be dictated to by this supergovernment. And do you know what happened then? After a few months went by, this hospital received a letter signed by one of the officials of the American Medical Association, and the letter said in so many words, "Unless you remove Doctors X, Y and Z from your so-called courtesy staff, giving them the courtesy of your hospital, your hospital will be removed from the accredited list of hospitals of the American Medical Association." Now, just think of that! The crime was that this hospital permitted these doctors to practice there,—doctors whose skill had never been questioned. Many other doctors in Milwaukee will tell you that their standing was A-1 in their profession, men who have been honored by fellow physicians by election to important offices in the medical fraternity. This hospital was to be barred because it permitted doctors to practice within the confines of that hospital.

What kind of situation is that? I will tell you what it means. It means that a handful of doctors in the United States are trying to tell you and me what we can do about paying the costs of our medical bills.

## "The Medical Trust"

This particular case unfortunately is not an isolated one, not by any stretch of the imagination. The same thing has happened throughout the entire United States. But recently this American Medical Association ran into something it had not bargained with. A few weeks ago the American Medical Association, the medical trust,—and I speak advisedly because you gentlemen may not realize that the American Medical Association has just been indicted and found guilty in a federal court of violating the Sherman Anti-Trust Law, for this sort of practice. This same kind of hospital discrimination that was found in Milwaukee was also found in Washington, D. C. There a courageous group of physicians and citizens tried to find a method whereby they could establish an association to meet the costs of medical care. And as a result the American Medical Association ejected those doctors there. But action finally was brought in a federal court of the District of Columbia and after that case was kicked around from court-to-court-to-court and then back again to the original court, finally it came to trial, and a jury in that court found the American Medical Association guilty of violating the Sherman Anti-Trust Law and a $5,000 fine was assessed against the American Medical Association for those practices. That, members of the Assembly, is why I speak of the "medical trust." Very definitely and beyond any shadow of doubt, the federal court said what was wrong,—that it was operating.in restraint of trade.

The major purpose of the bill now before you is to remedy this situation, to say that any doctor licensed to practice medicine in Wisconsin, whose reputation is good, whose medical skill and knowledge is sufficient, shall practice in the hospitals of the state. I think it certainly is a question for this legislature as to whether we will permit this association to set itself above the law and tell you what you may or may not do. This association does permit some doctors to engage in this kind of medical economics. There are in Wisconsin some twenty or thirty industrial plants such as the T. M. E .R. and L. Company, Cutler–Hammer, Allis–Chalmers, etc., who always had an almost identical set-up to permit the prepayment of medical costs for their employes. In some instances even the firms contribute a part of those medical costs. These plans are allowed to continue because the "big-wigs" of the Medical Society smile benignly upon those plans. But a group of common workers in Milwaukee, a group of people who are just good, hardworking folks, start a plan and get a group of doctors to go in with them, and what is said to them? "You stop that right here and now."

## "Nefarious Practices"

I submit to the members of this legislature in conclusion that if we are going to permit the American Medical Association to set itself above the law and decide its own importance as to the law of Wisconsin and the laws of the United States, then we have reached a pretty sorry state of affairs in conducting the affairs of our own state. You gentlemen from the northern and western counties know this bill is not just a Milwaukee bill. You have had many letters from your cooperative societies asking you to pass this piece of legislation. The cooperative societies in this state are very anxious to start cooperative medical associations, but as long as this present set-up prevails, as long as this office in Chicago—the American Medical Association operating through its state office here in Madison—can set itself up as more important than the law, the doctors are afraid to associate themselves with this new kind of medical economics. And I think it is high time we tell those people and associations that the time has come when the people have a right to decide how they will pay their medical bills and not let the American Medical Association dictate how they must pay them, and how the hospitals of this state can practice and who can practice in them and who cannot. Let us break that strangle hold of the American Medical Association through Doctor Fishbein and his associates which has been thrown around us. Let us say, "This medical trust must stop its nefarious practices," and let us pass this legislation which beyond any shadow of doubt will give these associations a chance to operate without being dictated to from the Chicago office of the American Medical Association.

Mr. Speaker, I ask for a roll call.

Mr. Speaker: A roll call is requested. Are there a sufficient number of seconds? * * * There are a sufficient number up.

Assemblyman Robert E. Tehan (Milwaukee): Mr. Speaker.

Mr. Speaker: The gentleman from Milwaukee Fourth.

## "Pure Commercial Basis"

Assemblyman Tehan: Mr. Speaker and members. I have arisen on this particular bill, against the gentleman from Milwaukee Second, because I think perhaps there is a problem here that gives a considerable amount of concern to the medical societies. But in 1937 and again in 1939 there were some points of inquiry on the bill, and that inquiry exists with me today. When a group of people want to protect themselves against a catastrophic illness, they can take out health insurance. And they take it out through an insurance organization. They rely on the fact that that insurance is written under the jurisdiction of the Commissioner of Insurance of the State of Wisconsin. They have that right to do business. But here we have a bill that provides that it is legal to permit a group to solicit other people, or groups of people, for a certain amount of money for a certain amount of time with the promise that when they need medical attention they will be able to get it.

Now, I am personally acquainted with many of the doctors connected with the Milwaukee Medical Center which has been operating under this plan for the last three years. They are gentlemen of rank in their profession and I think they have the confidence of their people. But it strikes me that if we legalize this procedure here it would encourage groups of doctors and others to go still further and solicit from group to group, or from individual to individual, and by doing that we are going to throw the gates wide open, and then you will not have men of high standing in the profession. They will be men who will promote this particular activity and we will have doctors operating like a corporation, who will not care for the good health of the people and it will be on a purely commercial basis. So as for me, my position remains unchanged. I can see no reason why we should allow these particular groups to go out and solicit for the things they promise they will perform. There may be occasion for this type of thing, as I have had occasion to learn from my personal experience recently, but as far as that goes I think the general principle still stands. A very severe illness, one in which the average worker is making $800 to $1,200 per year, may be a burden. Perhaps there may be no question but what something along this general line is indicated, but on this particular program here there is no regulation by the insurance department or any other department. I trust this measure is indefinitely postponed.

Assemblyman Biemiller: While I have no desire to afflict upon the members of the legislature any lengthy debate, I wish to point out briefly certain remarks made by the gentleman from Milwaukee Fourth. But before doing that I should like to hear the committee report on this bill.

Mr. Speaker: The clerk will read the committee report.

## HEARING BEFORE ASSEMBLY COMMITTEE ON PUBLIC WELFARE ON BILL 245, A.

March 5, 1941

Committee members present: Messrs. Hanson (chairman), McDowell, Hammergren, Fritzen, Krohn, Daugs and Pritchard. Absent: None.

Appearances for the bill:
Mr. A. J. Biemiller, Assemblyman and author of the bill.

Appearances against the bill:
Mr. J. G. Crownhart, secretary, State Medical Society of Wisconsin, Madison.

Registrations against the bill:
Dr. C. A. Dawson, River Falls, representing the State Medical Society of Wisconsin;
Mr. John Borgenson, secretary, Association of Commerce, Racine.

March 19, 1941

Committee members present:
Hanson, Hammergren, Fritzen, Krohn, Daugs and Pritchard. Absent: McDowell.

Appearances for the bill:
Mr. A. J. Biemiller, author of the bill;
Mr. W. R. McCabe, Superior, representing Brotherhood of Locomotive Firemen;
Mr. Don Cameron, Milwaukee, representing Wisconsin Association of Independent Unions;
Mr. J. F. Friedrick, Milwaukee, representing the Federated Trades Council of Milwaukee and the Wisconsin State Federation of Labor.

Appearances against the bill:
Mr. J. G. Crownhart, secretary, State Medical Society of Wisconsin;
Eben J. Carey, M. D., Dean, Marquette University School of Medicine.

Registrations for the bill:
Rev. G. L. Collins, Madison, representing Madison Council of Churches;
Mr. Milton R. Mehlhouse, Madison;
Mr. J. M. Murphy, Milwaukee, representing Wisconsin State Drivers Conference;
Mr. H. E. Pike, Portage, representing Brotherhood of Locomotive Engineers;
Mr. Charles E. Stone, Monroe, representing Wisconsin Swiss and Limburger Cheese Cooperative;
Mr. H. E. Thew, Madison, representing Madison Milk Producers Association Cooperative;
Mr. Milo K. Swanton, representing Wisconsin Council of Agriculture.

Registrations against the bill:
Miss Grace Crafts, Madison, representing Wisconsin Hospital Association;
Mr. James O. Kelley, Milwaukee, representing Medical Society of Milwaukee County;
Mr. D. J. McNally, representing Milwaukee Association of Commerce;
Edward T. Thompson, M. D., representing Wisconsin Hospital Association, Milwaukee.

COMMITTEE ACTION:
Moved by Mr. Fritzen, seconded by Mr. Hammergren, that Bill 245, A. be recommended for indefinite postponement. Motion carried.
Ayes: (6) Messrs. Hanson, McDowell, Hammergren, Fritzen, Daugs and Pritchard.
Noes: (1) Mr. Krohn.

Assemblyman Biemiller: Now, Mr. Speaker and Members. I think you heard, in the reading of this committee report, a unique situation. You heard names on that report read, people who appeared in favor of this bill representing groups who ordinarily are in bitter conflict. You heard the name of Milo Swanton read,—the secretary of the Council of Agriculture. I think you know that he and I have been at variance many times, but you heard Mr. Swanton's name read as being in favor of this legislation. You heard the name of Mr. Cameron, president of the Association of Independent Unions, as being in favor of this legislation. You heard the name of the representative of the Madison Church Federation as being in favor of the legislation. And that has never happened before on any other bill before this legislature. Many times those people are at variance, but on this particular piece of legislation they are united. And you heard, for example, the name of a man from Monroe, representing the cheese association cooperative, who was in favor of this bill. Now, gentlemen, you know what this prob-

lem is. You know the medical trust is preventing the people from carrying on desirable activities and activities which over a long period of time have been proven to be successful.

My good friend, the gentleman from Milwaukee Fourth, raises the same old bugaboo he has always raised on this thing, that you don't know whether these plans will work or not. I would like to have the gentleman from Milwaukee Fourth show me just one plan,—

**Mr. Speaker:** For what purpose does the gentleman from Rock arise?

**Assemblyman Burger Engebretson (Beloit):** I should like to ask one question. Andy, we have always had an understanding on all matters. I wish you would give me some information at this time. Explain to the members of this house the situation wherein a medical set-up was organized in Rock County, and the medical members of that organization were all members of the Medical Society, and they all practice in the hospitals there in Rock County. Now then, something happened to that organization. Just what it was I don't know, but the thing fell flat. But in fact, the members of the staff weren't "kicked out" of the American Medical Association. They are still members of that organization. They were allowed to practice in the hospitals at home. I am just wondering what caused that thing to fall flat. You said you had never heard of one that failed.

## "I Make a Serious Charge—"

**Assemblyman Biemiller:** I am very glad you raised that question. I am very happy indeed. The gentlemen from the Fourth told you a few moments ago that because of the agitation behind this bill considerable interest has been created in this problem,—so much in fact that the Wisconsin State Medical Society found it necessary to try out my arguments by creating certain plans, one of which was the plan referred to in Rock County.

**Assemblyman Engebretson:** Rock County is considered one of the progressive counties in the state, is it not?

**Assemblyman Biemiller:** The Medical Society set up three plans, one in Superior, one in Rock County, and one at Greendale in Milwaukee County. I make the serious charge on this floor now that those plans were set up with the thought in mind that they would fail. The State Medical Society wanted them to fail. A representative of the Milwaukee Journal had an interview with some physicians in Superior, one of whom stated quite frankly that he believed the plan there was set up to fail. These plans were not set up, Mr. Engebretson, on the established principles of cooperative or voluntary health insurance schemes. Throughout the United States these plans are functioning and functioning successfully. The Greendale project failed as did the one in Rock County. The Medical Center now has a branch in Greendale. The Medical Society of Milwaukee set up its plan there on a different basis. The Medical Society of Milwaukee County plan failed because it was not established on sound principles, and yet now we have the experiment by the Medical Center still functioning there on a firm basis. That is just the thing that bothers the Medical Society. These things are operating in a manner that they and Doctor Fishbein don't like. So Doctor Fishbein says, "To hell with these plans," in so many words. That is what happened to the Rock County experiment, and the one in Superior and the one in Greendale. But the Milwaukee Medical Center continues to function. And again I ask the gentlemen from Milwaukee Fourth and from Rock if they can show me one plan formed on firm principles that has failed. You cannot show me one of them. These plans are still functioning in spite of interference from the American Medical Association and the state and county component societies.

Then the gentleman from Milwaukee Fourth raised the old insurance bugaboo. He knows better than that. He knows better than to drag out that old skeleton, for he knows as well as I do that a certain Democratic Attorney General of the State of Wisconsin, Mr. Finnegan, rendered an opinion that these plans are not insurance schemes. If you will just consult your Opinions of the Attorney General, you will find a very learned opinion by that Democratic Attorney General stating that these schemes are not insurance plans. That part of this bill only makes a matter of statute the former opinion of that Attorney General.

The Medical Society knows that it will run right into the decision of that court in the District of Columbia that it is a trust violating the Sherman Anti-Trust Law. You men here, who so often arise in defense of someone but not in defense of those institutions trying to fight against monopoly and trust, should recognize the fact that we are here dealing with the most gigantic trust in the United States of America, an organization that is trying to prevent people from securing adequate medical care. And if this is not true, why has not an attack been made on the T. M. E. R. and L. plan? Why do they not attack the Allis-Chalmers and the other plans? They are functioning without interference from the State Medical Society. The medical societies smile on those plans. "Yes, go right ahead," they say. But to a group of good people of Superior who wanted to start something, they say, "No, no, no. It is very bad." And the same with a group of common citizens in Milwaukee who wanted to start one. "It is very bad; we must not allow it," they said. Now I hope the medical profession will learn a lesson from that $5,000 fine that was just "smacked" on them by the federal court in the District of Columbia. I hope it will reach them on this situation.

When you find a bill like this that is agreed upon by the Council on Agriculture as well as the railroad brotherhoods, the independent unions, the American Federation of Labor, the Farmers Equity Union, etc.,

you have a truly unique situation. These are forces that ordinarily never "get together" on any measure. You people in the northern and western counties of the state know how much cooperative people want this bill passed. I hope you will vote as many of you have been voting, along with the Council on Agriculture, to see that this measure becomes law so we may stop this horrible discrimination by the American Medical Association.

**Mr. Speaker:** The question is upon the indefinite postponement of Bill 245, A.

**Assemblyman Tehan:** Will the sergeant please bring in the absent members? Now I am not at all opposed to the general proposition underlying this bill of the gentleman from the Second, but I do not believe this bill does what we want it to do. I maintain that passage of this bill would prevent any criticism of any particular group. There is no insurance supervision. And without any supervision I cannot see how you could prevent a lowering of the standard of medical service. I trust this bill is indefinitely postponed.

**Mr. Speaker:** The question is, shall Bill 245, A. be indefinitely postponed. The sergeant will invite in the absent members. The clerk will read the pairs.

**The Chief Clerk:** "We pair on all questions relating to Bill 245, A.: Mr. Varda for the bill; Mr. Nuss against the bill."

**Mr. Speaker:** The gentleman from Iron will refrain from voting.

**The Chief Clerk:** "Mr. Luebke for the bill, Mr. Sengstock against the bill."

**Mr. Speaker:** The gentleman from Marinette will refrain from voting. Those in favor of indefinitely postponing bill 245, A. will vote aye; those opposed will vote no; the clerk will open the roll. * * * Have all been recorded? * * * The clerk will close the roll. * * * There are 63 ayes; 22 noes.* The bill is indefinitely postponed.

**Assemblyman Mark Catlin** (Appleton): Mr. Speaker.

**Mr. Speaker:** The gentleman from Outagamie.

* With the pairs counted, the vote was 65 ayes; 24 noes.

**Assemblyman Catlin:** I move reconsideration of the vote by which Bill 245, A. was indefinitely postponed.†

**Mr. Speaker:** The motion will be entered.

**Assemblyman Catlin:** I ask that the motion be taken up at this time.

**Mr. Speaker:** Is there any objection? If not, the question is, shall the vote by which Bill 245, A. was indefinitely postponed be reconsidered? Those in favor of reconsideration will say, "Aye." (Ayes were heard) Those opposed will say, "No." (Noes were heard). The Noes have it. The Assembly refuses to reconsider the vote by which Bill 245, A. was indefinitely postponed.

## Wisconsin Assembly Roll Call

**For killing the bill as recommended by the Committee on Public Welfare—65.**

Austin, Barnard, Bichler, Boyson, Brom, Brunner, Catlin, Cavanaugh, Collar, Cook, Daugs, Davis, Double, Doyne, Ebert, Egan, Engebretson, Fehlhaber, Fowell, Fritzen, Goldthorpe, Graas, Graf, Grassman, Gunderson, Hagedorn, Hammergren, Hanson, Heden, James, Johnson, Jones, Keegan, Krause, Kryszak, Lang, Larson, Long, Lueck, Lytie, McBride, McDowell, McIntyre, Miller, Mleziva, Nelson, Nicol, Niemuth, Nuss, Padrutt, Pfennig, Pritchard, Pyszczynski, Rice, Riley, Rundell, Runden, Ryczek, Schmitz, Sengstock, Tehan, Van de Zande, Westfahl, Youngblood and Mr. Speaker (Thomson).

**In favor of the Biemiller bill and against its killing—24.**

Baker, Benson, Berquist, Biemiller, Carlson, Genzmer, Koegel, Kostuck, Krohn, Lein, Ludvigsen, Luebke, McParland, Peterson, Rubin, Sheahan, Siebert, Sykes, Theisen, Van Guilder, Varda, Wegner, Weinheimer and Woerth.

**Absent—10.**

AuBuchon, Beggs, Burns, Corbett, Dela Hunt, Hilker, Nawrocki, Spearbraker, Sweeney and Youngs.

† When the Assembly refuses to reconsider its action, the resultant effect is to kill the bill for the session. This motion by Mr. Catlin was entered with that effect.

# Assembly Public Welfare Committee Hears Bill 501, A. to Create Interim Committee on Medical Care Costs*

A POSTPONED hearing on Assembly Bill 501, A., relating to an interim committee to study the cost of medical care, was held on Wednesday, April 9, before the Assembly Committee on Public Welfare. Up to the time of going to press (May 1), the bill had not been reported out of the committee.

No. 501, A.

March 14, 1941—Introduced by Mr. BIEMILLER. Referred to Committee on Public Welfare.

A BILL

To create an interim committee on the cost of medical care, and making an appropriation.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. There is created an interim committee on the cost of medical care to consist of 2 senators and 3 assemblymen who shall be appointed by the presiding officers of the respective houses and of 2 citizens to be appointed by the governor.

SECTION 2. Said committee shall investigate the general subject of cost of medical care and the ways and means of lightening the burden thereof. To this end, it may cooperate with any committee which may be interested in the same problem or with any similar committee appointed in any other state. The mention of specific lines of inquiry shall not be deemed a limitation, but the committee shall have authority to inquire into such phases of the general subject of cost of medical care as it may deem advisable to investigate.

SECTION 3. The committee shall begin its investigations as soon as possible after the adjournment of the present session of the legislature and shall report its findings and recommendations to the 1943 session of the legislature, or, if it is prepared to do so, at any intervening special session that may be called. With its report the committee shall submit drafts of bills to carry out its recommendations.

SECTION 4. The members of the committee shall receive no compensation for their services but shall be reimbursed their actual and necessary expenses. The committee may employ such stenographic and other assistants as it deems necessary and shall have authority to fix their compensation. For these purposes and the printing of its report, there is appropriated from the general fund to the committee herein created the sum of $15,000. Expenditures from this appropriation shall be made on vouchers approved by the chairman or acting chairman and secretary of the committee.

SECTION 5. All state departments, and particularly the legislative reference library, the state board of health and the university, shall assist the committee in making any studies which it may desire to have made. All state departments and the officers of all political subdivisions of the state shall furnish to the committee any information it may require.

SECTION 6. The committee shall hold meetings at such times and in such places as it deems advisable. Any member shall have the power to administer oaths to persons testifying before the committee. By subpoena, issued over the signature of its chairman or acting chairman, and served in the manner in which circuit court subpoenas are served, it may summon and compel the attendance of witnesses, and the production of all books, papers, documents, and records necessary or convenient to be examined and used by them in their investigation. If any witness, subpoenaed to appear before the committee, refuses to appear or to answer inquiries propounded, or fails or refuses to produce books, papers, documents, or records within his control, when the same are demanded, the committee shall report the facts to the circuit court of Dane county, and the court shall compel obedience to the committee's subpoena by attachment proceedings for contempt as in the case of disobedience of the requirements of a subpoena issued from such court or a refusal to testify therein.

SECTION 7. This act shall take effect upon passage and publication.

Chairman Hanson (Elk Mound): First, we will take up Bill 501, A., by Mr. Biemiller. We will hear those who wish to appear in favor of the bill.

## The Author

Assemblyman Biemiller (Milwaukee): Mr. Chairman and Members of the Committee: From time to time, in this session and during previous sessions, legislation has been presented dealing with medical economics, and there seems to be considerable divergence of opinion as to the veracity and meaning of certain facts that have been presented, particularly with reference to Wisconsin. Hence, the bill that is before you today is offered in an attempt to meet that type of criticism of testimony that has been presented before this legislature, and others of previous sessions.

This bill is a very simple one. It provides for two senators, three assemblymen, and two citizens appointed by the Governor, with full power to investigate the possible needs of medical care in the State of Wisconsin, and to report to the 1943 session of our legislature. An appropriation of

* Stenographic Report.

$15,000 is provided to meet the expenses incurred by the committee. The committee also would be empowered to cooperate with existing organizations that have knowledge of the situation and to supplement the work of the committee if it were so desired, and otherwise cooperate with other state departments at the same time.

About four years ago, I think, the State of New York had such a committee as this and it worked very hard between legislative sessions and brought back a report which has had some effect upon the force of medical economic legislation in that state.

I do not believe much more need be said on this matter. The question obviously stands or falls on the simple argument as to whether or not there is a need of this kind. That is all I will say at the present time.

Chairman Hanson: Are there any other appearances for the bill?

## J. F. Friedrick, Milwaukee

Mr. J. F. Friedrick (Milwaukee): I represent the Federated Trades Council and the Wisconsin Federation of Labor. I wish to appear in favor of this bill for the reasons stated by Assemblyman Biemiller, and in addition I should like to say that the matter of health services for workers has been one which in the last few years has involved much dissension. The Wisconsin Federation of Labor and its affiliated unions believe there is a need for a survey of this kind to show the needs of workers today who are "hard put to it" to get adequate medical care under existing conditions. I appear in favor of this bill for other reasons, and one of those is that the history of social legislation in the State of Wisconsin has shown that when measures for social welfare of any far reaching character are proposed, there is a great deal of discussion as to the necessity or advisability of such legislation. That was proven in 1905, 1907 and 1909 in the matter of workmen's compensation. In 1909 the legislature appointed an interim committee to make a study of that question,—the need for workmen's compensation,—and then make its report to the legislature. Subsequently, the legislature took action to enact the workmen's compensation act. When the Wisconsin Federation of Labor proposed the need for unemployment compensation during a series of sessions from 1921 to 1931, it was a matter which received a great deal of discussion and attention from the legislature, and again we met the argument that it was impractical and unnecessary. In 1931 the legislature again appointed an interim committee to study the question of unemployment compensation. That committee held hearings in various sections of the state and it brought back a report to a special session of the legislation in 1931, and the report of that committee resulted in something being done in the matter of unemployment compensation, and the unemployment compensation act was passed.

We feel that the knowledge which this committee could gather would be of inestimable value in the consideration of the various bills which have been proposed for making medical service available to all workers in the State of Wisconsin. Thank you.

Chairman Hanson: Are there any other appearances for the bill? * * * If not, *we will listen to those opposing Bill 501, A.*

## J. G. Crownhart, Madison

Mr. J. G. Crownhart (Madison): I am secretary of the State Medical Society of Wisconsin. Mr. Chairman, I should like, first of all, to make my position crystal clear. If at the present time this committee and this legislature feel that such a study will be socially useful and desirable, and are prepared to finance it adequately and provide some compensation for the persons who will make such a study, and will protect the confidential records which should be protected, the State Medical Society has never opposed, and does not now oppose, such a study. This is the fifth time that a measure of this type has been before our legislature in succeeding sessions and I should like to make a few brief comments on it.

First of all, I should like to point out to you the tremendous scope of the subject matter which this interim committee would have to investigate. The committee is to "investigate the general subject of the cost of medical care, and ways and means of lightening the burden thereof." I think the language is prejudging the findings, but let us consider it from the foundations. How long does it take a medical man to graduate in a medical course; what is the investment that is required on the part of the state and particularly on the part of the student; what is the postgraduate education that is necessary, and what does it cost; what is the investment of the dentist, (because he has a part in this picture too)? Then we have the element of the training of nurses, etc.; the whole picture so far as hospitals' work is concerned, their buildings and their maintenance. Then there is the question of distribution of these services, because that affects the entire subject of costs.

Then, assuming that we here are the interim study committee, we face the question of what might be done to handle the cost of sickness care on an insurance basis. First, presumably, we would discuss the subject of cash return insurance,—a voluminous subject in itself. Because undoubtedly Mr. Biemiller assumes the discussion of voluntary sickness insurance, we have another subject which has a tremendous scope. There are something more than 600 plans that have been tried in the United States. Many of them have very essential differences. Then we have the entire subject matter of compulsory sickness insurance: first, as to the providing of cash return to compensate for partial wage loss for the man who is sick; second, the more important aspect of what happens to medical service under service benefits in compulsory sickness insurance,—a subject that I was privileged to study abroad for months. There is the subject of invalidity insurance, because compulsory sickness in-

surance never insures for illnesses that extend beyond twenty-six weeks, and I think that is in another bill proposed by Mr. Biemiller which we will reach some time later in the session.

Then the studies which already have been made would have to be considered. I think this large hearing room is just about the right size to contain a library of all the books and studies that have been made on the subject of costs of medical care. In 1928 there was a national Committee on the Costs of Medical Care, which spent $1,000,000 in a five-year study. This was followed by the Governor's Committee on Public Welfare in our own state, and I was privileged to be appointed by the Governor to act as a member of the Subcommittee on Health and Disability, which studied over a period of eighteen months and expended many thousands of dollars in the study of health and disability in Wisconsin. That was spent substantially on just the field of what the state institutions had in this picture, what their role was, and how certain situations could be corrected where they occurred. I am sorry to say that many of the major recommendations have not as yet been acted upon although they were repeatedly proposed for enactment into law.

In America we have spent great amounts of funds on this subject matter. Our own State Medical Society has made studies on which we spent nearly $40,000. Then, nationally, we had the President's Committee on Economic Security, and later the Interdepartmental Committee on the same subject matter.

## "Emphatically Not the Case"

If all of this were just a matter of reading books, the cheapest way of doing this would be to buy a library and present it to each member of the legislature. But that is emphatically not the case. A man has to actually live in this subject, and actually have experience in these hospitals. It is perfectly true that such a committee will require actuarial and insurance counsel, and the very best that can be secured. And that service does not come cheaply. We have had that experience. We would need investigators to study the actual situations in Wisconsin. And we would need stenographic help. Mr. Chairman, these members of this proposed committee, these seven people who would wish to do the best possible job which would affect the future health of 3,225,000 citizens of the State of Wisconsin would not want to make a superficial study. I think that is what the author of this bill would least want. If it is going to be done at all, it must be done in a thorough-going manner, sincerely, honestly, and with a basic understanding of the situation. The committee must be in a hospital at three o'clock in the morning and watch the staff assembled to perform an emergency operation in order to appreciate the cost that hospital meets in order to handle that type of emergency operation situation. And you have actually to see that relief situation wherein someone needs emergency care at night and some official can't be found who later says the physician did not have prior authorization and thus cannot be paid even the reduced poor relief fee. You simply must live in that atmosphere to understand the complexity of its problems. This must not be a committee that simply meets on week ends, but a committee that would work, live and breathe in the atmosphere of caring for sick people, and one that would come out with a report in the best interests of the state.

If all that is true, the only way it can be conducted is by providing an appropriation that is entirely adequate. This assembly adopted an amendment to this same bill two years ago, calling for $40,000. In my judgment that is the very minimum amount that is necessary. Our present figure is no different than stated at a previous similar hearing. I think there should be some compensation for the seven members of this committee. They should not be required to give up their time without pay. I gave up my time for the Governor's Committee not only on week ends but throughout the weeks, but I was on a salary from the State Medical Society and my services were released for a year so that I might aid in doing that job which the Governor wanted done. Mine were happy circumstances, but everyone could not match them. I think that should not be the required case here. And there should be protection for the patient records that might be subpoenaed so that they would not become a matter of public property.

I have here a memorandum setting forth three items, which data I should like to furnish to this committee. Should it be the committee's decision to recommend this bill for passage, or report it without recommendation, I hope such an amendment will be included.

First, it provides for compensation for the members of this committee.

Secondly, it provides for a minimum appropriation of $40,000 with an additional $10,000 if necessary, at the discretion of the emergency board. That $40,000 appropriation was adopted by the Assembly two years ago. I am advised now that New York state's commission has operated three or four years and in its short life it spent over $155,000.

Finally, this provides that such confidential relationships that exist between physician and patient should remain so.

I think with that, Mr. Chairman, I should like to rest my remarks and conclude by saying that this is a very complicated and detailed subject. I have here a publication of the International Labor Organization that is devoted to just one thing,—economical benefits under health insurance. The theme is, "How can we do this cheaply?" And that runs directly contrary to the actual operation of sickness care as you will see when this measure for compulsory sickness insurance has its hearing. Such a system requires the physician to try to do something within the limitations instead of doing whatever the individual patient needs.

With that thought, I do feel that anything as far-reaching for all the years to come deserves careful investigation into the subject that is now before you, before recommendation is made for passage of the bill.

Assemblyman Biemiller: I have no objection to that third proposal. I am not definite on that second proposal. Much help could be secured from all these other institutions. However, I do want to raise one question. It is always a peculiar problem and I can't find any authorities in agreement on it. I certainly have no objection to the legislator members of this committee receiving extra compensation. But I understand it would raise a technical problem as to the state law, as to whether members of the legislature may receive extra compensation. I will grant that there are different authorities on that question.

Mr. Crownhart: I thought I was prepared to answer any and all questions on this subject but I am not authoritatively certain on the point of compensation of legislators. I am under the impression that the law would permit it and I recall no law that specifically prohibits it.

As to the point that existing state agencies would be able to do all of the research work, or a substantial part of it, I sat on a committee which had every governmental agency placed at its disposal, and I can tell you from my own experience that while everyone was anxious to help,—the State Board of Health, the old Board of Control, etc.—we found ourselves faced with the fact that they were already undermanned and could give but little help. They were willing but could not actually undertake new studies. This interim committee, if established, must have three times the appropriation it now carries. Are there any other questions? Thank you.

Chairman Hanson: Are there any other appearances in opposition to the bill? * * * If not, the hearing is closed.

## First Hearing

This bill was originally scheduled for hearing on Wednesday, March 26, before the Assembly Committee on Public Welfare. However, the author, Mr. Biemiller, did not appear at the hearing and hence the bill was rescheduled for a later hearing.

A woman appearing for the bill was present from Milwaukee. During the recess period when the committee was waiting for Mr. Biemiller to appear, and while some committee members were absent from the room, she said she had come to Madison at her own expense and would like to address a few remarks to the members of the committee then present, although they did not represent a quorum. Assemblyman Pritchard (Eau Claire) said he was interested in anything she had to say, and that she might address her remarks to him personally if she chose. Extracts from her remarks follow:

Mrs. Clinton M. Barr (Milwaukee): I think passage of this bill to set up this interim committee would have two results; first, it would challenge the medical association as to the services that are available, and second, it would automatically improve medical opportunities. It would provide consideration by a good class of people and it would not force any particular medical system upon us, such as socialized medicine, etc. I belong to the Milwaukee Medical Center, and I know its advantages. And I believe that people cannot get this kind of service under our present system of medical service because of the medical associations. It is a big thing to fight.

If we could create a committee which would bring in a sufficient amount of data so that we will understand just where we stand, then it may be that something can be evolved that will aid the medical profession itself as well as all others. I think such a committee might clarify some things which at present we are all "going around the mulberry bush" about, and we wouldn't get all the facts on one side. We know from our budget how this thing affects our own family.

Assemblyman Pritchard: If you receive certain services, wouldn't you receive them under the present set-up?

Mrs. Barr: I receive them because I belong to the Milwaukee Medical Center, and we pay $2 per month. I could not have had my treatment for all this time if I had had to pay the full rate. I realize the difficulty in setting such a thing up to cover the whole state, however. But I do believe that a committee to study this thing and make a report would be to the interest of us all.

(At this point other committee members entered the room.)

Chairman Hanson: We will open the hearing on Bill 501, A.

Mrs. Barr: I have said about all I have to say.

Assemblyman Pritchard: Well, just repeat it. It will get better each time you repeat it.

Mrs. Barr: Mr. Chairman, as I have said before we have not been making health possible for as many of the people in our state as we might. The reason I am interested in this bill is because I have had some benefits from the Milwaukee Medical Center which makes it possible to get medical attention within the income of the average family. No one in this state should object to a study of anything as important as the subject of health. So if we could set up a committee, an interim committee, to bring back to the legislature the facts on how medical costs are applied, and regarding the people of the state, surely there could be no objection to it. Then we could have a report that will be of great value. What this committee might wish to recommend, we do not know of course, but no one in Milwaukee or in the State of Wisconsin could object to this. As to the exact features of the bill, I am not at all sure about them. The workability of the interim committee would have to be left to the legislature but I should like very much to see it created. Thank you.

Chairman Hanson: This bill will be rescheduled for another hearing at a later date. Hearing closed.

# REPORT OF HEARING ON COMPULSORY SICKNESS INSURANCE PROPOSAL

# SENATE KILLS CHIROPRACTORS' WORKMEN'S COMPENSATION BILL

## AUTHOR FAILS TO APPEAR AT HEARING ON BILL TO SUBJECT PHYSICIANS TO MANSLAUGHTER CHARGES FOR FAILURE TO ANSWER CALLS

# Stenographic Report of Hearing on Compulsory Sickness Insurance Proposal*

**Hearing on Bill 586, A., by Mr. Biemiller, relating to the establishment and administration of a system of health insurance, providing penalties, and making an appropriation, before the Assembly Committee on Public Welfare, Tuesday, May 12, 1941.**

Committee members present: Assemblyman Hanson (chairman), McDowell, Fritzen, Krohn, Daugs and Pritchard; absent: Assemblyman Hammergren.

**Chairman Hanson:** We have six bills to consider today, and the Assembly meets again at 4:45. Therefore I ask that those who appear on the bills try to be as brief as possible. First, we will take up Bill 586, A., by Mr. Biemiller.

**Assemblyman Andrew J. Biemiller (Milwaukee):** Mr. Chairman and Members of the Committee: I want to present a problem to you today and I ask you to look at it in its broad aspects. However, because of lack of time I won't be able to go into very great detail. The problem is this: We have been discussing on the floor from time to time during the past few weeks, the question of strikes in relation to national defense. A great hullabaloo has been raised by some of the members about the great loss of time resulting from those strikes. I think if I were to come before the Assembly or this committee some day and tell you that 1,250,000 man-years of work have been lost as a result of strikes, you would be appalled, and you would rush into the passing of any kind of legislation that somebody might propose in an attempt to remedy that situation. Yet, as a result of illness in the United States, 1,250,000 man-years of work are lost every single year. I am just wondering whether the members of the legislature realize how serious this illness problem really is in the United States of America. These figures are based on federal government estimates.

Now, we in the labor movement have been trying in every way possible to propose a remedy to this situation. We believe our workers are subject to terrific hazards in illness, against which there is no adequate protection. We have asked in the last three sessions of the legislature to make certain additions to our present social legislation, with proposals for voluntary insurance, but they have always been "turned down." The bill now before you, 586, A., is identical to the one before you during the last two sessions (1937 and 1939), and it asks for compulsory health insurance legislation. It is the firm belief of the Wisconsin State Federation of Labor, at whose request this bill is introduced, and the American Federation of Labor, which has endorsed the question of health insurance, that this problem must be met.

We are criticized because we did not adequately consult the medical profession on this problem. I would like to say to this committee that this voluntary health legislation has been introduced, as well as this compulsory insurance bill, and not once have the doctors come in with counter-proposals or amendments, but only with flat opposition. We say to you that this problem is there. We are offering suggestions for a solution to it. We think these suggestions are the best that can be evolved at the moment. We do not say the bill is necessarily perfect. We are saying that it is our answer until someone proposes some other method of solving this problem affecting 1,250,000 man-years of work every year as a result of illness. Certain industrialists have gone ahead on their own initiative, sometimes with the collaboration of the unions, in the establishment of their own plans. It has always puzzled me why these were accepted by medicine, because they are essentially the same plans herein presented and others that have been assigned to the grave on the floor of the legislature. We maintain that these plans show us the way for the type of thing we have here. It provides for a 2 per cent pay roll tax on both the employer and employe. It provides for the payment of the doctors who are to render the medical benefits under the terms of the bill, and it also pays the hospital bill. Now, we have tried, as far as we know how, to leave control of the purely medical aspects of this piece of legislation in the hands of the doctors themselves. If you will examine the bill you will find there is created an office to be filled by a doctor selected from a panel to be submitted by the State Medical Society, who is to have charge of the medical aspects of this legislation. There will be an advisory committee of doctors who will have jurisdiction over that matter. We leave the choice of method of payment to the doctors under this bill up to the doctors themselves. That is one thing we tried to do to meet certain objections which the doctors raised. Our problem is to find an adequate method of furnishing medical care to our people. This seems to us to be the best approach for reaching all workers. I say very frankly that the voluntary plans which have been discussed previously did not reach all the workers' needs. The lowest-paid workers can't come under those plans, and they never have come under them. Only by a compulsory plan can that difficulty be met.

* See the April Journal's colored insert section for earlier analysis of this measure, including quotations from the bill.

In conclusion I wish to add this: health insurance, in one aspect or another, has been tried by every civilized nation on the globe. No nation that has ever tried it has ever stopped using it. The British plan probably is the best known in the United States. The American Medical Association has repeatedly gone out and spread the propaganda that the British plan is a failure and doesn't work, that the people are dissatisfied, etc. Just the reverse is true. The British plan has been very successful. It has improved the general standards of health in England. Far from fighting that plan, the British Medical Association has been trying to extend the benefits of the plan to make them broader. I think the medical profession of America has the burden of proof on its own hands, rather than trying to place it in the hands of the labor movement. There have been so many studies made which show the existence of this problem that it would take me all afternoon to discuss them, in order to bring to your attention these various studies and the facts brought out from them. The facts are there if you want to investigate them. We are aware that the problem is there, and we want to solve it. If the doctors can offer a better plan, all right. But they just "stand pat,"—they say, "Let's just 'stand pat'; let's just stand still."

There is pending in our national Congress, legislation along this same general line,—the Wagner bill. First there was the attempt to protect workers against the hazards of old age and unemployment. Now there is an attempt to protect them against illness, for in many ways that is the biggest hazard of all.

I hope this committee will give this bill every consideration, and I hope it will be reported out favorably.

Assemblyman Pritchard: Is this tax provided here for the employes?

Assembly Biemiller: Yes, 2 per cent each way.

Assemblyman Pritchard: Two per cent each way?

Assemblyman Biemiller: Yes.

Chairman Hanson: We will hear the next appearance in favor of this bill.

Mr. J. F. Friedrick (Milwaukee): I represent the Milwaukee Federated Trades Council. I merely wish to say this: The Federated Trades Council endorses this bill and we feel we would like to have it passed, if possible, for this reason. We find that those people in the higher salary brackets are able adequately to provide their own medical care. We find that it is also true for those people who are on relief, as they are quite well taken care of by the various agencies. However, we find a different situation in the salary group ranging from $600 or $700 to $1,400 or $1,500 per year where whole families depend on that for medical attention. They are inadequately taken care of, primarily for the reason that they can't afford it. They leave things go until the condition is aggravated to a point where perhaps the cure is much more difficult and costly than if they had had care under the methods proposed under this particular plan. We feel it would give them adequate care in the earlier stages of an illness, rather than after it has reached an aggravated condition.

For that reason the Federated Trades Council wishes to endorse this bill so a plan can be adopted in some places such as the Milwaukee Medical Center. Adoption of the plan there by the various organizations has done a very considerable amount to assist in this matter. However, we realize that the Medical Center can affect only a small group and we would like to see the idea extended through the operation of this act.

Chairman Hanson: Are there any other appearances in favor of the bill? If not, we will hear those opposed to the bill.

Mr. George Ballhorn (Milwaukee): Mr. Chairman and Members of the Committee. I am appearing on behalf of the Christian Science publications in the State of Wisconsin, and I act for the membership of the Christian Science churches in this state.

It was pointed out by Mr. Biemiller that it would be required under this law to have a 2 per cent tax on the total pay roll in the State of Wisconsin. I think one consideration that should be given this bill is the fact that if Wisconsin undertakes to enact this type of legislation, apparently in the absence of any national legislation on the subject, certainly it is a type that will make a start. But this act is so definite in its terms. It not only requires a 2 per cent tax on the employer, but it also provides that the employer must deduct 2 per cent from the employes' wages.

Now I would like to call particular attention to the provisions under section 165.08. There it is a matter of the appointment of the director and the powers that fall upon that director. Without going into detail, they are the most arbitrary powers possibly falling upon any public official, and I am particularly concerned on that basis.

I draw your attention also to the fact that nowhere in this bill is any provision made whatsoever for the application of civil service. This director has charge of all arrangements or engagements in the State of Wisconsin, and without control, and I don't think the State of Wisconsin should set up any governmental agency wholly and completely without control. And in event of an appeal from the decision of the director, his decision shall be determined to be final on the facts and review under pressure of law. I think that is rather significant. That makes it absolutely final.

Now, these are general objections here. Mr. Biemiller referred to the Wagner Act. I think he means the Capper Bill.

Assemblyman Biemiller: I have no use for the Capper Bill at all.

Mr. Ballhorn: The Capper Bill is pending in Congress, and it proposes to establish a national system of health insurance, and by its very terms it sets up an appropriation of $50,000,000 for each fiscal year in which it is in operation. It provides that

from the sums appropriated therefor, the Secretary of the Treasury shall pay every state which has an approved plan for health insurance, etc., beginning July 1, 1940, an amount that shall be used exclusively for benefits equal to one-half of the total amount required for the state under section 8—12.02, etc. And then it goes on.

Wouldn't it be the better part of wisdom that this should be a matter of national legislation, and wait until Congress has finally adopted its bill so we know just what the requirements are, and if we desire to get the benefits of that national act in Wisconsin, surely we should withhold our plan and program so that we may be better situated. That seems to me to be good judgment. Why set up a plan here now that may be completely at variance with the program adopted in national legislation? The matter of contributions, both by the employer and the employe, is entirely at variance with the federal act. So, if this is desirable as a matter of principle, of medical economics, and good public policy, then I urge upon you on the part of wisdom first to find out whether the federal government will make this a general thing, or if Wisconsin is to ignore it. The proposed federal act would start out upon a program of its own.

Now I want to say this in conclusion, speaking for the members of the Christian Science church of the State of Wisconsin: If the committee deems this sound legislation in principle and believes it should be enacted, I call your attention to the fact that nowhere is there any recognition of the rights of Christian Science. I am not criticizing Mr. Biemiller for that. If I remember correctly, two years ago or four years ago an amendment was proposed which at that time met his proposals. But I am saying to you gentlemen in all seriousness and sincerity, if you intend to give serious consideration to this legislation, then I ask you to make a part of it an amendment which I have prepared to properly recognize Christian Science. I wish to point out the existing and established public policy in the State of Wisconsin, with which all of you are very familiar. Now it is our information that the amendment which I have drawn is an amendment that will be proposed in Congress on this very same legislation, and which is acceptable to the author of the bill. I would like to leave this with the committee for your consideration.

Chairman Hanson: Are there any other appearances in opposition to the bill?

Mr. J. G. Crownhart (Madison): Mr. Chairman, for the record I am secretary of the State Medical Society of Wisconsin.

Mr. Biemiller started his discussion of the bill with a statement of time lost by labor. It was my privilege to study compulsory sickness insurance abroad. I found in the course of many months and some weeks of study abroad in Germany in pre-war time that *when they did not count an illness of three days or less,* there was an average of from eighteen to twenty days lost each year because of illness. Now Germany has compulsory sickness insurance.

I found in England that *when you do not count illnesses of three days or less,* they had an average loss per man per year of 9.5 days. We find on the basis of the United States Public Health Service national average, *counting all illness* that the figure here is only 9.5 days. In our own state, under present conditions, the Bureau of Industrial Hygiene has made a survey recently of the most hazardous illnesses in Wisconsin from the viewpoint of including every type of illness and accident from industry, whether at a factory or at home, and eliminating no other factor or period of time, and the record was two and one-quarter days lost per person per year. In other words, our record in Wisconsin is five times better than the national average, and from ten to twenty times better than any average abroad where they operate under these systems.

This proposal here is not new. It is the bill that was before you in other sessions. Now may I read a statement by one who has sponsored many forms of social insurance, I. M. Rubinow: "The system in its application to losses resulting from sickness is properly known throughout Europe as 'sickness insurance.' Lloyd George, the author of the British system, clever politician that he was and still is, struck upon the brilliant idea that the term 'health insurance,' which in some subtle way conveys the impression of accomplishing something it really cannot and does not undertake to accomplish, would make the proposal more popular; and the American movement some two decades ago adopted the idea from Lloyd George."

Regardless of where you study, whether in Norway, Sweden, Denmark, England, Germany or France, as I saw those countries in the days just prior to this present war, certain factors were found in those systems that were inherent to every system. They are common to all systems, and as a result they are inherent in the proposal before us here. Nor are they possible of elimination by some amendment. In the first place, I have some marked copies of the bill for each committee member, and for purposes of ready reference I have made notations upon them and I will refer to them very briefly.

(Mr. Crownhart distributed copies of the marked bills to the committee members.)

In the first place, Mr. Chairman and Members, the premium here is fixed in the initial legislation. It is fixed on page 9 and on page 13 where it specifies that this is the only source of revenue for this system. There are exemptions for agricultural labor, for you cannot collect taxes from them because they have no set annual income and you do not know what their income will be. In the second place, it is expensive to collect this tax from individuals. Then, again, the unemployed is exempt because he has no income to tax. Domestic servants are exempt unless in a home where there are more than four servants. Anyone who earns $60 per week or $3,120

per year or more is exempt. With those exemptions, you would cover 1,500,000-odd persons. You would deduct from the pay checks of those who are employed, $12,430,000, with a tax on the pay roll of a like $12,000,000.

Our experience in our studies abroad was that this pay roll tax was not something that was absorbed by industry, but that it was added to cost of materials and manufactured goods,—an added cost which is paid in turn by the consumer. The amount raised here would be something in excess of $19 per person. If you then deduct an estimated 20 per cent for administration, and 5 per cent for reserve, you would have about $12 per person to supply them with the promised sickness care including physicians, nurses, ambulance, hospital care, drugs, etc. According to computations of the President's Committee on Economic Security, you would be short 31 per cent of the amount necessary. According to some of the more recent studies, this might be estimated to be as much as 60 per cent short.

The disadvantage to this is, as you will recognize, that once you have decided that a 2 per cent tax is sufficient, it is not expedient to go back and say, "We misfigured our costs, and so we must take another 1 or 2 per cent." In the first place, the International Labour Office points out that among people of the low income groups they find that a point is reached where deductions and then further deductions for this particular service simply result in the people not having the money with which to pay for the things necessary for their natural health. And it is not popular. You must jump that hurdle.

We must build on a framework in Wisconsin that will advance the future public health. But medicine does not stand still. First there was insulin, then super-insulin which will permit a man with diabetes to live a normal lifetime. And what was once a death sentence today is not that at all. With the use of liver extract, a man is carried over a normal span of years, and he continues to care for his family without making his family dependent upon the state. Advances are bound to occur in the future, and that is where the fixed premium is unsatisfactory. Our position is that they simply haven't the money to do the things they have promised to do. The director must balance his budget, and if it is not balanced he will not long remain the director. Therefore, he balances his budget by careful control upon, and a gradual reduction of, the services which physicians may render.

Secondly, the benefits here are not the same as those under other social legislation. The benefits are not in dollars. They deal with terms of service. Therefore, it is possible to balance the budget by constantly cutting a little here and a little there and without the knowledge of the sick who must depend on the service for their health and even life. And yet the recipient of the service does not know that this contraction of service is being made. All through these systems runs the one central theme of economical administration. This book which I show you on the subject of economical administration in health insurance benefits was in the process of being written at the International Labour Office, then located at Geneva, Switzerland, at the very time I was there. I haven't time to discuss the many points therein raised, but I do say to you that they accomplish this economy in many ways. Here is the little book used in England, "National Formulary for National Health Insurance Purposes." Here is stated what the physician must do; here is stated what he may use; here is what he may prescribe; and here is what the dosage may be for each patient. These systems cost money, and every penny counts in their administration. There are rules for the physician to abide by, regulations, more rules and more regulations. That is inherent to these systems. They cannot have balanced budgets unless they balance them. The doctor constantly must stay within certain limits. And may I assure you that these rules do not exist just for the physician alone. I have here a little card, the rules for the patient. I will quote these:

> "He shall obey the instructions of the practitioner attending him.
>
> "He shall not conduct himself in a manner which is likely to retard his recovery.
>
> "He shall not make unreasonable demands upon the professional services of the practitioner attending him.
>
> "He shall, whenever his condition permits, attend at the surgery or place of residence of the practitioner attending him on such days and at such hours as may be appointed by the practitioner.
>
> "He shall not summon the practitioner to visit him between the hours of 6 p. m. and 10 a. m., except in cases of serious emergency;
>
> "He shall, when his condition requires a home visit, give notice to the practitioner, if the circumstances of the case permit, before 10 a. m. on the day on which the visit is required."

Well, that is all very nice; yet the emergency will not wait for rules. We say in Wisconsin that if you have an abdominal pain tonight which runs on for three hours, you are not to wait longer,—if, indeed, you wait that long. It may be appendicitis, and waiting may mean a ruptured appendix and, possibly, death. In England they say to you, "If your call to the physician is adjudged 'frivolous or vexatious' you are subject to a fine." The concept abroad is the exact reverse of the concept under which we have made our great health advances in this state. And so, the whole theory advanced in the concept of this legislation is lost through its translation into matters of economical benefits and rules limiting coverage.

I am going to take only a few minutes more, Mr. Chairman, in order to stay within the same time of the proponent of this legislation. But in that few

moments may I tell you about a visit to a city in the Midlands of England. It so happened that I was in a certain administrator's office and, gentlemen, while I sat there a call came in from the prescription checker, stating that a certain physician had exceeded the limit as to prescription cost. I went to see that physician and when I tell you what he said, I am only again explaining one of the major defects that are inherent to this type of system.

The physician said to me, "I had a patient who was not doing well. I picked up my British Medical Journal and I read of some work being done in the States in similar cases that apparently had passed beyond the experimental stage. I used those prescriptions and my patient is well.

"But the particular prescription that I used cost, in terms of your money, about $2.25."

When I tell you that the average prescription cost in England for the physician who "stays within the book" is from sixteen to eighteen cents, you will understand how far that physician departed from the system's rules. And if that physician could not make a satisfactory explanation to the administrator or to the proper panel committee, the extra cost that devolved upon the system would be deducted from his next quarterly pay check.

Now that is entirely foreign to our conception of care here. We do whatever is necessary whenever it is required. And the physician says, "We will take care of the cost later."

Finally, this system requires a tremendous administrative staff. There must be one person on the administrative side for every fifty to 100 persons covered. In Wisconsin that would mean an administrative army of from 1,500 to 3,000 persons. I do not know how such an army and the physician personnel could be kept free from political control when it is directly responsible to the director who can cross the name of any physician off the panel tonight and he will not be eligible for service tomorrow.

Whenever you sit down to talk to an administrator, you sense something but you can't exactly put your finger on what it is. Finally one administrator said to me, in so many words, "Mr. Crownhart, don't you understand,—we are the trustees of the money."

Yes, the administrator is the trustee of the money. He is a third party. He does not think of himself as representing the patient, but as representing the state. His relationship is not as guardian of the sick man, but as guardian of funds. All of this comes about, whatever may be the administrator's willingness to do what he can for the sick, simply because he knows he has to balance the budget and he has not the slightest knowledge as to what demands will be made upon it before the year is over. There is a constant threat of lack of money and so, instead of primary concern for the patient's health, one is impressed that the primary concern is to balance the budget. And that is wholly foreign to our concept of the system under which we have made tremendous health advances in our own state. It places artificial limits on sickness care. A physician here has the freedom to do the things he was educated to do. And thus, in these systems, the real social service concept is lost in the necessary limitations of administration. It has been described by Political and Economic Planning, in its report on the British Health, as "the diseases of the insurance system."

So we have here in our own state the greater health achievements. We have problems, and yet tremendous advances have been made, far surpassing those in the countries that have such systems. If there are any questions, I shall be glad to answer them.

**Chairman Hanson:** Are there any questions by members of the committee?

**Assemblyman Pritchard (Eau Claire County):** Mr. Crownhart, doesn't the administrator have to have some control over this thing?

**Mr. Crownhart:** Mr. Pritchard, what I am pointing out is that in one section here the administrator has the power to remove a physician from serving his people under the panel tomorrow, and that is a power that is restricted by no rule of common law or rule of statutory evidence. He can run his pen through a physician's name tonight and he will be put out tomorrow. That is inherent to this legislation. You may have to have this power, yet it is a power that permits the lay director to say to the physician, "You can do this and you must not do that."

**Assemblyman Biemiller:** Removal is by the medical officer.

**Mr. Crownhart:** Yes, but I think you will find the director appoints the medical officer and thus he has the power of removal.

**Chairman Hanson:** We will hear the next appearance in opposition to the bill. * * * If no one else wishes to be heard, the hearing is closed.

## Senate Kills Chiropractors' Workmen's Compensation Act Bill

After a long-lived career through postponement of action, the Senate in April killed and on May 7 refused to revive the chiropractic measure calling upon all employers under the compensation act to post panels of chiropractors and osteopaths, as well as of those licensed to practice medicine and surgery. Introduced early in the session by Senator George Hampel of Milwaukee, this chiropractic bill received support of the Wisconsin Federation of Labor.

Killed by a voice vote without debate, a motion was subsequently entered to revive the bill. When the motion was finally reached, the author demanded a roll call which follows:

Voting against the chiropractors and to kill the measure: Senators Brown, Oshkosh; Buchen, Sheboygan; Byrnes, Green Bay; Carroll, Glidden; Coakley, Beloit; Downing, Amberg; Fellenz, Fond du Lac; Fisher, Waupaca; Freehoff, Waukesha; Hipke, Stanley; Knowles, New Richmond; Lewis, Boscobel; Jess Miller, Richland Center; Otto Mueller, Wausau; Murray, Milwaukee; Nelson, Superior; Risser, Madison; Schlabach, La Crosse; Shearer, Kenosha, and Young, Milwaukee—20.

Voting to grant chiropractors the right to treat cases within the compensation act and for the bill, Senators Busby, Milwaukee; Coller, Necedah; Gettelman, Milwaukee; Greenquist, Racine, and Hampel, Milwaukee—5.

Absent, Senators Cashman, Connors, Gawronski, Laird, Mack, Peters, and Zimny—7.

# Author Fails to Appear at Hearing on Bill to Subject Physicians to Manslaughter Charges for Failure to Answer Calls

Assemblyman Elmer Genzmer, Mayville, representing the first district of Dodge County, failed to appear at the committee hearing on May 20 to support his measure to create a criminal liability of physicians. Introduced early in the legislative session, Assemblyman Genzmer's bill provided:

SECTION 1. Section 340.265 of the statutes is created to read:

340.265 DENIAL OF MEDICAL AID. Any person authorized to practice medicine, surgery or osteopathy who shall fail, refuse or neglect to make a medical call or visit without reasonable cause therefor, in order to treat the sick upon a direct appeal or request for urgent emergency action or treatment, and death shall result to such sick or injured person by reason of such failure, refusal or neglect, shall be deemed guilty of fourth degree manslaughter. Such request for medical assistance in emergency situations shall be made within such a reasonable time that medical attendance would have afforded the possibility of sustaining life. Illness of the physician or surgeon shall be deemed a defense. Any physician or surgeon responding to such appeal or request shall receive reasonable compensation therefor but not less than $5 for such examination which shall be paid by the municipality where such wrongful act or accident occurred which resulted in death.

SECTION 2. This act shall take effect upon passage and publication.

Stenographic report of the committee hearing before the Assembly Judiciary Committee on May 20, after which the committee failed to report the bill, follows:

**Chairman Catlin:** We will take up Bill 104, A., by Mr. Genzmer.

(Mr. Genzmer, who introduced the bill, was not present.)

**Chairman Catlin:** Does anyone else wish to appear for this bill?

(There was no one present to appear for the bill.)

**Mr. C. H. Crownhart (Madison):** I am representing the State Medical Society of Wisconsin. This bill was introduced last January, and for some three and one-half months I have rather looked forward to this hearing in order to find out what possible basis justified the introduction of such a measure.

For a long time, the medical profession has been governed by the Principles of Medical Ethics which are stated in rather concise form as a code of conduct that has come down through the centuries. Among other principles, the code states: "A physician is free to choose whom he will serve. He should, however, always respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service." This, gentlemen, has been the attitude expressed in action time and time again by the medical profession, even though there have been some rather ridiculous results for I understand in some heavily populated communities when there are accidents, nearly everybody who may have witnessed it runs to the nearest telephone to call a doctor, with the result that a number may respond.

Now, as to the measure itself, it is a wholly impractical measure, and it is hard to understand in many respects. I can count about ten jury issues, and I think a doctor would act at his peril if he refused to answer a call even for any practical reason. It would be a question of whether the failure was without "reasonable" cause. Well, what is "reasonable cause"? The bill says that it shall include illness of the physician, but there may be other reasons. For instance, a specialist in one field may not feel able to treat certain types of cases. Then there is the question of whether the appeal is "direct" to the physician. What is a "direct" appeal?

The entire bill is full of that type of impractical provision. The legal and medical professions operate by freedom of contract. We know whether our abilities are such that we can attempt to handle a certain type of case. But under this bill that would be eliminated as to the medical profession.

Nothing was said in favor of this bill, but I do want you to know that the State Medical Society is very strongly opposed to it. Thank you.

**Chairman Catlin:** Does anyone else desire to appear against the bill? If not, the hearing is closed.

*For the Stay-at-Home*

# ★ ★ Petrogalar*

★ *Available at all Pharmacies in 5 Types*

Shut in—No exercise—Appetite off—Sluggish bowel, all suggest the use of Petrogalar to assist Bowel Habit Time.

Petrogalar Plain adds unabsorbable fluid to the bowel content to encourage regular, comfortable elimination by purely mechanical means, free of habit-forming tendencies.

Children and adults alike enjoy the delightful flavor of Petrogalar. It is easy to take, either from a spoon or in water, as desired.

**Trade Mark. Petrogalar is an aqueous suspension of pure mineral oil each 100 cc. of which contains pure mineral oil suspended in an aqueous jelly containing agar and acacia.*

Petrogalar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

Prescribe Journal-advertised products and you prescribe the best.

Fireproof Building
Booklet on Request

# Rogers Memorial Sanitarium

OCONOMOWOC, WIS.
Telephone 448

A PRIVATE sanitarium
(incorporated not-for-profit)
for the treatment of
**DISEASES OF THE NERVOUS SYSTEM**
All approved methods of therapy are used

*RESIDENT PHYSICIANS*

JAMES C. HASSALL, M.D.
Medical Director
OWEN C. CLARK, M.D.
DONALD A. R. MORRISON, M.D.

*BOARD OF TRUSTEES*

JAMES C. HASSALL, M.D.
FREDERICK PABST
Oconomowoc, Wis.
T. H. SPENCE
MITCHELL MACKIE
MACKEY WELLS
WILLIAM MONROE WHITE
Milwaukee, Wis.
PETER BASSOE, M.D.
RALPH C. HAMILL, M.D.
JOHN FAVILL, M.D.
Chicago, Ill.
W. S. MIDDLETON, M.D.
Madison, Wis.
SCOTT LOWRY
Waukesha, Wis.

Milwaukee Office:
By Appointment
1330 Wells Building
Telephone Daly 1441

# MILWAUKEE SANITARIUM

Wauwatosa, Wisconsin

## FOR NERVOUS DISORDERS

(Chicago office—1117 Marshall Field Annex
Wednesdays, 1–3 P. M.)

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Staff
Rock Sleyster, M.D.
Lloyd H. Ziegler, M.D.
William T. Kradwell, M.D.
Merle Q. Howard, M.D.
Carroll W. Osgood, M.D.
Benjamin A. Ruskin, M.D.
Arthur J. Patek, M.D.

One of the Fourteen Units in "Cottage Plan"
COLONIAL HALL

DEMOCRAT PRINTING COMPANY
MADISON, WISCONSIN

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

This Book is due on the last date stamped below. **No further preliminary notice will be sent.** Requests for renewals must be made on or before the date of expiration.

| DUE | RETURNED |
| --- | --- |
| MAY 5 1942 | MAY 1 1942 |
| FEB 6 1943 | |
| MAY 24 1943 | MAY 18 1943 |
| AUG 6 - 1945 | |
| OCT 25 1946 | OCT 25 1946 |
| MAR 4 - 1948 | |
| JUN 21 1948 | JUN 10 1948 |
| OCT 22 1948 | |
| APR 12 1951 | |
| 1956 | |
| 1961 | |
| 1962 | |

A fine of twenty-five cents will be charged for each week or fraction of a week the book is retained without the Library's authorization.